

## 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](http://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/Heart Rate	Symptoms
8:00	<b>Breakfast</b> eggs, boiled orange juice, unsweetened whole wheat toast	2 ½ 2	large cup slices	Housework 15 minutes	Hungry Bowel 2
10:00	<b>Mid-Morning</b> coffee(decaf) donut (honey dip)	1 1	cup large		
12:00	<b>Lunch/Dinner</b> 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	<b>Mid-Afternoon</b> hot chocolate, heresy's	1	cup	Cycle 30 minutes 120 bpm	hungry
6:00	<b>Supper/Dinner</b> 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	<b>Evening</b> 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: \_\_\_\_\_

<b>Time</b>	<b>Describe the Food or Drink Taken</b>	<b>Amount</b>	<b>Portion/ Measure</b>	<b>Activity/ Heart Rate</b>	<b>Symptoms</b>
	<b>Breakfast</b>				
	<b>Mid-Morning</b>				
	<b>Lunch/Dinner</b>				
	<b>Mid-Afternoon</b>				
	<b>Supper/Dinner</b>				
	<b>Evening</b>				