

Daily Digestive Symptom Tracker Date _____ Day _____

Print one for each day, or fill it on screen and save. Logging a few days in a row tells us far more than any single day.

HOURS SLEPT	SLEEP 1-5	ENERGY 0-10	STRESS 0-10	WATER (CUPS)	BOWEL MOVTS
-------------	-----------	-------------	-------------	--------------	-------------

FOOD, DRINK AND TIMING

Time	Food and drink	Symptoms or reaction after (note severity)

SYMPTOM SEVERITY TODAY

Rate each 0 to 3. 0 none · 1 mild · 2 moderate · 3 severe

- Bloating
- Reflux or heartburn
- Belching or burping
- Gas or flatulence
- Nausea
- Abdominal pain
- Cramping
- Early fullness

BOWEL MOVEMENTS

Time	Type 1-7	Notes (blood, mucus, urgency)

Bristol type: 1 hard lumps · 2 lumpy · 3 cracked · 4 smooth · 5 soft blobs · 6 mushy · 7 liquid

MEDICATION AND SUPPLEMENTS TAKEN

Time	Item and dose

NOTES ON THE DAY

POSSIBLE TRIGGERS NOTICED