

Movement and Gut Symptom Experiment Sheet

Use this printable sheet for seven days. The goal is not to prove one perfect trigger. The goal is to make the pattern readable enough to choose the next route.

Day	Main symptom	Timing	Food/drink context	Sleep/stress/movement context	Stool pattern	Notes
1						
2						
3						
4						
5						
6						
7						

Review Prompts

- What repeated pattern showed up more than once?
- What changed on the best day?
- What changed on the worst day?
- Which next-read route now fits best?
- Are there red flags that should move this from self-tracking to medical review?