

# FOOD DIARY & SYMPTOMS TRACKER

DATE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ ENERGY: ☐ Good ☐ Fair ☐ Poor MOOD: ☐ Good ☐ Fair ☐ Poor

**PAIN:** ○ None ○ Mild ○ Moderate ○ Severe      **SLEEP QUALITY:** ○ Good ○ Fair ○ Poor      **SWELLING:** ○ None ○ Mild ○ Moderate ○ Severe

TIME	FOOD	SYMPTOMS	NOTES

<i>TIME</i>	<i>MEDICATIONS</i>	<i>EXERCISE</i>	<i>BOWEL MOVEMENTS</i>

Abdominal Pain | Anxiety | Back Pain | Bad Breath | Bloating | Body Odor | Constipation | Coughing | Depression | Diarrhea | Difficulty Breathing | Difficulty Swallowing | Dizziness | Eye Swelling  
Facial Swelling | Fainting | Fatigue | Gas | Headache | Heartburn | Hives | Hemorrhoids | Insomnia | Irritability | Itchy Eyes | Itchy Skin | Itchy Throat | Joint Pain | Lethargy | Low Blood Pressure  
Lip Swelling | Mouth Swelling | Nasal Congestion | Nasal Swelling | Nausea | Numbness | Rapid Pulse | Rash | Runny Nose | Tingling | Tongue Swelling | Vomiting | Wheezing