

GUT HEALTH DAILY LOG

Date: _____
FOOD & HYDRATION INTAKE

Time	Meal/Snack Description	Water (oz/ml)
Breakfast		
Lunch		
Dinner		
Snacks		

DIGESTIVE SYMPTOMS

Bloating
Gas
Reflux
Cramping
Nausea

ENERGY & MOOD

Energy: 1 2 3 4 5 6 7 8 9 10

Stress: 1 2 3 4 5 6 7 8 9 10

BOWEL MOVEMENTS

Frequency: _____

Type (Bristol Scale): _____

SUPPLEMENTS & MEDICATION

DAILY OBSERVATIONS & TRIGGERS

Daily Gut Health Tracker - Confidential Personal Log