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Stanford Hospital and Clinics Digestive Health

Food/GI Symptoms Record

Instructions: Please record everything you eat and drink (including ice and water taken with your medications). Circle your symptoms if any as they occur after meals and snacks.

Date:	Food & Beverages and Amount	Symptoms if any (circle).	
Breakfast Time:		Nausea Heartburn Diarrhea Sense of Urger Bloating	Vomiting Stomach Pain Constipation ncy Gas Cramping
Snack Time:		Other:	Cramping
Lunch Time:		Nausea Heartburn Diarrhea Sense of Urger Bloating Other:	Vomiting Stomach Pain Constipation ncy Gas Cramping
Snack Time: Dinner Time:		Nausea Heartburn Diarrhea Sense of Urger Bloating Other:	Vomiting Stomach Pain Constipation ncy Gas Cramping
Snack Time:			

Date:	Food & Beverages and Amount	Symptoms if any (circle).	
Breakfast Time: Snack Time:		Nausea Heartburn Diarrhea Sense of Urgen Bloating Other:	Vomiting Stomach Pain Constipation cy Gas Cramping
Lunch Time: Snack Time:		Nausea Heartburn Diarrhea Sense of Urgen Bloating Other:	Vomiting Stomach Pain Constipation cy Gas Cramping
Dinner Time: Snack Time:		Nausea Heartburn Diarrhea Sense of Urgen Bloating Other:	Vomiting Stomach Pain Constipation cy Gas Cramping