GAPSdiet AUSTRALIA

FOOD DIARY OBSERVATION & ANALYSIS

Food Intake: Please record everything your patient eats & drinks over the next three days as accurately as possible. Try to be specific about the food description. Example: was it home made, baked, fried, grilled organic or frozen commercial foods etc. Please include supplements and medications given. It is important that the data recorded is a true representation of what the patient would normally eat. Also record any food allergy, digestive symptoms, constipation, diarrhea, pain or stool type and frequency in the footer notes.

DAY 1 - DATE: _____ NAME: _____

BREAKFAST	SUPPLEMENTS / MEDS
MORNING TEA	**SUPPLEMENTS/MEDS**
LUNCH	**SUPPLEMENTS/MEDS**
AFTERNOON TEA	**SUPPLEMENTS/MEDS**
DINNER	**SUPPLEMENTS/MEDS**
SNACKS	**SUPPLEMENTS/MEDS**

BEHAVIOUR / PAIN / SYMPTOMS / FOOD SENSITIVITIES AND OTHER OBSERVATIONS

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DAY 2 - DATE: _____ NAME: _____

BREAKFAST	SUPPLEMENTS / MEDS
MORNING TEA	**SUPPLEMENTS/MEDS**
LUNCH	**SUPPLEMENTS/MEDS**
AFTERNOON TEA	**SUPPLEMENTS/MEDS**
DINNER	**SUPPLEMENTS/MEDS**
SNACKS	**SUPPLEMENTS/MEDS**

BEHAVIOUR / PAIN / SYMPTOMS / FOOD SENSITIVITIES AND OTHER OBSERVATIONS

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DAY 3 - DATE: _____ NAME: _____

BREAKFAST	SUPPLEMENTS / MEDS
MORNING TEA	**SUPPLEMENTS/MEDS**
LUNCH	**SUPPLEMENTS/MEDS**
AFTERNOON TEA	**SUPPLEMENTS/MEDS**
DINNER	**SUPPLEMENTS/MEDS**
SNACKS	**SUPPLEMENTS/MEDS**

BEHAVIOUR / PAIN / SYMPTOMS / FOOD SENSITIVITIES AND OTHER OBSERVATIONS