

Use this journal to get a better sense of your digestive health! Fill out the food and mood portion after each meal, and update the water intake, bowel movements and other symptoms sections throughout the day.

Date: _____			
Time	What Did You Eat?	How Did You Feel?	Other
Breakfast			
Lunch			
Dinner			
Snack/Other			
Track Your Water How many glasses?	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>15</div> </div>		
Bristol Stool Types	<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> </div>		
Time	Bristol Type #	Other Notes (color, smell, pain, gas, floaters, etc.)	
Time	Notes/Symptoms		

Track Your BMs

Rate them using the scale above, from 1 (constipation) to 7 (diarrhea); 4 is ideal

Other Notes and Symptoms

(pain, cramping, bloating, gas, stress, mood changes, etc.)

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