FILL IN ONCE NOW · AGAIN IN FOUR WEEKS

Belly Map and Symptom Snapshot

A picture of where you are starting from. Where a pain sits, and when it comes, narrows the possibilities faster than any score.

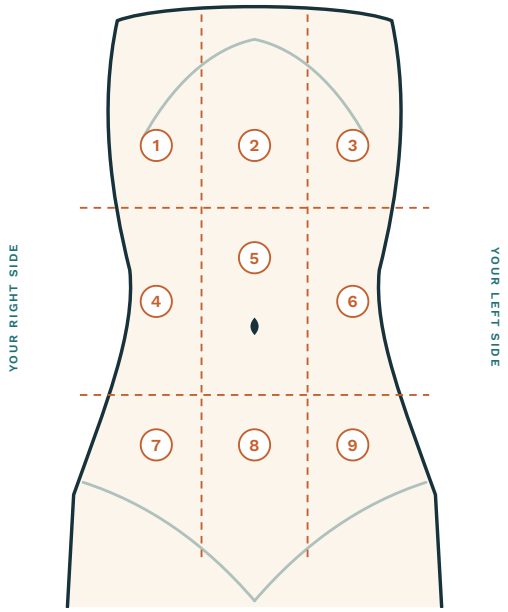


SHEET 05

Name _____ **Date** _____ **Date of repeat** _____

Where do you feel it?

Shade the areas. Use a second colour, or crosses, for where it spreads to.



1 Under the right ribs
2 Upper middle
3 Under the left ribs
4 Right side
5 Around the navel
6 Left side
7 Lower right
8 Lower middle
9 Lower left

IN THE LAST TWO WEEKS	NEVER	SOME DAYS	MOST DAYS	EVERY DAY
Bloating or swelling	○	○	○	○
Tummy pain or cramps	○	○	○	○
Wind	○	○	○	○
Constipation	○	○	○	○
Loose stools	○	○	○	○
Urgency	○	○	○	○
Heartburn or acid taste	○	○	○	○
Nausea	○	○	○	○
Feeling full early	○	○	○	○
Tiredness after meals	○	○	○	○
Low mood or worry	○	○	○	○
Other:	○	○	○	○

When is it worst?

☐ On waking ☐ After meals ☐ Late afternoon ☐ Evening
☐ In the night ☐ Around my period ☐ When stressed
☐ After poor sleep ☐ No pattern yet

How much do gut symptoms get in the way of...

Circle a number today. In four weeks, mark the same scales with a square and compare.

Sleep	not at all	0	1	2	3	4	5	6	7	8	9	10	completely
Eating what I like	not at all	0	1	2	3	4	5	6	7	8	9	10	completely
Work or daily tasks	not at all	0	1	2	3	4	5	6	7	8	9	10	completely
Going out	not at all	0	1	2	3	4	5	6	7	8	9	10	completely

In one sentence

The symptom that bothers me most is

_____

_____

It started

_____

What I most want to be able to do again

_____

_____

! **See a doctor before relying on a tracker** if you have blood in the stool or black, tarry stool, unexplained weight loss, symptoms that wake you at night, persistent vomiting, trouble swallowing, fever with pain, or a new and lasting change in bowel habit. Heavy bleeding, collapse or sudden severe pain is an emergency.