

Weekly Tracking Workbook

FitNature Bloating & Hormones Workshop Series

How to Use This Workbook

Step 1: IDENTIFY YOUR CYCLE DAY

- Use period tracking app OR Count from Day 1 of last period
- Don't worry if irregular - track symptoms regardless

Step 2: DAILY CHECK-INS (30 seconds)

- Rate bloating intensity (1-5 scale)
- Note what you ate/how you moved
- Check off protocols you tried

Step 3: WEEKLY REFLECTIONS (5 minutes)

- What patterns do you notice?
 - Which protocols helped most?
 - What questions came up?
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Week 1: Follicular Phase Tracking

Day 1 | Cycle Day: _____ **| Date:** _____

Bloating Level (circle): 1 - 2 - 3 - 4 - 5 (1=none, 5=severe)

Energy Level (circle): Low - Medium - High

Mood Check: 😊 😐 😞 😡 😩

WHAT I ATE TODAY:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks/Drinks: _____

MOVEMENT & SELF-CARE:

☐ Walked 10+ minutes ☐ Stretched/Yoga ☐ Other: _____

☐ Drank enough water ☐ Got 7+ hours sleep ☐ Managed stress

PROTOCOLS I TRIED:

- ☐ Lemon water upon waking ☐ Digestive enzymes with meals
☐ Anti-inflammatory foods ☐ Belly breathing (5+ minutes)
☐ Heat therapy ☐ Other: _____

TODAY'S WIN: _____

WHAT DIDN'T WORK: _____

TOMORROW I WANT TO TRY: _____

Day 2 | Cycle Day: _____ | Date: _____

Bloating Level (circle): 1 - 2 - 3 - 4 - 5 (1=none, 5=severe)

Energy Level (circle): Low - Medium - High

Mood Check: 😊 😐 😞 😡 😩

WHAT I ATE TODAY:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks/Drinks: _____

MOVEMENT & SELF-CARE:

- ☐ Walked 10+ minutes ☐ Stretched/Yoga ☐ Other: _____
☐ Drank enough water ☐ Got 7+ hours sleep ☐ Managed stress

PROTOCOLS I TRIED:

- ☐ Lemon water upon waking ☐ Digestive enzymes with meals
☐ Anti-inflammatory foods ☐ Belly breathing (5+ minutes)
☐ Heat therapy ☐ Other: _____

TODAY'S WIN: _____

WHAT DIDN'T WORK: _____

TOMORROW I WANT TO TRY: _____

Day 3 | Cycle Day: _____ | Date: _____

Bloating Level (circle): 1 - 2 - 3 - 4 - 5 (1=none, 5=severe)

Energy Level (circle): Low - Medium - High

Mood Check: 😊 😐 😞 😡 😩

WHAT I ATE TODAY:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks/Drinks: _____

MOVEMENT & SELF-CARE:☐ Walked 10+ minutes ☐ Stretched/Yoga ☐ Other: _____☐ Drank enough water ☐ Got 7+ hours sleep ☐ Managed stress**PROTOCOLS I TRIED:**☐ Lemon water upon waking ☐ Digestive enzymes with meals☐ Anti-inflammatory foods ☐ Belly breathing (5+ minutes)☐ Heat therapy ☐ Other: _____**TODAY'S WIN:** _____**WHAT DIDN'T WORK:** _____**TOMORROW I WANT TO TRY:** _____**Day 4 | Cycle Day: _____ | Date: _____****Bloating Level (circle):** 1 - 2 - 3 - 4 - 5 (1=none, 5=severe)**Energy Level (circle):** Low - Medium - High**Mood Check:** 😊 😐 😞 😡 😴**WHAT I ATE TODAY:**

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks/Drinks: _____

MOVEMENT & SELF-CARE:☐ Walked 10+ minutes ☐ Stretched/Yoga ☐ Other: _____☐ Drank enough water ☐ Got 7+ hours sleep ☐ Managed stress**PROTOCOLS I TRIED:**☐ Lemon water upon waking ☐ Digestive enzymes with meals☐ Anti-inflammatory foods ☐ Belly breathing (5+ minutes)☐ Heat therapy ☐ Other: _____

TODAY'S WIN: _____

WHAT DIDN'T WORK: _____

TOMORROW I WANT TO TRY: _____

Day 5 | Cycle Day: _____ **| Date:** _____

Bloating Level (circle): 1 - 2 - 3 - 4 - 5 (1=none, 5=severe)

Energy Level (circle): Low - Medium - High

Mood Check: 😊 😐 😞 😡 😴

WHAT I ATE TODAY:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks/Drinks: _____

MOVEMENT & SELF-CARE:

☐ Walked 10+ minutes ☐ Stretched/Yoga ☐ Other: _____

☐ Drank enough water ☐ Got 7+ hours sleep ☐ Managed stress

PROTOCOLS I TRIED:

☐ Lemon water upon waking ☐ Digestive enzymes with meals

☐ Anti-inflammatory foods ☐ Belly breathing (5+ minutes)

☐ Heat therapy ☐ Other: _____

TODAY'S WIN: _____

WHAT DIDN'T WORK: _____

TOMORROW I WANT TO TRY: _____

Day 6 | Cycle Day: _____ **| Date:** _____

Bloating Level (circle): 1 - 2 - 3 - 4 - 5 (1=none, 5=severe)

Energy Level (circle): Low - Medium - High

Mood Check: 😊 😐 😞 😡 😴

WHAT I ATE TODAY:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks/Drinks: _____

MOVEMENT & SELF-CARE:

☐ Walked 10+ minutes ☐ Stretched/Yoga ☐ Other: _____

☐ Drank enough water ☐ Got 7+ hours sleep ☐ Managed stress

PROTOCOLS I TRIED:

☐ Lemon water upon waking ☐ Digestive enzymes with meals

☐ Anti-inflammatory foods ☐ Belly breathing (5+ minutes)

☐ Heat therapy ☐ Other: _____

TODAY'S WIN: _____

WHAT DIDN'T WORK: _____

TOMORROW I WANT TO TRY: _____

Day 7 | Cycle Day: _____ **| Date:** _____

Bloating Level (circle): 1 - 2 - 3 - 4 - 5 (1=none, 5=severe)

Energy Level (circle): Low - Medium - High

Mood Check: 😊 😐 😞 😡 😴

WHAT I ATE TODAY:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks/Drinks: _____

MOVEMENT & SELF-CARE:

☐ Walked 10+ minutes ☐ Stretched/Yoga ☐ Other: _____

☐ Drank enough water ☐ Got 7+ hours sleep ☐ Managed stress

PROTOCOLS I TRIED:

☐ Lemon water upon waking ☐ Digestive enzymes with meals

☐ Anti-inflammatory foods ☐ Belly breathing (5+ minutes)

☐ Heat therapy ☐ Other: _____

TODAY'S WIN: _____

WHAT DIDN'T WORK: _____

TOMORROW I WANT TO TRY: _____

Week 1 Reflection

PATTERNS I'M NOTICING:

- ☐ Bloating is worse in the morning/evening
- ☐ Certain foods consistently trigger symptoms
- ☐ Movement helps within _____ hours
- ☐ Stress directly impacts my digestion
- ☐ My symptoms follow a predictable cycle
- ☐ Other pattern: _____

MOST HELPFUL PROTOCOLS THIS WEEK:

1. _____
2. _____
3. _____

PROTOCOLS THAT DIDN'T HELP:

1. _____
2. _____

BIGGEST SURPRISE OR "AHA MOMENT":

QUESTIONS FOR NEXT WEEK:

ENERGY/MOOD CHANGES I NOTICED:

ONE THING I'M PROUD OF THIS WEEK:

Protocol Success Tracker

FOOD PROTOCOLS:

Tried? | Helpful? | Notes

Lemon water (morning) ☐ ☐ _____

Ginger tea ☐ ☐ _____
Digestive enzymes ☐ ☐ _____
Anti-inflammatory meals ☐ ☐ _____
Warm vs. cold foods ☐ ☐ _____
Fiber timing ☐ ☐ _____

MOVEMENT PROTOCOLS:

10-minute walks ☐ ☐ _____
Yoga/stretching ☐ ☐ _____
Left-side lying ☐ ☐ _____
Belly massage ☐ ☐ _____
Heat therapy ☐ ☐ _____

LIFESTYLE PROTOCOLS:

4-7-8 breathing ☐ ☐ _____
Early bedtime ☐ ☐ _____
Stress management ☐ ☐ _____
Consistent meal times ☐ ☐ _____
Adequate hydration ☐ ☐ _____

MY TOP 3 "GO-TO" PROTOCOLS:

1. _____
2. _____
3. _____

PROTOCOLS I WANT TO EXPLORE:

Monthly Review

OVERALL PROGRESS:


How would I rate my symptom management this month? (1-10): _____



BIGGEST POSITIVE CHANGE:

STILL CHALLENGING:

WHAT I'VE LEARNED ABOUT MY BODY:

MY MAIN GOAL FOR NEXT MONTH:

 **Privacy Note:** This is YOUR personal tracker. Share only what feels comfortable.

 **Questions?** support@yourfitnature.com |  **Community:** [Private Group Link]