



GUT FEELINGS DIARY

HOW'S YOUR DIGESTION?

Use this daily wellness tracker to see how your diet and lifestyle may be impacting your mood—and vice versa!

	DIET	H2O	HERBS	MOOD	SLEEP	BOWEL MOVEMENT	WEIGHT	EXERCISE	
MON	BREAKFAST				1 6 2 7 3 8 4 9 5 10	YES NO		YES NO	
	⌚					AM		ACTIVITY:	
	LUNCH					✓ X		⊖	✓ X
	⌚					PM		✓ X	⊖
DINNER	⌚	✓ X	⊖	✓ X	DURATION:	_____ mins			
TUE	BREAKFAST				1 6 2 7 3 8 4 9 5 10	YES NO		YES NO	
	⌚					AM		ACTIVITY:	
	LUNCH					✓ X		⊖	✓ X
	⌚					PM		✓ X	⊖
DINNER	⌚	✓ X	⊖	✓ X	DURATION:	_____ mins			
WED	BREAKFAST				1 6 2 7 3 8 4 9 5 10	YES NO		YES NO	
	⌚					AM		ACTIVITY:	
	LUNCH					✓ X		⊖	✓ X
	⌚					PM		✓ X	⊖
DINNER	⌚	✓ X	⊖	✓ X	DURATION:	_____ mins			
THU	BREAKFAST				1 6 2 7 3 8 4 9 5 10	YES NO		YES NO	
	⌚					AM		ACTIVITY:	
	LUNCH					✓ X		⊖	✓ X
	⌚					PM		✓ X	⊖
DINNER	⌚	✓ X	⊖	✓ X	DURATION:	_____ mins			



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	DIET	H2O	HERBS	MOOD	SLEEP	BOWEL MOVEMENT	WEIGHT	EXERCISE					
FRI	BREAKFAST				1 6	YES NO		YES NO					
	<input type="checkbox"/>		AM			<input type="checkbox"/>		ACTIVITY:					
	LUNCH								2 7	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			3 8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>					
	DINNER		PM		4 9	PM			DURATION:				
	<input type="checkbox"/>								5 10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	SAT	BREAKFAST				1 6			YES NO		YES NO		
		<input type="checkbox"/>		AM					<input type="checkbox"/>		ACTIVITY:		
		LUNCH										2 7	AM
		<input type="checkbox"/>			3 8	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input type="checkbox"/>		
		DINNER		PM		4 9			PM			DURATION:	
<input type="checkbox"/>							5 10		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>							<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	
SUN		BREAKFAST				1 6	YES NO					YES NO	
		<input type="checkbox"/>		AM			<input type="checkbox"/>					ACTIVITY:	
		LUNCH										2 7	AM
		<input type="checkbox"/>			3 8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
		DINNER		PM		4 9	PM					DURATION:	
	<input type="checkbox"/>						5 10			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>						<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	