

Day 1 of 7

Date _____ Day of week _____

Meals and drinks

Meal	Time	What I ate or drank (include sauces, drinks, rough portion)	How it sat
Breakfast			☐ fine ☐ meh ☐ nope
Snack			☐ fine ☐ meh ☐ nope
Lunch			☐ fine ☐ meh ☐ nope
Snack			☐ fine ☐ meh ☐ nope
Dinner			☐ fine ☐ meh ☐ nope
Evening			☐ fine ☐ meh ☐ nope
Other drinks			☐ fine ☐ meh ☐ nope

Symptoms

Time	Symptom (pain, urgency, bloating, nausea, fatigue...)	Severity
		☐ mild ☐ moderate ☐ severe
		☐ mild ☐ moderate ☐ severe
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Bowel movements

Time	Bristol type (1-7)	Blood	Urgent?
	1 2 3 4 5 6 7	☐ none ☐ streaks ☐ more	☐ no ☐ yes
	1 2 3 4 5 6 7	☐ none ☐ streaks ☐ more	☐ no ☐ yes
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More than five? Tally here: _____ Woke at night to go: ☐ no ☐ yes, _____ times

The rest of the day

Medicines taken / missed			
Water (glasses)	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Sleep (hours)	
Stress today	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	Felt fine today	☐
Notes (illness, travel, period, eating out)			

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Day 6 of 7

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Day 7 of 7

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Week summary for my GI

Dates _____ to _____

Fill this in at the end of the week. Clinicians read summaries; bring the daily pages in case they want detail.

Day	Bowel movements (day / night)	Bristol types seen	Blood?	Worst symptom & severity	Meds missed?
1	/				
2	/				
3	/				
4	/				
5	/				
6	/				
7	/				

Foods I suspect

Count every time you ate it, including the times it sat fine. "3 of 4" means something; "3 of 14" probably doesn't.

Food or drink	Times eaten	Times followed by symptoms (within ~24h)

Foods that sat fine every time

Anything that changed this week

New or missed medicines, illness, travel, a stressful stretch, weight change.

My three questions, in order

1. _____
2. _____
3. _____