

The 28-Day Gut Health Diary

Jacqueline Whitehart

DAY 1: R&R

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5
(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..
(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5
(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 2: R&R

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5
(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..
(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5
(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 3: R&R

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as ○ 1 2 3 4 5
(○ – no symptoms, 5 – severe symptoms)

Yesterday I... ..
(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as ○ 1 2 3 4 5
(○ – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 4: R&R

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 5: R&R

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5
(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..
(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5
(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 6: R&R

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 7: R&R

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5
(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..
(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5
(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 8: INTRODUCING MILK 1

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 9: INTRODUCING MILK 2

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5
(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..
(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5
(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 10: INTRODUCING MILK 3

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as ○ 1 2 3 4 5
(○ – no symptoms, 5 – severe symptoms)

Yesterday I... ..
(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as ○ 1 2 3 4 5
(○ – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 11: INTRODUCING RED MEAT 1

Morning

Last night I slept... ..
.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as ○ 1 2 3 4 5
(○ – no symptoms, 5 – severe symptoms)

Yesterday I... ..
(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

Lunch

Evening

My tummy feels... ..

I would score my gut health as ○ 1 2 3 4 5
(○ – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

Wins

DAY 12: INTRODUCING RED MEAT 2

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 13: INTRODUCING RED MEAT 3

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 14: REST DAY OR ADVENTURE DAY.....

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 15: INTRODUCING DEADLY NIGHTSHADE 1 ...

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 16: INTRODUCING DEADLY NIGHTSHADE 2 ...

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 17: INTRODUCING DEADLY NIGHTSHADE 3 ...

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 18: REST DAY OR ADVENTURE DAY

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 19: INTRODUCING GASSY VEG 1

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 20: INTRODUCING GASSY VEG 2

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 21: INTRODUCING GASSY VEG 3

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 22: REST DAY OR ADVENTURE DAY

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 23: INTRODUCING WHEAT 1

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 24: INTRODUCING WHEAT 2

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 25: INTRODUCING WHEAT 3

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 26: BETTER LIVING FOR YOU

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 27: BETTER LIVING FOR YOU

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..

(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5

(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins

DAY 28: BETTER LIVING FOR YOU

Morning

Last night I slept... ..

.....

This morning I feel... ..

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5
(0 – no symptoms, 5 – severe symptoms)

Yesterday I... ..
(which may be affecting my symptoms today)

My waistline (bloating) is UP DOWN THE SAME

Notes? (including optional weigh-in)?

Evening

Today's food:

Morning

.....

Lunch

.....

Evening

.....

My tummy feels... ..

I would score my gut health as 0 1 2 3 4 5
(0 – no symptoms, 5 – severe symptoms)

Opportunities for Improvement:

.....

Wins