

CHRONIC BLOATING PATTERN CHART

Patient Name: _____

Week Starting: ___/___/___

Severity Scale: 0 None 1 Mild 2 Moderate 3 Severe 4 Distended/Painful

DAY	WAKING (0-4)	MID-DAY (0-4)	EVENING (0-4)	FOOD/TRIGGER INTAKE	BOWEL/OTHER SYMPTOMS
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

SUSPECTED TRIGGERS (FODMAPS, STRESS, MEDS)

RELIEF MEASURES & EFFECTIVENESS

This chart is for personal tracking purposes only. Consult a healthcare professional for diagnosis.