

## Summit GI Food Record

Name:

Date:

Food Item	Portion/Amount	Fat	Fiber	GI Symptoms
Breakfast:				
	SUBTOTAL:			
Snack				
	SUBTOTAL:			
Lunch				
	SUBTOTAL:			
Snack				
	SUBTOTAL:			
Dinner				
	SUBTOTAL:			
Snack				
	SUBTOTAL:			
	DAILY TOTALS:			

Exercise: