14-DAY TRACKER

IBS Symptom Tracker

Pain and bloating go on the chart; urgency and stool form go underneath, kept separate because they often move independently. Mark the worst each got in the day.



SHEET 10

Name _____ **Day 1 is** _____

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Date														
WORST OF THE DAY, 0 NONE TO 10 WORST														
Pain and bloating ● pain ○ bloating	10 8 6 4 2 0													
BOWELS														
Urgent trips had to rush														
Movements how many														
Stool types 1 to 7														
CONTEXT														
Stress 0 to 10														
Sleep hours														
STEPS I PRACTISED														
Regular, unhurried meals	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Walk or exercise	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Soluble fibre (psyllium)	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Peppermint oil	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Relaxation or breathing	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Medicine as advised	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Bringing foods back Use with a dietitian during the reintroduction stage of a low-FODMAP diet. Write symptoms 0 to 3 for each day.

FOOD BROUGHT BACK	AMOUNT	DAY 1	DAY 2	DAY 3	TOLERATED? KEEP, LIMIT OR RETRY

Symptoms lasting more than four weeks need a doctor's assessment before self-treatment. A low-FODMAP diet is temporary and works best with a dietitian; the aim is to bring foods back. Discuss coeliac testing before cutting gluten. Blood, weight loss, night symptoms or fever: see a doctor.