



International Foundation for Gastrointestinal Disorders (www.iffgd.org)

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# INTRODUCTION

Using a Personal Daily Symptom Diary for 2–4 weeks can help you learn more about how your body may be reacting to certain things in your life, such as diet, exercise, stress, and sleep. The objective of a Daily Diaryis to help you better understand your gastrointestinal illness. When you keep a detailed record of stool consistency, frequency, continence, pain, diet, medication, emotional status and exercise, a clearer understanding may start to emerge for you and help your healthcare provider determine the best treatment options available to you.

On the following page there is a chart for you to document these items which may show valuable insightinto what triggers you may have. Please make multiple copies and use one page per day for at least two weeks. This will allow you to begin to see any symptom patterns.

The information is collected on this chart and the typesof details you will want to make note of:

- Bowel Movements (Description) Loose; diarrhea; formed; hard, pellet-like; ribbonshaped
- Symptoms Incomplete evacuation; strong urge; straining; incontinent; stain/smear
- What were you doing? Daily obligations; employment; school; family; social; travel; shopping; medical appointments; illness; injury; trauma; surgery; personal/intimate
- Pain Abdominal cramping; lower intestinal cramping; pain on either side of abdomen; tenderness (tender when touched); rectal pain (sharp dull, burning; feels like a hard object is in rectum; cramping sensation in rectum)
- Emotional Status (How do you feel? Why?) -Fine; happy; relaxed; anxious; nervous; sad; unhappy, depressed; fatigued; tired (wake uptired, wake up during the night) – mentally tired, physically tired
- Medications Prescription/over the counter including herbs or supplements; and dosage
- Food (List everything, be detailed.) Fruits; vegetables; dairy products; meat; fish; poultry; breads (whole grain, etc); pasta; dessert; condiments (salt, pepper, sauces, spices, oils)

- Beverages Caffeine; decaffeinated; carbonated; diet/sugar free; alcohol; fruit juices
- Exercise List what you did (walk, run, bike, swim, aerobic, other) and include times
- Women Menstrual cycle; ovulation; menstruation
- Other thoughts on your day was it a goodday, a bad day why?

### About IFFGD

The International Foundation for Gastrointestinal Disorders (IFFGD) is a 501(c)(3) nonprofit education and research organization. We work to promote awareness, scientific advancement, and improved care for people affected by chronic digestive conditions. Our mission is to inform, assist, and support people affected by gastrointestinal disorders. Founded in 1991, we rely on donors to carry out our mission. Visit our website at: www.iffgd.org.

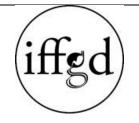
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#### About the Publication

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For more information, or permission to reprint this article, contact IFFGD by phone at 414-964-1799 or by email at iffgd@iffgd.org



# **Personal Daily Diary**

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Week		Number; Day of the Week		; Date			
Ti	me	<b>Bowel Movements</b> Description (Loose; diarrhea; formed; hard, pellet-like; ribbon-shaped)	Symptoms Incomplete evacuation; strong urge; straining; incontinent; stain/smear	What were you doing? work; school; social; travel; shopping; medical appointments;	<b>Pain</b> Description & Duration	Emotional Status How do you feel? Why?)	Medications Prescription/Over- the-Counter
		List. Itoms & Timos					
			List. Itoms &	Timos		Exerci	50
		Breakfast	List: Items & 2	Times		Exercis List examples: walk, aerobic, other;	run, bike, swim,
	S	Breakfast	List: Items & Z	Times		List examples: walk,	run, bike, swim,
	OODS		List: Items & 2	Times		List examples: walk,	run, bike, swim,
۵	FOODS	Lunch	List: Items & Z	Times		List examples: walk, aerobic, other; Women	run, bike, swim,
٥	FOODS	Lunch	List: Items & Z	Times		List examples: walk, aerobic, other; Women	run, bike, swim, and times
۵	FOODS	Lunch	List: Items & 2	Times		List examples: walk, aerobic, other;   Women   Menstrual cycle,	run, bike, swim, and times
٥		Lunch	List: Items & 2	<i>Times</i>		List examples: walk, aerobic, other;   Women   Menstrual cycle,	run, bike, swim, and times
D	BEVER FOODS	Lunch	List: Items & 2	<i>Times</i>		List examples: walk, aerobic, other;   Women   Menstrual cycle,	run, bike, swim, and times