



## Your Daily Symptom Diary

At the end of each day, fill out the diary rating each of the individual symptoms on the scale of 1-10; 1 being very mild and 10 being very severe. Include any medications or natural supplements you might use for acute symptom relief. You can also fill in your diary each morning for the previous day if that is more convenient.

	0	1	2	3	4	5	6	7	8	9	10	
	NONE		MILD		MODERATE		STRONG		SEVERE			
	Pain, cramps or discomfort	Loose stools, sudden urges, or diarrhoea	Straining or constipation	Bloating or distension	Excessive flatulence	Anxiety, and/ or depression	Fatigue or tiredness	Medications or supplements				
<b>Monday</b>												
<b>Tuesday</b>												
<b>Wednesday</b>												
<b>Thursday</b>												
<b>Friday</b>												
<b>Saturday</b>												
<b>Sunday</b>												
<b>Monday</b>												
<b>Tuesday</b>												
<b>Wednesday</b>												
<b>Thursday</b>												
<b>Friday</b>												
<b>Saturday</b>												
<b>Sunday</b>												



	1) Did you experience a stressful event today?	2) What was the event?	3) How did you feel emotionally in that situation?	4) What were your physical sensations while it was happening?	5) Did you notice any change in your symptoms while it was happening?
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>					
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