

Low FODMAP food & symptom diary (2 weeks)

Two weeks of meals, symptoms and stool form on paper, to look back on or take to an appointment.

HOW TO USE IT

1. **Write things down soon after they happen.** Memory fades within a day, especially amounts and times.
2. **Meals and drinks:** note the time, what it was and roughly how much. If you are not sure about an ingredient, write that down.
3. **Symptoms:** note the time each started and score it from 0 (none) to 10 (worst).
4. **Bowel movements:** note the time and the Bristol type from page 2.
5. **Context:** sleep, stress, exercise, medicines, travel or anything else that was unusual.
6. **Fill in the good days too.** They are what you compare the harder days with.
7. **Keep it manageable.** If a field is stressful, skip it and ask your dietitian what they want to see.

Educational tracking, not diagnosis.

Bloat Gone is not a medical device and does not diagnose, treat, cure or prevent disease. Use Low FODMAP guidance with a qualified healthcare professional.

A diary records what you noticed; it cannot show that a food caused your symptoms. If you have unexplained weight loss, rectal bleeding or bloody diarrhoea, a hard lump or swelling in your abdomen, or breathlessness with palpitations and unusually pale skin, seek urgent medical advice rather than waiting for an appointment.

MY DETAILS (OPTIONAL)

Start date: _____ Dietitian or clinician: _____

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Bristol stool chart

Write the type number that fits best. If you are between two, choose one and add a note.

1	Separate hard lumps
2	Lumpy and sausage-shaped
3	Sausage-shaped with cracks on the surface
4	Smooth, soft sausage or snake
5	Soft blobs with clear edges
6	Mushy, with ragged edges
7	Watery, no solid pieces

Types 1 and 2 are commonly grouped as the constipation range, 3 to 5 as the typical range and 6 and 7 as the diarrhoea range. Sources differ slightly on the boundaries. Source: Lewis SJ, Heaton KW. Stool form scale as a useful guide to intestinal transit time. Scand J Gastroenterol 1997;32:920-924.

SYMPTOM SCALE

0 = none 1 to 3 = mild 4 to 6 = moderate 7 to 10 = severe. Use the same meaning every day, so the numbers stay comparable.

A SAMPLE ENTRY

Time	What	Notes
12:30	Restaurant pasta with tomato sauce	Not sure about garlic or onion
15:00	Bloating 6, gas 4	Started about 2.5 hours after lunch
21:30	Bristol type 6	Slept badly the night before

A made-up example to show the level of detail that helps. It is not advice about what to eat.

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MEALS AND DRINKS

Time	What I ate and drank (ingredients if I know them)	Amount

SYMPTOMS 0 = none, 10 = worst. Write the time each one started.

Time	Bloating	Gas	Pain	Urgency	Other and notes

BOWEL MOVEMENTS Bristol type 1 to 7, see page 2

Time	Type	Notes

CONTEXT

Sleep (hours, quality): _____

Stress (0 to 10): _____ Exercise: _____

Medicines and supplements (with doses): _____

Anything unusual (travel, illness, period, new recipe): _____

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Notes for my appointment

Patterns you noticed, questions to ask and anything you want to remember.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Prefer it on your phone?

Bloat Gone keeps meals, symptoms and Bristol types on one dated timeline and exports a PDF or XLSX report for the dates you choose.

App Store | Google Play

Free to download from the App Store and Google Play.

Scan the code to open the page with both store links, or visit bloatgone.app/ibs-food-diary.

