

# **Health & Wellness Institute Diet Diary**

**Date:**

**Foods Eaten Record Day 1**

**How did You Feel After Eating This day? (fatigued, bloated, retaining fluid allergy symptoms, headache)**

**Any Changes In Bowel Movement (Diarrhea, constipation, undigested food in the stool)**

**Additional Comments**

# **Health & Wellness Institute Diet Diary**

**Date:**

**Foods Eaten Record Day 2**

**How did You Feel After Eating This day? (fatigued, bloated, retaining fluid allergy symptoms, headache)**

**Any Changes In Bowel Movement (Diarrhea, constipation, undigested food in the stool)**

**Additional Comments**

# **Health & Wellness Institute Diet Diary**

**Date:**

**Foods Eaten Record Day 3**

**How did You Feel After Eating This day? (fatigued, bloated, retaining fluid allergy symptoms, headache)**

**Any Changes In Bowel Movement (Diarrhea, constipation, undigested food in the stool)**

**Additional Comments**

# **Health & Wellness Institute Diet Diary**

**Date:**

**Foods Eaten Record Day 4**

**How did You Feel After Eating This day? (fatigued, bloated, retaining fluid allergy symptoms, headache)**

**Any Changes In Bowel Movement (Diarrhea, constipation, undigested food in the stool)**

**Additional Comments**

# **Health & Wellness Institute Diet Diary**

**Date:**

**Foods Eaten Record Day 5**

**How did You Feel After Eating This day? (fatigued, bloated, retaining fluid allergy symptoms, headache)**

**Any Changes In Bowel Movement (Diarrhea, constipation, undigested food in the stool)**

**Additional Comments**

**Other Notes or Comments:**