3. A three-day food and symptom record — Day 1

Record an ordinary day, not a demonstration of what you think you should eat. One page per day.

Date / medicine and last dose

Time	Food or drink and approximate amount	Hunger, fullness, or symptoms
Morning		
Midday		
Afternoon		
Evening		

Bowel changes / vomiting or diarrhea / fluids tolerated

Movement and sleep

Glucose or blood pressure, only if part of my monitoring plan

What I want to ask about

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3. A three-day food and symptom record — Day 2

Record an ordinary day, not a demonstration of what you think you should eat. One page per day.

Date / medicine and last dose

Time	Food or drink and approximate amount	Hunger, fullness, or symptoms
Morning		
Midday		
Afternoon		
Evening		

Bowel changes / vomiting or diarrhea / fluids tolerated

Movement and sleep

Glucose or blood pressure, only if part of my monitoring plan

What I want to ask about

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3. A three-day food and symptom record — Day 3

Record an ordinary day, not a demonstration of what you think you should eat. One page per day.

Date / medicine and last dose

Time	Food or drink and approximate amount	Hunger, fullness, or symptoms
Morning		
Midday		
Afternoon		
Evening		

Bowel changes / vomiting or diarrhea / fluids tolerated

Movement and sleep

Glucose or blood pressure, only if part of my monitoring plan

What I want to ask about

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