

Record all food and drinks for at least 4 days and any symptoms

|            | <b>BREAKFAST</b> | <b>SNACK</b> | <b>LUNCH</b> | <b>SNACK</b> | <b>DINNER</b>   |
|------------|------------------|--------------|--------------|--------------|---|
| <b>MON</b> |                  |              |              |              | Any symptoms of bloating, gas, nausea, loose stool, pain, headache? |
| <b>TUE</b> |                  |              |              |              | Any symptoms of bloating, gas, nausea, loose stool, pain, headache? |
| <b>WED</b> |                  |              |              |              | Any symptoms of bloating, gas, nausea, loose stool, pain, headache? |
| <b>THU</b> |                  |              |              |              | Any symptoms of bloating, gas, nausea, loose stool, pain, headache? |
| <b>FRI</b> |                  |              |              |              | Any symptoms of bloating, gas, nausea, loose stool, pain, headache? |
| <b>SAT</b> |                  |              |              |              | Any symptoms of bloating, gas, nausea, loose stool, pain, headache? |
| <b>SUN</b> |                  |              |              |              | Any symptoms of bloating, gas, nausea, loose stool, pain, headache? |

Continue taking all doctor prescribed medications as directed