IBS & FOOD SENSITIVITY TRACKER

30-Day Food & Symptom Journal

A printable system for identifying your food triggers

30 daily tracking pages · 4 weekly reviews · trigger summary matrix

Track meals, symptoms, and bowel movements with pen and paper

F A free companion from **Find My Triggers** · findmytriggers.com

Before You Start

This journal gives you everything you need to track meals, symptoms, and bowel movements on paper, no app required. Fill it in with a pen, at your own pace.

1

Daily Pages

Fill in one page per day. Log every meal, any symptoms, and bowel movements. Be specific: include drinks, sauces, and sides. Note times for everything.

2

Weekly Review

At the end of each week, complete the review worksheet. It walks you through questions to identify which foods appeared before your worst symptom days.

3

Trigger Matrix

After 4 weeks, transfer findings to the summary matrix. Foods with the most marks across all weeks are your likely triggers. Bring this to your doctor.

BRISTOL STOOL SCALE

1	Hard lumps (constipation)
2	Lumpy sausage
3	Cracked sausage
4	Smooth sausage (ideal)
5	Soft blobs
6	Fluffy pieces
7	Watery (diarrhea)

SEVERITY & STRESS SCALES

SEVERITY (1–10)

1–2	Barely noticeable
3–4	Mild
5–6	Moderate
7–8	Severe
9–10	Debilitating

STRESS (1–5)

1 Very calm · 2 Slightly · 3 Moderate · 4 High · 5 Extreme

PREFER NOT TO FILL THIS IN BY HAND?

The **Find My Triggers** app logs meals and symptoms from a sentence you type or say out loud, no checkboxes needed, then uses AI to spot the patterns for you. Free to start.

Day 1 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

Day 2 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 3 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
		☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
Lunch			
		☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
Dinner			
		☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
Snacks			
		☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:		
	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:		

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	
	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

Day 4 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 5 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 6 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 7 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 8 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 9 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 10 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

Day 11 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 12 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 13 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 14 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 15 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 16 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

Day 17 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 18 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 19 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 20 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

Day 21 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

Day 22 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

Day 23 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 24 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 25 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

Day 26 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

Day 27 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

_____

Day 28 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
		☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
Lunch			
		☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
Dinner			
		☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
Snacks			
		☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:		
	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:		

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	
	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

Day 29 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
		☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
Lunch			
		☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
Dinner			
		☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
Snacks			
		☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:		
	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:		

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	
	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

Day 30 / 30

Date: _____

STRESS: ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 **SLEEP:** ○ Poor ○ Fair ○ Good ○ Great

MEALS & DRINKS

TIME	WHAT DID YOU EAT AND DRINK?	SIZE	SUSPECTED TRIGGERS
Breakfast			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Lunch			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Dinner			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		
Snacks			
_____	_____	☐ S ☐ M ☐ L	☐ Dairy ☐ Onion/Garlic ☐ High-fat/Fried ☐ Sweeteners ☐ Beans/Legumes ☐ Other: _____ ☐ Gluten/Wheat ☐ Spicy ☐ Caffeine ☐ Alcohol ☐ Carbonated
_____	_____		
_____	_____		

SYMPTOMS

TIME	TYPE			SEVERITY	NOTES
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____
_____	☐ Bloating ☐ Gas ☐ Fatigue/Fog	☐ Pain/Cramps ☐ Diarrhea ☐ Reflux	☐ Nausea ☐ Constipation ☐ Other:	_____	_____

BOWEL MOVEMENTS

TIME	BRISTOL	URGENCY	INCOM.	NOTES
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____
_____	1·2·3·4·5·6·7	None · Mild Moderate · Strong	○ Yes	_____

NOTES (MEDICATIONS, EXERCISE, PERIOD, MOOD, ANYTHING RELEVANT)

Week 1 Review

Dates covered: _____ to _____

Step 1: Your worst days this week

Look back through your daily pages. Which days had the worst symptoms?

DAY / DATE	WORST SYMPTOM(S)	SEVERITY	TIME OF DAY

Step 2: What did you eat before those bad days?

For each bad day, look at what you ate in the 2–24 hours before symptoms started.

BAD DAY	MEALS EATEN 2–24HRS BEFORE	TRIGGER TAGS ON THOSE MEALS

Step 3: Spot the repeats

Do any foods or trigger categories appear more than once above? Circle or highlight them. Suspected triggers this week:

_____

Step 4: Your best days

Which days had the fewest symptoms? What did you eat on those days?

_____

Step 5: Other factors

Did stress, sleep, exercise, medication, or hormonal changes play a role this week?

_____

Step 6: Next week's plan

Anything you want to try differently? (avoid a food, smaller portions, reduce caffeine, etc.)

_____

Week 2 Review

Dates covered: _____ to _____

Step 1: Your worst days this week

Look back through your daily pages. Which days had the worst symptoms?

DAY / DATE	WORST SYMPTOM(S)	SEVERITY	TIME OF DAY

Step 2: What did you eat before those bad days?

For each bad day, look at what you ate in the 2–24 hours before symptoms started.

BAD DAY	MEALS EATEN 2–24HRS BEFORE	TRIGGER TAGS ON THOSE MEALS

Step 3: Spot the repeats

Do any foods or trigger categories appear more than once above? Circle or highlight them. Suspected triggers this week:

_____

Step 4: Your best days

Which days had the fewest symptoms? What did you eat on those days?

_____

Step 5: Other factors

Did stress, sleep, exercise, medication, or hormonal changes play a role this week?

_____

Step 6: Next week's plan

Anything you want to try differently? (avoid a food, smaller portions, reduce caffeine, etc.)

_____

Week 3 Review

Dates covered: _____ to _____

Step 1: Your worst days this week

Look back through your daily pages. Which days had the worst symptoms?

DAY / DATE	WORST SYMPTOM(S)	SEVERITY	TIME OF DAY

Step 2: What did you eat before those bad days?

For each bad day, look at what you ate in the 2–24 hours before symptoms started.

BAD DAY	MEALS EATEN 2–24HRS BEFORE	TRIGGER TAGS ON THOSE MEALS

Step 3: Spot the repeats

Do any foods or trigger categories appear more than once above? Circle or highlight them. Suspected triggers this week:

_____

Step 4: Your best days

Which days had the fewest symptoms? What did you eat on those days?

_____

Step 5: Other factors

Did stress, sleep, exercise, medication, or hormonal changes play a role this week?

_____

Step 6: Next week's plan

Anything you want to try differently? (avoid a food, smaller portions, reduce caffeine, etc.)

_____

Week 4 Review

Dates covered: _____ to _____

Step 1: Your worst days this week

Look back through your daily pages. Which days had the worst symptoms?

DAY / DATE	WORST SYMPTOM(S)	SEVERITY	TIME OF DAY

Step 2: What did you eat before those bad days?

For each bad day, look at what you ate in the 2–24 hours before symptoms started.

BAD DAY	MEALS EATEN 2–24HRS BEFORE	TRIGGER TAGS ON THOSE MEALS

Step 3: Spot the repeats

Do any foods or trigger categories appear more than once above? Circle or highlight them. Suspected triggers this week:

_____

Step 4: Your best days

Which days had the fewest symptoms? What did you eat on those days?

_____

Step 5: Other factors

Did stress, sleep, exercise, medication, or hormonal changes play a role this week?

_____

Step 6: Next week's plan

Anything you want to try differently? (avoid a food, smaller portions, reduce caffeine, etc.)

_____

Trigger Summary Matrix

Transfer your findings from each Weekly Review. For each trigger category, count how many times it appeared in the meals before your worst symptom days that week. The triggers with the highest totals are your most likely problem foods.

TRIGGER CATEGORY	WEEK 1	WEEK 2	WEEK 3	WEEK 4	TOTAL
Dairy					
Gluten / Wheat					
Onion / Garlic					
Spicy foods					
High-fat / Fried					
Caffeine					
Sweeteners					
Alcohol					
Beans / Legumes					
Carbonated drinks					
Custom: _____					
Custom: _____					
Custom: _____					
Custom: _____					

Personal Findings Summary

Complete this after 30 days. Bring this page and your weekly reviews to your next healthcare appointment.

Name: _____ Date completed: _____

My confirmed triggers

Foods that consistently caused problems

My suspected triggers

Foods that sometimes caused problems (may depend on portion or combination)

My safe foods

Foods I ate regularly without problems

Other factors that affect my symptoms

Stress, sleep, hormones, medications, etc.

Questions for my doctor / dietitian

WANT A CLEANER VERSION TO HAND YOUR DOCTOR?

Find My Triggers can turn logged entries into a doctor-ready clinical summary, so you don't have to write this out by hand.

What's Next?

You've just completed 30 days of structured tracking. Whether you found clear triggers or are still piecing things together, you now have something valuable: organized data about your own body.

To keep going, print another copy of the daily pages. The longer you track, the clearer the patterns become.

This journal is for informational and personal tracking purposes only. It is not medical advice. Always consult a qualified healthcare professional before making dietary changes.