

Daily food and symptom log

Fill in a PDF app or print one page per day. Save a separate copy for each day.

Date: _____ Sleep (hours): _____ Stress (0-10): _____

Use 0 = none and 10 = strongest imaginable for symptom severity.

Meals, drinks, medications and supplements

Time	What / approximate amount	Symptoms / onset / severity (0-10)

Bowel movements

Time	Consistency (hard / formed / loose / watery)	Pain, urgency or other notes

Other observations or changes today

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Questions to bring to an appointment

A log records observations; it cannot diagnose SIBO or prove a food intolerance.

Do not change treatment or restrict foods based on the log alone. Save and keep your copy private.