**Logo

Description automatically generated**Food & Symptom Diary

* Please complete the following food & symptom diary for at least 5 days, preferably including a weekend
* Do not change your child’s diet, eating patterns, or portion sizes. The idea is to get an accurate picture of your child’s usual intake including all fluids and food.
* For babies please include duration of breast feeds, or for bottle fed babies the amount of expressed breast milk or formula drunk.
* For intake of solids in babies depending on the amount they are having indicate how much was eaten in teaspoons or cup measures e.g ½ cup. For commercial baby foods specify the brand, the weight of the pouch/jar & how much of it was eaten.
* In older children please be specific with brands and amounts of all packaged products and all drinks e.g water, tea, milk, juice, sports drinks etc.
* Include all condiments/fats/oils/sugar added to foods e.g butter, salt, oil,
* If your child has problems with reflux, vomiting, diarrhoea, blood in bowel motions, constipation, bloating, food cravings or other symptoms that you think may be food related please record these in the symptoms column.

For example:

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| --- | --- | --- |
| Time | Food/drink consumed | Symptoms |
| 7 am  7.30 am  10 am | Breast feed 10 min each side  1 tablespoon Farex baby cereal mixed with 50 ml Karicare 1 infant formula @ 1 x tablespoon homemade puree pear.  Ate ¾ of it or 10 teaspoons  Breast feed 10 min left side, refused right side | Back arching, pulling off screaming  Watery diarrhoea 8 am  Large spill |

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| --- | --- | --- |
| Time | Food/drink consumed | Symptoms |
| 7 am  10 am  12.30 pm | 1 x Weetbix with ½ banana & ½ a cup blue top milk  1×100 g Uno strawberry yoghurt pouch  2 x slices wholemeal bread with 1 tablespoon original Lisa’s hummus, 2 slices Colby cheese and ½ a tomato  10 grapes  150 ml of water | Hungry  Bloated |

Date:

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| Time | Food/drink consumed | Symptoms |
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Date:

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| Time | Food/drink consumed | Symptoms |
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| Time | Food/drink consumed | Symptoms |
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