

Food Journal: Day 1 -

Please record the time you eat, the food/beverage consumed, the amount, and any digestive symptoms experienced for **three consecutive days**. Also, note the consistency (constipation, diarrhea, soft etc.) and number of bowel movements during the day.

Bowel Movements (time/consistency):

Any self care done today (reading, exercise, etc):

Time	Food/Beverage consumed- list amounts of food, ALL INGREDIENTS (as best you can when eating out), brand name food products and preparation method Put an * if you ATE OUT	Digestive Complaints (rate on scale of 1-10, 10 being the worst). Be sure to explain the type of symptom and note the TIME it was experienced

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Healthbean Nutrition – Registered Dietitians specializing in celiac disease and digestive health

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