THREE DAYS PER SHEET · PRINT AS MANY AS YOU NEED

Food and Symptom Timeline

Each day is a clock from 5 am to 3 am. Write food where you ate it and symptoms where they started. The gap between the two is the clue a list of meals never shows.



SHEET 04

Name _____

Symptoms B bloating · P pain · H heartburn · N nausea · U urgency · W wind, each with 1 mild, 2 moderate, 3 severe (so "B2")

Also M medicine or supplement · E exercise · S stressful moment · Z nap

Day and date _____ Woke _____ Bed _____ Slept (hours) _____ Glasses of fluid _____

CLOCK TIME	5	6	7	8	9	10	11	noon	1	2	3	4	5	6	7	8	9	10	11	12	1	2
Ate and drank write it at the time																						
Symptoms letter + 1 to 3																						
Toilet type 1-7																						
Also M E S Z																						

Worst symptom today _____ How bad, 0 to 10 _____ Stress, 0 to 10 _____

Day and date _____ Woke _____ Bed _____ Slept (hours) _____ Glasses of fluid _____

CLOCK TIME	5	6	7	8	9	10	11	noon	1	2	3	4	5	6	7	8	9	10	11	12	1	2
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Worst symptom today _____ How bad, 0 to 10 _____ Stress, 0 to 10 _____

Timing is the point. Gut symptoms can follow a meal by minutes or by many hours, so a food diary without clock times misleads. Do not cut out a food on the strength of one bad day; look for the same gap turning up three times.