Name:

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: Snack Time:		Nausea Vomiting Heartburn Stomach Pain Diarrhea Constipation Sense of Urgency Gas Bloating Cramping Other:
Lunch Time: Snack Time:		Nausea Vomiting Heartburn Stomach Pain Diarrhea Constipation Sense of Urgency Gas Bloating Cramping Other:
Dinner Time: Snack Time:		Nausea Vomiting Heartburn Stomach Pain Diarrhea Constipation Sense of Urgency Gas Bloating Cramping Other:

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