

Food, Mood & Symptom Diary

Date: _____

CATEGORY	MORNING (5AM - 12PM)	AFTERNOON (12PM-5PM)	EVENING (5PM- 8PM)	NIGHT (8PM- 5AM)	NOTES
 FOOD & DRINK					
 BOWEL MOVEMENTS					
 SYMPTOMS					
 MEDICINE & SUPPLEMENTS					
 MOOD & EXERCISE					

How to use the Food, Mood & Symptom Diary



FOOD &
DRINK

Keep track of the food and drinks you are having during the morning, afternoon, evening and night. Include the serving size (how much you eat/drink) and the approximate time that you have it. Remember to include things like coffee, tea, chewing gum and alcohol.



BOWEL
MOVEMENTS

Record your bowel movements (poop schedule) during the day. Include the colour, shape, and consistency. Include information on whether it was urgent or you felt gassy/bloated before or after.



SYMPTOMS

Record your symptoms and the intensity on a scale of 1-10 (10 being the worst). Examples of symptoms include: pain, bloating, gas, reflux, nausea, etc.



MEDICINE &
SUPPLEMENTS

Make note of any medicine (either prescription or non-prescription) and supplements (vitamins, minerals, herbal remedies and natural health products) that you take throughout the day.



MOOD &
EXERCISE

Record how you are feeling throughout the day. Examples could include: happy, tired, stressed, angry, emotional, upset, frustrated, content, calm, anxious, depressed, etc.

EXAMPLE

MORNING
(5AM - 12PM)

8AM - 1/2 CUP UNCOOKED OATMEAL MADE WITH 1 CUP 2% MILK. 1/2 CUP RASPBERRIES. 1 TABLESPOON HONEY.
8AM - 1 CUP COFFEE, 2 TABLESPOONS CREAM, 1 TEASPOON SUGAR
11AM - BLUEBERRY MUFFIN FROM COFFEE SHOP

9:30AM - URGENT BOWEL MOVEMENT, WATERY, NO SOLID PIECES

10:30AM - SOME REFLUX (3/10)

10:30AM - ANTACID

9:00AM - SOMETHING CAME UP WITH WORK AND I WAS FEELING STRESSED, OTHERWISE RELATIVELY CALM