

Personal Symptom Journal:

A tool to help you document what might be triggering your IBS symptoms

Courtesy: <http://www.ibsgroup.org>

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Date/Time:	
Description of Symptoms:	
Pain Scale:	0 (none) - 1 (mild) - 2 (moderate) - 3 (severe)
Symptoms:	gas diarrhea nausea constipation abdominal pain cramping other pain
Bowel movement:	loose formed hard pellet-like ribbon-shaped incomplete urge strained incontinent
Frequency of movements:	number of daytime movements: number of nighttime movements: number of incontinent:
How did you feel?	happy relaxed sad unhappy mad anxious tired depressed
Stressors:	work school friends family travel vacation intimacy
Explanation of Stressor:	
Medications Taken:	
Did meds help?	yes no a little I don't know
What made the symptoms better?	
Women's cycle?	menstruation ovulation
Meals - Time:	List foods and beverages at each meal. Be as detailed as possible.
Breakfast -	
Snack -	
Lunch -	
Snack -	
Dinner -	
Other foods/drinks -	
Sleep Time / Naps:	
Notes:	