

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 Saturday

MEAL	FOOD AND BEVERAGES CONSUMED	SYMPTOMS	SEVERITY	TIMING
Breakfast	1 BAGEL EGG SANDWICH (plain bagel, egg, american cheese) with side of home fries	<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Heartburn <input checked="" type="checkbox"/> Bloating <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Change in energy level <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Cramping <input type="checkbox"/> Sense or Urgency	uncomfortable	Breakfast consumed at 8am. Symptoms felt at 9am
Lunch	Green-It Salad: Romaine Lettuce, Carrots, Cucumbers, Tomatoes, Corn, Diced Chicken Breast, Honey Mustard Dressing	<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Heartburn <input checked="" type="checkbox"/> Bloating <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Change in energy level <input type="checkbox"/> Gas <input type="checkbox"/> Cramping <input type="checkbox"/> Sense or Urgency	Noticeable	12pm
Dinner	Off campus at Brown Sugar Restaurant: Shrimp Pad Thai, Edamame, Crab Rangoon	<input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Heartburn <input checked="" type="checkbox"/> Bloating <input checked="" type="checkbox"/> Constipation <input type="checkbox"/> Change in energy level <input type="checkbox"/> Gas <input type="checkbox"/> Cramping <input type="checkbox"/> Sense or Urgency	Most uncomfortable	7pm
Snacks	9am: Banana 2pm: Apple with peanut butter 9pm: Popcorn with dried fruit & nuts	<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		see foods consumed
Dessert	BC Chocolate Chip Cookie	<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): has been coming monthly. No change in output or symptoms

LIFESTYLE

Medications:

Omeprazole daily.

Zyrtec (daily during seasonal allergies).

Supplements:

multivitamin (when I remember)

probiotic daily

Athletic Greens daily.

Physical activity (type, how long): Yoga Monday 7pm, Tuesday 30 minute walk 8am, Yoga Wednesday 7pm, Thursday 30 minute walk 8am, Friday Pilates 4pm.

Stress level: 0 1 2 3 4 5 6 7 8 9 10

0 = none, 10 = unbearable

Ranging at a 8 this week. Normally a 5-6.

Hours of sleep: 6 **Do you feel rested after?** yes no unsure

Were meals eaten on campus or off campus? Weekday meals eaten on campus. Weekend dinners eaten off campus.

NOTE OF KINDNESS

Use this space to write a message of kindness to yourself!



*Today is
good day*

NOTES

Having trouble moving my bowels, even when I have increased my fiber intake and remain active.

