

BC Dining Food & Symptom Log

Let's start journaling your food intake and symptoms to help review your nutrition and health. Before you start journaling, here are some guidance and tips to help you complete this to make it as accurate and as beneficial as possible. You may keep a handwritten or typed journal; whichever you find most helpful and easiest to implement.

NO Judgement

Be honest with every food, symptom, portion, brand, etc. Our dietitian has a judgment free practice. Leaving out information out of concern for your diet not being “perfect” can actually hinder your health and our dietitian’s medical and scientific review. If you feel uncomfortable answering any of the questions, let our dietitian know and they can help you navigate.

How long should I journal for?

That will be discussed with you and our dietitian during your appointment. Our dietitian will make a recommendation for the amount of time, and then will schedule a follow-up appointment for you, so the foods and symptoms can be reviewed.

What should I write down?

- Amount of each food & beverage consumed
- Include condiments, sauces, spices, dressings, etc.
- Brand of food & beverage
- Include snacks as well!
- If you're consuming a one pot meal for example (we refer to this as “combination foods” in clinical nutrition terms), include as much detail as you can.
 - Ex. Lasagna: ground turkey, tomatoes, onions, garlic, spinach, zucchini, carrots, lasagna noodles, mozzarella & parmesan cheese.

When should I journal?

Write down meals soon after you eat, this way, you won't forget! The rest you can determine a time of day each day to set aside to journal.

Symptoms?

Check off all symptoms you experienced around that meal time. Indicate if it was before or after the meal, and provide a time frame (i.e. 30 minutes after eating breakfast).

Lifestyle Factors

Lifestyle can notably impact nutrition and health, often as much as food.

Day 1

MEAL	FOOD AND BEVERAGES CONSUMED	SYMPTOMS	SEVERITY	TIMING
Breakfast		<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Heartburn <input type="checkbox"/> Bloating <input type="checkbox"/> Constipation <input type="checkbox"/> Change in energy level <input type="checkbox"/> Gas <input type="checkbox"/> Cramping <input type="checkbox"/> Sense or Urgency		
Lunch		<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Heartburn <input type="checkbox"/> Bloating <input type="checkbox"/> Constipation <input type="checkbox"/> Change in energy level <input type="checkbox"/> Gas <input type="checkbox"/> Cramping <input type="checkbox"/> Sense or Urgency		
Dinner		<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Heartburn <input type="checkbox"/> Bloating <input type="checkbox"/> Constipation <input type="checkbox"/> Change in energy level <input type="checkbox"/> Gas <input type="checkbox"/> Cramping <input type="checkbox"/> Sense or Urgency		
Snacks		<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Heartburn <input type="checkbox"/> Bloating <input type="checkbox"/> Constipation <input type="checkbox"/> Change in energy level <input type="checkbox"/> Gas <input type="checkbox"/> Cramping <input type="checkbox"/> Sense or Urgency		
Dessert		<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Heartburn <input type="checkbox"/> Bloating <input type="checkbox"/> Constipation <input type="checkbox"/> Change in energy level <input type="checkbox"/> Gas <input type="checkbox"/> Cramping <input type="checkbox"/> Sense or Urgency		

Menstrual status (if applicable): _____

