

7-Day Food & Symptom Diary

Instructions: Record everything you eat and drink, along with the time. Note any physical or emotional symptoms you experience throughout the day. Be as specific as possible (e.g., “bloating 30 mins after lunch” vs. “stomach ache”).

| Time | Food/Drink Consumed (Be Specific) | Symptoms / Notes |
|--------------|-----------------------------------|------------------|
| Day 1 | | |
| Breakfast | | |
| Lunch | | |
| Dinner | | |
| Snacks | | |
| Day 2 | | |
| Breakfast | | |
| Lunch | | |
| Dinner | | |
| Snacks | | |
| Day 3 | | |
| Breakfast | | |
| Lunch | | |
| Dinner | | |
| Snacks | | |
| Day 4 | | |
| Breakfast | | |
| Lunch | | |
| Dinner | | |
| Snacks | | |
| Day 5 | | |
| Breakfast | | |
| Lunch | | |

| Time | Food/Drink Consumed (Be Specific) | Symptoms / Notes |
|--------------|-----------------------------------|------------------|
| Dinner | | |
| Snacks | | |
| Day 6 | | |
| Breakfast | | |
| Lunch | | |
| Dinner | | |
| Snacks | | |
| Day 7 | | |
| Breakfast | | |
| Lunch | | |
| Dinner | | |
| Snacks | | |

Weekly Reflection:

- Which days did you feel the best?
- Did you notice any patterns between specific foods and symptoms?
- What was the most challenging part of this week?