

SCD Maintained?

# Food/Symptoms Journal

Date:

Weight:

**My overall mood today** (rate at the end of the day; average of the whole day)

- 1. I feel great!
- 2. Generally positive
- 3. Eh, can't decide
- 4. I feel down
- 5. Really down

**Whole-body symptoms** (circle all that apply):

- 1. Foggy Mind
- 2. Lethargic/Tired
- 3. Joint Aches/Pain
- 4. Trouble Sleeping
- 5. Acid Reflux
- 6. Constipation
- 7. Headache
- 8. Itchy Skin
- 9. Mouth Sores
- 10. Other: \_\_\_\_\_

## **Bowel Movement Symptoms**

Bowel Movement	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Bristol Stool Rating																			
Blood																			
Mucus																			
Cramping																			
Gas																			

**Medications and Supplements** (list them below)

**Food/Drink I Consumed Today** (Did I list everything that went in my mouth today here, below?)

