

Food and symptom diary

Week of _____ Name _____

Symptoms: 0 none · 1 noticeable · 2 limits what you do · 3 stops you doing things

Cycle day: day 1 is the first day of your period.

Bleeding: 0 none · S spotting · L light · M medium · H heavy

Bowel: write hard, normal or loose, and tick if it hurt.

Day 1

Date _____ Cycle day _____ Bleeding 0 S L M H Sleep (hours) _____ Stress 0 1 2 3

Time	Food and drink What and how much	Symptoms after Bloating, pain, nausea 0-3, and when they started	Bowel movement Hard, normal or loose	Notes Medicine, stress, anything unusual
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	

Day 2

Date _____ Cycle day _____ Bleeding 0 S L M H Sleep (hours) _____ Stress 0 1 2 3

Time	Food and drink What and how much	Symptoms after Bloating, pain, nausea 0-3, and when they started	Bowel movement Hard, normal or loose	Notes Medicine, stress, anything unusual
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	

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Day 3

Date _____ Cycle day _____ Bleeding 0 S L M H Sleep (hours) _____ Stress 0 1 2 3

Time	Food and drink What and how much	Symptoms after Bloating, pain, nausea 0-3, and when they started	Bowel movement Hard, normal or loose	Notes Medicine, stress, anything unusual
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	

Day 4

Date _____ Cycle day _____ Bleeding 0 S L M H Sleep (hours) _____ Stress 0 1 2 3

Time	Food and drink What and how much	Symptoms after Bloating, pain, nausea 0-3, and when they started	Bowel movement Hard, normal or loose	Notes Medicine, stress, anything unusual
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	

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Day 5

Date _____ Cycle day _____ Bleeding 0 S L M H Sleep (hours) _____ Stress 0 1 2 3

Time	Food and drink What and how much	Symptoms after Bloating, pain, nausea 0-3, and when they started	Bowel movement Hard, normal or loose	Notes Medicine, stress, anything unusual
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	

Day 6

Date _____ Cycle day _____ Bleeding 0 S L M H Sleep (hours) _____ Stress 0 1 2 3

Time	Food and drink What and how much	Symptoms after Bloating, pain, nausea 0-3, and when they started	Bowel movement Hard, normal or loose	Notes Medicine, stress, anything unusual
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	

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Day 7

Date _____ Cycle day _____ Bleeding 0 S L M H Sleep (hours) _____ Stress 0 1 2 3

Time	Food and drink What and how much	Symptoms after Bloating, pain, nausea 0-3, and when they started	Bowel movement Hard, normal or loose	Notes Medicine, stress, anything unusual
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	
			Hurt ☐	

Patterns I want to ask about

For example: bloating 1 to 2 hours after meals, worse in the days before my period

Foods I think may matter

To discuss with my doctor or dietitian

Questions for my doctor or dietitian
