# Daily Symptom Diary Template

## Low FODMAP Diet Tracking

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## Patient Information

| Field | Details |
|---|---|
| Name | _____ |
| Date | _____ |
| Current FODMAP Phase | ☐ Elimination ☐ Reintroduction ☐ Personalization |
| Week of Program | Week _____ |

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## Daily Log

### Morning Check-In (Upon Waking)

**Time:** _____

**Energy Level:** ☐ Low ☐ Moderate ☐ High

**Sleep Quality:** ☐ Poor ☐ Fair ☐ Good ☐ Excellent

**Morning Symptoms:**

- Bloating: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Cramping: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Abdominal Pain: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Brain Fog: ☐ None ☐ Mild ☐ Moderate ☐ Severe

**Morning Bowel Movement:**

- Occurred: ☐ Yes ☐ No
- Bristol Stool Chart: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
- Urgency: ☐ None ☐ Mild ☐ Moderate ☐ Severe

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## Meal 1 (Breakfast)

**Time: _____**
**Meal Duration: _____ minutes**

**Foods & Portions:**

1. _____
2. _____
3. _____
4. _____

**Beverages:**

- Type: _____
- Quantity: _____

**Foods Added During Reintroduction Phase (if applicable):**

_____

**FODMAP Level Assessment:**
☐ Low FODMAP ☐ High FODMAP Challenge ☐ Uncertain

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## Mid-Morning Symptoms (1-2 hours after Meal 1)

**Time: _____**

**Symptoms:**

- Bloating: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Gas/Flatulence: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Cramping: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Abdominal Pain: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Nausea: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Brain Fog: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Fatigue: ☐ None ☐ Mild ☐ Moderate ☐ Severe

**Overall Symptom Score (0-10): _____**

**Notes: _____**

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## Meal 2 (Lunch)

**Time: _____**
**Meal Duration: _____ minutes**

**Foods & Portions:**

1. _____
2. _____
3. _____
4. _____

**Beverages:**

- Type: _____
- Quantity: _____

**Foods Added During Reintroduction Phase (if applicable):**

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**FODMAP Level Assessment:**
☐ Low FODMAP ☐ High FODMAP Challenge ☐ Uncertain

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## Early Afternoon Symptoms (1-2 hours after Meal 2)

**Time:** _____

**Symptoms:**

- Bloating: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Gas/Flatulence: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Cramping: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Abdominal Pain: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Nausea: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Brain Fog: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Fatigue: ☐ None ☐ Mild ☐ Moderate ☐ Severe

**Overall Symptom Score (0-10):** _____

**Bowel Movement (if occurred):**

- Bristol Stool Chart: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
- Urgency: ☐ None ☐ Mild ☐ Moderate ☐ Severe

**Notes:** _____

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## Meal 3 (Dinner)

**Time:** _____
**Meal Duration:** _____ **minutes**

**Foods & Portions:**

1. _____
2. _____
3. _____
4. _____

**Beverages:**

- Type: _____
- Quantity: _____

**Foods Added During Reintroduction Phase (if applicable):**

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**FODMAP Level Assessment:**
☐ Low FODMAP ☐ High FODMAP Challenge ☐ Uncertain

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## Evening Symptoms (1-2 hours after Meal 3)

**Time:** _____

**Symptoms:**

- Bloating: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Gas/Flatulence: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Cramping: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Abdominal Pain: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Nausea: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Brain Fog: ☐ None ☐ Mild ☐ Moderate ☐ Severe
- Fatigue: ☐ None ☐ Mild ☐ Moderate ☐ Severe

**Overall Symptom Score (0-10):** _____

**Notes:** _____

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## Snacks/Additional Intake

**Time & Food:** _____

**Symptoms Observed:** _____

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## Evening Check (Before Bed)

**Time:** _____

**Overall Day Symptom Score (0-10):** _____

**Total Water Intake:** _____ glasses/oz

**Exercise/Activity:** _____

**Stress Level:** ☐ Low ☐ Moderate ☐ High

**Sleep Preparation:** ☐ Poor ☐ Fair ☐ Good ☐ Excellent

**Evening Bowel Movement:**

- Occurred: ☐ Yes ☐ No
- Bristol Stool Chart: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
- Urgency: ☐ None ☐ Mild ☐ Moderate ☐ Severe

**General Notes for the Day:**

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## Bristol Stool Chart Reference

| Scale | Type | Description |
|---|---|---|
| 1 | Hard & Lumpy | Separate hard lumps, like nuts |
| 2 | Lumpy & Thick | Sausage-shaped but lumpy |
| 3 | Smooth Sausage | Like a sausage but with cracks on surface |
| 4 | Soft & Snake-like | Like a snake, smooth and soft |
| 5 | Soft Blobs | Soft blobs with clear-cut edges |
| 6 | Fluffy & Mushy | Fluffy pieces with ragged edges |
| 7 | Liquid & Watery | Entirely liquid, no solid pieces |

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## Key Tracking Tips

- **Timing Matters:** Record symptoms 1-2 hours after meals (peak symptom period)
- **Be Specific:** Note exact foods and portions for accurate tracking
- **Score Consistently:** Use 0-10 scale consistently throughout the day
- **Track Patterns:** Review weekly to identify triggers
- **Hydration:** Monitor water intake—may mask or worsen symptoms
- **Reintroduction Phase:** Flag new foods being tested clearly
- **Medication/Supplements:** Note any taken and timing

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## Weekly Summary (Reflect on This Sheet)

**Week of:** _____

**Best Days:** _____

**Worst Days:** _____

**Trigger Foods Identified:** _____

**Well-Tolerated Foods:** _____

**Overall Progress:** ☐ Improving ☐ No Change ☐ Worsening

**Changes to Make:** _____

**Questions for Dietitian:** _____

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## Notes for Healthcare Provider

Use this space to record observations or questions to discuss with your gastroenterologist or dietitian:

**Date Completed: _____**
**Dietitian/Healthcare Provider Reviewed: _____**

*This diary is a personal health tracking tool. Share with your healthcare provider for professional guidance on diet management.*