

Going with your gut

Tracking how you feel day-to-day may help you feel better, faster.

Spend **5 minutes a day** journaling about . . .

- a. Your gut symptoms
- b. Your stress level
- c. Your hours of sleep
- d. Your food/drink
- e. Other factors you feel are important

Use these journal pages to compare your symptoms to behaviours that may be causing your gut issues.

View the other side of this page for instructions on how to use this journal

1. Gut symptoms to watch for



Pain in your upper stomach



Bloating or a tight/full feeling in your stomach



Nausea or feeling sick to the stomach



Fullness after eating a normal-sized meal or snack



Heartburn or burning in your upper stomach



Burping after eating or snacking

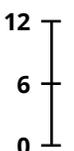
2. Tracking your stress



Stress levels can influence your symptoms. Keep track of your stress each day.



3. Tracking your sleep



A good night's rest is different for everyone, so ask yourself . . .

- How many hours did I sleep?
- Do I feel rested?

4. Tracking your food/drink

(Snacks count too!)



Fruits and vegetables should make up 1/2 of your plate.



Count each fist



Starches and grains should make up 1/4 of your plate.



Count each fist



Proteins should make up 1/4 of your plate.

Note: Lean proteins are best



Count each palmful



Dairy

Note: Too much dairy may upset your gut



Count each fist



Fried foods

Note: Fried foods may upset your gut



Mark if you've had any



Sugary foods

Note: Too much sugar may upset your gut



Mark if you've had any



Water

Note: Do your best to drink a lot of water each day



Count each cup



Juice, soft drinks, coffee, tea and alcohol

Note: Try to limit your intake



Mark if you've had any

How to use this journal

Where to start

1. Start by writing your name and the date range of your journaling period
2. Choose a time to fill out your journal each day. Make sure to add notes about anything that stands out to you. If you find it easier, fill in your journal throughout the day
3. To record important information not outlined in your journal, use the **Personalize Your Journal** page
4. At the end of each week, review your journal. Use the **Goal Setting** page to try and spot trends between your behaviours and symptoms

Journaling tips

- Put your journal somewhere you will remember to fill it out it (e.g. on the fridge, by your bed, in your bag, on the kitchen table)
- Bring your journal with you to future appointments; this will help you and your healthcare provider talk about your symptoms
- Be sure to share any worries you have about your symptoms with your healthcare provider
- You can download and print more of these journal pages at www.albertaplp.ca/our-tools

Using this journal to manage your symptoms

1 Spot the bad days

Use your journal to mark the days when your symptoms are really bad.

2 Look for behaviours that stand out

On really bad days, review your journal to see what might be adding to your symptoms. You may ask yourself . . .

- Was I more stressed today?
- Did I get enough sleep to feel rested?
- Did I eat more than usual?
- What did I eat?
- Did I drink enough water?

3 Switch things up

Look for patterns in your journal.

Example: If you notice your sleep is low on bad days, try going to bed a little earlier and see if your symptoms improve.

4 Plan for small, sustainable changes

Some changes you might try are . . .

- Eating smaller meals more often throughout the day
- Wearing looser fitting clothes around your midsection
- Substituting sugary drinks with fruit slices in water
- Limiting tobacco, alcohol or cannabis use
- Not eating 2-3 hours before going to bed or lying down

These resources will help you make a change:

Canadian Digestive Health Foundation (CDHF)



Canada's Food Guide



Alberta MyHealth



This journal belongs to:

Dates:

Mon Tues Wed Thurs Fri Sat Sun

Today, my symptoms were **really bad**

My symptoms:

Pain		<input type="radio"/>						
Bloating		<input type="radio"/>						
Nausea		<input type="radio"/>						
Fullness		<input type="radio"/>						
Heartburn		<input type="radio"/>						
Burping		<input type="radio"/>						

My stress level:

None		<input type="radio"/>						
A little		<input type="radio"/>						
A lot		<input type="radio"/>						
Extreme		<input type="radio"/>						

My hours of sleep:

12		<input type="text"/>						
6								
0								

Today, I felt **rested**:

Overall, I felt ___ today:

Great		<input type="radio"/>						
Ok		<input type="radio"/>						
Not great		<input type="radio"/>						
Terrible		<input type="radio"/>						

Notes about my week:

Mon Tues Wed Thurs Fri Sat Sun

Today, I ate . . .



Fruits and vegetables

= 1 cup

	+		+		+		+		+		+		+



Grains and starches

= 1 cup

	+		+		+		+		+		+		+



Proteins

= 3 oz

	+		+		+		+		+		+		+



Dairy

= 1 cup

	+		+		+		+		+		+		+



Fried foods

<input type="radio"/>							
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Sugary foods

<input type="radio"/>							
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Today, I drank . . .



Water

= 1 cup

	+		+		+		+		+		+		+



Juice or soft drinks

<input type="radio"/>							
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Coffee or tea

<input type="radio"/>							
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Alcohol

<input type="radio"/>							
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Notes about my diet:

Personalize Your Journal

This page is left blank so you can record any other information about your gut health that you feel is important.

Some things you might record are . . .

- Any gut feelings not listed in this journal
- Smoking or cannabis use
- Menstruation cycle

Note: You don't need to fill in this page unless you want to

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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**More notes
about my week:**

Your Week in Review

Use this page to reflect on your gut health this week and set goals for reducing symptoms next week.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
This week, my symptoms were really bad on . . .	<input type="radio"/>						
This week, I felt really stressed on . . .	<input type="radio"/>						
This week, I could have gotten more sleep on . . .	<input type="radio"/>						

The **symptoms that affected me the most** this week were . . .
(Circle all that apply)

					
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I think these **foods/drinks may be affecting my gut** . . .
(Circle all that apply)

Specific foods I want to note are . . .

To help with my gut symptoms, next week I will try . . .

(Example: To help with my gut symptoms, next week I will try . . . *going for a short walk after dinner to help with my stress.*)

Questions for my healthcare provider: