

Food Diary: note any feelings of nausea, constipation, diarrhoea, wind, bloating, pain, or any other relatable symptoms.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Snacks							
Lunch							
Snacks							
Dinner							
Snacks							
Physical Activity							
Fluid <i>Alcohol/ soft drinks, coffee, tea, water</i>							

