



My Food Journal

*A template for tracking down your trigger foods
and taking charge of your health.*

Day & Date: _____

Meals/Drinks/Snacks/Supplements	Time	What symptoms have I experienced today?
Bowel Movements (Don't be shy, include the details here!)	Time	

Other notes & reflections:

What foods did I tolerate well today? What foods worsened my symptoms? List any possible food symptom connections to keep an eye on.

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