



Food Symptom Diary

The purpose of a “Food Symptom Diary” is to help identify potential “trigger” foods that might be causing symptoms of your discomfort.

It is important to keep a detailed record of everything consumed (food and fluids) along with documenting where and when these foods were consumed.

There is a final column where you can list symptoms experienced and duration.

TIPS:

1. Choose a minimum of 3 consecutive days. This includes 2 weekdays and 1 weekend day (capture ‘usual intake’). Dietitian may request longer food tracking depending on the type and duration of symptoms experienced.
2. Write down everything you eat and drink (include the time consumed as well as the location).
3. Include all quantities (ie: 1 tbsp, 1 tsp, ¼ cup) and the cooking methods (ie: baked in oven, microwave etc).
4. Include any emotional stimulus that might worsen or cause symptoms (example: anxiety).
5. Vitamin or Mineral supplements should also be included at the bottom of your Food Symptom Diary
6. E-mail completed food symptom diary to Andrea at dietitian@muscleandjoint.ca minimum of 3 days before your scheduled appointment.



Example: Joe Smith

Date: August 12, 2012

Meal Time	Food/Fluids Consumed (include brand names)	Amounts Consumed (i.e. cup, tbsp, tsp)	Cooking Method	Duration of Symptoms (Time of onset and total duration) *Note emotional stimuli if applicable
Breakfast				
7:30am @ Home	Multigrain Cherios - 1% Milk	1.5 cup		Stomach bloating 8:30am to 10am
	Hash brown (McCain)	2 small	Deep fried	Diarrhea @ 8.30 am
	Starbucks Bold Coffee with splenda and whole milk	Tall		
Lunch				
12:30 am @ Office	Whole wheat bread (Dempster's)	2 slices		None
	Tuna salad	1 small can		
	Hellman's Light Mayo Salt & Pepper	2 Tbsp pinch		
	Lays Original potato chips	1 small bag		
	Bottle water	500mL		

Meal Time	Food/Fluids Consumed (include brand names)	Amounts Consumed (i.e. cup, tbsp, tsp)	Cooking Method	Duration of Symptoms (Time of onset and total duration) *Note emotional stimuli if applicable
Place Consumed				
Supper				
7pm @ Home	White rice	1 cup rice cooked	Boiled in water	Lower abdominal cramps @8pm (lasted for 2 hours) Watery bowel movement @ 10pm
	Low sodium soya sauce	2 Tbsp		
	Broccoli, red pepper	1 cup	steamed	
	Red wine	5 oz		

Vitamin or Mineral Supplements:

Additional Comments:

Name: _____

Date: _____

Meal Time Place Consumed	Food/Fluids Consumed (include brand names)	Amounts Consumed (i.e. cup, tbsp, tsp)	Cooking Method	Duration of Symptoms (Time of onset and total duration) *Note emotional stimuli if applicable
Breakfast				
Time: Place:				
AM Snack: Time: Place:				
Lunch				
Time: Place:				

Meal Time	Food/Fluids Consumed (include brand names)	Amounts Consumed (i.e. cup, tbsp, tsp)	Cooking Method	Duration of Symptoms (Time of onset and total duration) *Note emotional stimuli if applicable
Place Consumed				
PM Snack: Time: Place:				
Supper				
Time: Place:				
PM Snack: Time: Place:				

Vitamin or Mineral Supplements:

Additional Comments: