

# The ULCERATIVE COLITIS & SYMPTOM TRACKER



12-WEEK  
FOOD &  
SYMPTOM  
JOURNAL

A 12-WEEK FOOD JOURNAL TO IDENTIFY TRIGGERS,  
REDUCE FLARES, AND IMPROVE GUT HEALTH

# **The Ulcerative Colitis Diet & Symptom Tracker**

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**A 12-Week Food Journal to Identify Triggers, Reduce Flares,  
and Improve Gut Health**

## HOW TO USE YOUR DAILY TRACKING PAGE

Tracking your diet, symptoms, and lifestyle habits is **essential** for managing **ulcerative colitis (UC)**. This log helps you **identify trigger foods, monitor symptom patterns, and make informed dietary changes**. Below is a breakdown of each section and how to use it.

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### Meals & Snacks

Your diet plays a **major role** in how you feel. Use this section to **record everything you eat and drink**, including portion sizes. This helps identify which foods may be helping or worsening your symptoms.

#### Tips:

- ✓ Be specific (e.g., “1 cup oatmeal with banana” instead of “oatmeal”)
  - ✓ Include cooking methods (e.g., boiled, baked, fried)
  - ✓ Don’t forget sauces, seasonings, or added ingredients
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### Water Intake

Hydration is **key for digestion and overall health**. Many people with UC experience dehydration due to **diarrhea or medication side effects**. Tracking your water intake helps ensure you’re drinking enough fluids.

#### How to Track:

- ✓ Record total **glasses of water** consumed
  - ✓ Include **hydrating drinks** like herbal teas or bone broth
  - ✓ Avoid counting **caffeinated or sugary drinks**, as they may worsen symptoms
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### Medications & Supplements

Many individuals with UC take **prescription medications, supplements, or probiotics** to manage their condition. Tracking these can help you see if they are **helping, causing side effects, or interacting with certain foods**.

#### What to Record:

- ✓ **Prescription medications** (name, dose, time taken)
  - ✓ **Supplements** (iron, vitamin D, omega-3s, etc.)
  - ✓ **Probiotics or digestive enzymes**
  - ✓ **Any new changes in medications**
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### Digestive Symptoms

This section helps you **track your daily symptoms and identify patterns**. UC symptoms can **fluctuate** based on diet, stress, and other factors.

**How to Use:**

- ✓ Mark the symptoms you experience (e.g., bloating, gas, diarrhea)
- ✓ Rate their **severity from 1-10** (1 = mild, 10 = severe)
- ✓ Note **when symptoms occur** (after meals, morning vs. evening)

**Example:**

- ✓ Bloating (5/10) – Started 30 min after lunch (had dairy)

**⚡ Energy Levels & Mood**

UC doesn't just affect digestion—it impacts **energy, mood, and overall well-being**. This section helps track how you feel throughout the day.

**How to Rate:**

- ✓ **Morning Energy:** How do you feel when waking up?
- ✓ **Afternoon Energy:** Any dips or fatigue after meals?
- ✓ **Evening Energy:** Do you feel drained or still energized?
- ✓ **Mood Rating:** Are you feeling stressed, anxious, or good?

**Example:**

- Morning Energy: **3/10** (Tired, poor sleep)
- Afternoon Energy: **6/10** (Better after lunch)
- Evening Energy: **4/10** (Fatigue returns)
- Mood: **7/10** (Felt calm and relaxed)

**📝 Notes & Observations**

This is your space to **write anything additional** about your day, such as:

- ✓ **Stress levels** (high-stress days may trigger flares)
- ✓ **Sleep quality** (poor sleep can impact digestion)
- ✓ **Exercise or physical activity**
- ✓ **Changes in stool consistency, frequency, or urgency**

**Example:**

"I felt bloated after lunch. I ate dairy, so I will try removing it tomorrow to see if symptoms improve."

**📅 Weekly Reflection - Why It Matters**

At the end of each week, take time to **review your log** and complete the **Weekly Reflection Section**. This helps you make **better dietary choices moving forward**.

- ✓ **What Worked Well This Week?**

Look at your daily logs and note:

- ✓ Foods that **felt good on digestion**
- ✓ Lifestyle changes that **improved symptoms**
- ✓ Any positive effects from **medications or supplements**

**Example:**

“Soft foods like oatmeal and cooked carrots were easy to digest.”

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### **Trigger Foods Identified**

Over time, you may **notice patterns** between what you eat and symptom flares. This section helps **track potential trigger foods**.

- ✓ Common UC triggers: **Dairy, gluten, high-fiber foods, spicy foods, caffeine, alcohol**
- ✓ **Compare symptom logs** with meals to find patterns

**Example:**

“Had bloating and diarrhea after eating raw broccoli—might be a trigger.”

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### **Adjustments for Next Week**

Based on your reflections, set **goals for the upcoming week**:

- ✓ Eliminate **potential triggers**
- ✓ Increase **gut-friendly foods**
- ✓ Adjust medication or supplement timing (if needed)

**Example:**

“I will replace raw veggies with cooked ones to improve digestion.”

# ULCERATIVE COLITIS DIET & SYMPTOM TRACKER

## WEEK 1 - DAY 1

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
- ☒ Gas (/10)
- ☒ Diarrhea (/10)
- ☒ Constipation (/10)
- ☒ Cramping/Pain (/10)
- ☒ Nausea (/10)
- ☒ Other: \_\_\_\_\_

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### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10
  - Afternoon Energy: \_\_\_\_/10
  - Evening Energy: \_\_\_\_/10
  - Overall Mood Today: \_\_\_\_/10
- 

### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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# WEEK 1 - DAY 2

## Daily Log

### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
- Snack: \_\_\_\_\_
- Lunch: \_\_\_\_\_
- Snack: \_\_\_\_\_
- Dinner: \_\_\_\_\_
- Snack: \_\_\_\_\_

### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
- Additional fluids (tea, broth, etc.): \_\_\_\_\_

### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
- \_\_\_\_\_

### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
- ☒ Gas (/10)
- ☒ Diarrhea (/10)
- ☒ Constipation (/10)
- ☒ Cramping/Pain (/10)
- ☒ Nausea (/10)
- ☒ Other: \_\_\_\_\_

### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10



- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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# WEEK 1 - DAY 3

## Daily Log

### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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# WEEK 1 - DAY 4

## Daily Log

### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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# WEEK 1 - DAY 5

## Daily Log

### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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# WEEK 1 - DAY 6

## Daily Log

### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10



- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

# WEEK 1 - DAY 7

## Daily Log

### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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# WEEK 2 - DAY 1

## Daily Log

### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 2 - DAY 2

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 2 - DAY 3

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10



- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 2 - DAY 4

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 2 - DAY 5

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 2 - DAY 6

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 2 - DAY 7

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10



- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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# WEEK 3 - DAY 1

## Daily Log

### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

## WEEK 3 - DAY 2

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

## WEEK 3 - DAY 3

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 3 - DAY 4

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10



- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 3 - DAY 5

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 3 - DAY 6

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 3 - DAY 7

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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# WEEK 4 - DAY 1

## Daily Log

### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10



- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 4 - DAY 2

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 4 - DAY 3

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 4 - DAY 4

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 4 - DAY 5

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10



- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 4 - DAY 6

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 4 - DAY 7

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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# WEEK 5 - DAY 1

## Daily Log

### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 5 - DAY 2

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10



- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 5 - DAY 3

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

## WEEK 5 - DAY 4

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 5 - DAY 5

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 5 - DAY 6

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10



- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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## WEEK 5 - DAY 7

### Daily Log

#### Meals & Snacks

*(Record everything you eat and drink today, including portion sizes)*

- Breakfast: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Lunch: \_\_\_\_\_
  - Snack: \_\_\_\_\_
  - Dinner: \_\_\_\_\_
  - Snack: \_\_\_\_\_
- 

#### Water Intake

*(Track your hydration throughout the day)*

- Total glasses of water: \_\_\_\_\_
  - Additional fluids (tea, broth, etc.): \_\_\_\_\_
- 

#### Medications & Supplements

*(List any medications or supplements taken today)*

- \_\_\_\_\_
  - \_\_\_\_\_
- 

#### Digestive Symptoms

*(Check any that apply and note severity from 1-10)*

- ☒ Bloating (/10)
  - ☒ Gas (/10)
  - ☒ Diarrhea (/10)
  - ☒ Constipation (/10)
  - ☒ Cramping/Pain (/10)
  - ☒ Nausea (/10)
  - ☒ Other: \_\_\_\_\_
- 

#### Energy Levels & Mood

*(Rate from 1-10, with 1 being very low and 10 being excellent)*

- Morning Energy: \_\_\_\_/10

- Afternoon Energy: \_\_\_\_/10
- Evening Energy: \_\_\_\_/10
- Overall Mood Today: \_\_\_\_/10

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### Notes & Observations

*(Any additional comments about your symptoms, stress, or overall well-being?)*

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### Weekly Reflection - End of Week 1

#### What Worked Well This Week?

*(List foods, habits, or lifestyle choices that improved your symptoms)*

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#### Trigger Foods Identified

*(List any foods that seemed to worsen symptoms)*

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#### Adjustments for Next Week

*(What changes will you make to improve your symptoms?)*

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