





# FOOD LIFESTYLE DIARY

PATIENT NAME:

NEXT APPOINTMENT:

DATE:

	 TIME		 FOOD	 DRINK	 DIGESTIVE SYMPTOMS
e.g.	12:00	L	chicken sandwich with avocado, white bread	coffee + 2 sugars	bloated and tired
DAY 1		B			
		L			
		D			
		S			
DAY 2		B			
		L			
		D			
		S			
DAY 3		B			
		L			
		D			
		S			
DAY 4		B			
		L			
		D			
		S			
DAY 5		B			
		L			
		D			
		S			
DAY 6		B			
		L			
		D			
		S			
DAY 7		B			
		L			
		D			
		S			

**Examples:** Drinks = tea, coffee, water, juice, soft drinks, alcohol

Digestive symptoms = headache, bloating, pain, nausea, burping, reflux, flatulence, indigestion, lethargy

**B** = Breakfast

**L** = Lunch

**D** = Dinner

**S** = Snacks

# FOOD LIFESTYLE DIARY

This food and lifestyle diary will help you track your daily eating habits, become more aware of your moods, discomforts and activity levels. Monitoring your daily wellbeing is a great way to get in touch with your inner health.



	e.g. 2/10	e.g. 2/10	e.g. 2/10	e.g. walk, 30min	e.g. poor, medium, great, interrupted	e.g. happy, sad, angry	e.g. loose, well-formed, hard
DAY 1	10	10	10	Type = Duration =			Times per day =
DAY 2	10	10	10	Type = Duration =			Times per day =
DAY 3	10	10	10	Type = Duration =			Times per day =
DAY 4	10	10	10	Type = Duration =			Times per day =
DAY 5	10	10	10	Type = Duration =			Times per day =
DAY 6	10	10	10	Type = Duration =			Times per day =
DAY 7	10	10	10	Type = Duration =			Times per day =

## PRACTITIONER NOTES:



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