

DAY Time	Food and Drink Consumed Include quantities/ portion sizes where possible.	Mood and Symptoms (i.e Digestive discomfort, gas, bloating, mood/aggression. Mental fog/ headache)	Passed Stool	Consistency W/ L /S (watery, Loose Pebbles, Solid)	Energy 0-10/10	Sleep Hours night before	Water Intake Glasses
Day One							
Morning							
Afternoon		Brol	$\sqrt{\Gamma}$	7.			
Evening			V				
Drinks & Snacks		Integrative	e Nut	rition			
Day 2		Wellness Centre	& Baria	tric Health Clinic			
Morning							
Afternoon							
Evening							
Drinks & Snacks							
Day 3							
Morning							
Afternoon							
Evening							
Drinks & Snacks							