

# 14-Day Food and Symptom Journal

Track your meals, symptoms, timing, and severity. Bring this to your practitioner for a clearer clinical picture.

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## How to Use This Journal

Record every meal and snack, including approximate time. After each meal, note any symptoms that appear and when they start. Rate symptom severity from 1 (mild) to 5 (severe). Include any medications or supplements taken with meals.

## Symptoms to Track

Bloating, gas, belching, heartburn, reflux, nausea, abdominal pain or cramping, feeling full quickly (early satiety), fatigue after eating, undigested food in stool, brain fog, headache, skin reactions, changes in bowel habits.

## Severity Scale

**1** = Barely noticeable   **2** = Mild, does not interfere with activity   **3** = Moderate, noticeable and distracting   **4** = Significant, interferes with activity   **5** = Severe, debilitating

*Tip: Patterns matter more than individual entries. Your practitioner will look for connections between specific foods, timing, and recurring symptoms.*

**Day 1 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 2 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 3 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 4 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 5 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 6 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 7 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 8 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 9 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 10 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 11 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 12 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 13 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

**Day 14 | Date:** \_\_\_\_\_

Meal	Time	Food and Drink	Supplements / Medications
Breakfast			
Lunch			
Dinner			
Snack(s)			

Time	Symptom	Severity (1-5)	Notes (trigger, duration, relief)

Overall energy: \_\_\_ Sleep quality: \_\_\_ Bowel habits: \_\_\_\_\_ Notes: \_\_\_\_\_

## Summary and Observations

Foods that consistently triggered symptoms: \_\_\_\_\_

Most frequent symptoms: \_\_\_\_\_

Time of day symptoms are worst: \_\_\_\_\_

Medications or supplements that helped: \_\_\_\_\_

Medications or supplements that did not help: \_\_\_\_\_

Other patterns noticed: \_\_\_\_\_