

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?