7-DAY FOOD & DIGESTION DIARY

Track meals, hydration, digestive symptoms, bowel habits, sleep, and stress to identify patterns over time.

Week of: _____ **to:** _____

How to use: Complete entries as consistently as practical for seven days. Estimates are fine. Look for patterns over time rather than assuming one food or habit caused a symptom.

1. Daily Food & Digestion Log

Day	Meals / Key Foods	Water	Bowel Movements	Bloating 0-10	Discomfort 0-10	Stress 0-10
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

2. Bowel Habit Details

Day	Frequency	Bristol Type 1-7	Urgency	Incomplete Emptying?
Mon			None / Mild / Moderate / Strong	No / Sometimes / Yes
Tue			None / Mild / Moderate / Strong	No / Sometimes / Yes
Wed			None / Mild / Moderate / Strong	No / Sometimes / Yes
Thu			None / Mild / Moderate / Strong	No / Sometimes / Yes
Fri			None / Mild / Moderate / Strong	No / Sometimes / Yes
Sat			None / Mild / Moderate / Strong	No / Sometimes / Yes
Sun			None / Mild / Moderate / Strong	No / Sometimes / Yes

Bristol Stool Form Scale: Type 1 describes hard separate lumps; Type 7 describes entirely liquid stool. The scale describes stool appearance and is not, by itself, a diagnosis.

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Review foods, symptoms, hydration, sleep, stress, and movement without jumping to conclusions about cause.

3. Foods & Meals

Foods I ate frequently this week:

- ■ Vegetables
- ■ Fruit
- ■ Whole grains
- ■ Legumes
- ■ Nuts & seeds
- ■ Fermented foods
- ■ Dairy
- ■ Meat / poultry
- ■ Fish
- ■ Highly processed foods
- ■ Other: _____

Foods or meals I want to watch:

4. Digestive Symptoms

- ■ Bloating
- ■ Gas
- ■ Abdominal discomfort
- ■ Constipation
- ■ Loose stools
- ■ Diarrhea
- ■ Reflux / heartburn
- ■ Nausea
- ■ Urgency
- ■ Feeling overly full
- ■ No significant symptoms
- ■ Other: _____

Symptoms were usually strongest:

- ■ Morning
- ■ After breakfast
- ■ After lunch
- ■ After dinner
- ■ Evening
- ■ Overnight
- ■ No clear pattern

5. Hydration

Average daily water / fluid intake: _____

- ■ Generally well hydrated
- ■ Intake varied considerably
- ■ Frequently forgot to drink
- ■ Increased fluids alongside fiber
- ■ No obvious relationship noticed

6. Sleep, Stress & Movement

Average sleep: ____ hours	**Sleep quality:** ____ / 10	**Average stress:** ____ / 10

Movement this week:

- ■ Regular walking
- ■ Exercise
- ■ Light movement throughout the day
- ■ Mostly sedentary
- ■ Varied considerably

Did symptoms appear different on higher-stress, poor-sleep, or less-active days?

- ■ Yes
- ■ Sometimes
- ■ No
- ■ Unsure

Notes:

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Use the weekly review to identify observations worth tracking further.

7. My Most Comfortable Digestion Day

Day: _____
What did I eat?

How was my hydration?

How were sleep, stress, and movement?

What else was different?

8. My Most Difficult Digestion Day

Day: _____ Symptoms: _____
What happened around this day?
Meals or foods beforehand:

Bowel pattern / hydration / stress / previous night's sleep:

9. Three Patterns I Noticed

1.

2.

3.

10. Questions Worth Exploring

- ■ Do symptoms appear around particular meals?
- ■ Does eating quickly seem related to discomfort?
- ■ Does hydration seem related to bowel regularity?
- ■ Does sleep appear connected with digestive comfort?
- ■ Are bowel habits changing over time?
- ■ Does meal size seem relevant?
- ■ Does my fiber intake vary considerably?
- ■ Do symptoms change during stressful periods?
- ■ Does movement seem associated with regularity?
- ■ Is there no obvious pattern yet?

11. What I Want to Track Next Week

One food or meal pattern:

One digestive symptom:

One lifestyle habit:

One question for a healthcare professional:

Important: This diary is intended for education and pattern tracking, not diagnosis. Avoid unnecessarily restricting foods based on a single day's symptoms. Persistent, severe, worsening, or unexplained digestive symptoms should be discussed with a qualified healthcare professional.