

GASTRITIS MANAGEMENT LOG

Week of: _____

DATE / TIME	FOOD & DRINK INTAKE	SYMPTOMS & SEVERITY (1-10)	MEDICATIONS / SUPPLEMENTS	STRESS / TRIGGERS
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**DATE
/
TIME**

FOOD & DRINK INTAKE

**SYMPTOMS &
SEVERITY (1-10)**

**MEDICATIONS
/
SUPPLEMENTS**

**STRESS /
TRIGGERS**

Severity Scale: 1 (Minimal Discomfort) - 10 (Severe Pain) **Common Symptoms:** Burning, Bloating, Nausea, Early Satiety, Acid Reflux