

Food and Exercise Diary for IBS

An important aspect of a nutritional assessment is an analysis of your food and beverage intake and your exercise patterns. If you have IBS, what you eat and do can make a difference. Use the following to record symptoms and rate them on a scale of 1-10. A score of 1 meaning no bloating or discomfort and 10 meaning the worse day you have ever had.

Step 1: Make 7 copies of the following blank page.

Step 2: Filling in as much detail as possible for 7 days noting symptoms for each part of the day. (see example below)

- Record all of the food or drink taken over a period of 3 days.
- All beverages and extra food items such as water, toppings, condiments, margarine, butter or mayonnaise.
- Supplements, vitamins/minerals, herbs etc.
- In the fifth column, record the amount of physical activity you had each day and the heart rate if applicable or record feelings of hunger, blood test results or stomach problems.

Step 3: Think about your nutrition, health or athletic performance goals.

Step 4: If you need help with this contact us for a **password** to enter the information on computer analysis software which can be sent to a Registered Dietitian at nutritionassessment.com who will contact you to go over your intake analysis and provide advice.

Example Intake Record

Time	Describe the Food or Drink Taken	Amount	Portion/ Measure	Activity	Symptoms
8:00	Breakfast eggs, boiled orange juice, unsweetened whole wheat toast	2 ½ 2	 cup slices	Housework 15 minutes	Hungry Bowel 2
10:00	Mid-Morning coffee(decaf) donut (honey dip)	1 1	cup large		
12:00	Lunch/Dinner sandwich -tuna, water packed -whole wheat bread -mayonnaise, regular or lite -margarine, brand name -lettuce, romaine -2% milk	½ 2 1 1 1 1	cup slices tsp tsp leaf cup		Bowel 4
3:00	Mid-Afternoon hot chocolate, heresy's	1	cup	Cycle 30 minutes 120 bpm	hungry
6:00	Supper/Dinner barbecued chicken breast (no skin) barbecued potato carrots (cooked) 2% milk apple	3 1 ½ 1 1	 ounces medium sized cup cup medium		Stomach ache Bowel 8
9:00	Evening sweet white wine crackers (soda) cheese (cheddar)	4 8 2	 ounces crackers ounces	Walk 45 minutes 110 bpm	tired



Name: _____ Date: _____ Day of the Week: _____

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	Breakfast				
	Mid-Morning				
	Lunch/Dinner				
	Mid-Afternoon				
	Supper/Dinner				
	Evening				