Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Day One** | **Day Two** | **Day Three** | **Day Four** | **Day Five** | **Day Six** | **Day Seven** |
| Breakfast |  |  |  |  |  |  |  |
| Drinks with/before/after breakfast |  |  |  |  |  |  |  |
| Snacks |  |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |  |
| Drinks with/before/after Lunch |  |  |  |  |  |  |  |
| Snacks |  |  |  |  |  |  |  |
| **Cont……….** | **Day One** | **Day Two** | **Day Three** | **Day Four** | **Day Five** | **Day Six** | **Day Seven** |
| Dinner |  |  |  |  |  |  |  |
| Drinks with/before/after Dinner |  |  |  |  |  |  |  |
| Any additional drinks or snacks |  |  |  |  |  |  |  |
| Any symptoms experienced and when?Energy levels throughout the day (scale: 1 good – 10 bad) |  |  |  |  |  |  |  |
| Bowel habits:\*Please note how many times, consistency/colour |  |  |  |  |  |  |  |
| Exercise & duration |  |  |  |  |  |  |  |