

# Daily Symptom Diary Template

Use this diary during elimination or reintroduction so you can spot patterns without guessing.

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## Daily Entry

- **Date:** \_\_\_\_\_
  - **Sleep quality:** \_\_\_\_\_
  - **Stress level:** \_\_\_\_\_
  - **Cycle / medication / travel notes:** \_\_\_\_\_
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## Meals and Snacks

### Breakfast

- **What I ate:** \_\_\_\_\_
- **Time:** \_\_\_\_\_

### Lunch

- **What I ate:** \_\_\_\_\_
- **Time:** \_\_\_\_\_

### Dinner

- **What I ate:** \_\_\_\_\_
- **Time:** \_\_\_\_\_

### Snacks / drinks

- **What I had:** \_\_\_\_\_
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## Symptom Ratings

- **Bloating / pressure (0-10):** \_\_\_\_\_
  - **Pain / cramping (0-10):** \_\_\_\_\_
  - **Gas / distension notes:** \_\_\_\_\_
  - **Urgency or stool changes:** \_\_\_\_\_
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## What may have changed today?

- restaurant meal
  - larger portions than usual
  - rushed eating
  - alcohol
  - poor sleep
  - illness
  - unusual stress
  - travel or schedule disruption
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**End-of-Day Note**

What looked most useful today?

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