

Symptom Management Journal

Number of BMs _____

Bristol Scale (see reverse) _____

Complete or Incomplete Evacuation _____

Symptoms	None	Mild	Moderate	Major	Severe
Abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal cramping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive gas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Straining	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Daily Affirmation _____

Meditation _____

Additional Thoughts / Comments _____

Food Intake

Time Food / Beverage

Water Intake

Goal Intake

Medications / Supplements _____

Sleep

Number of Hours _____

Trouble Falling Asleep Yes No

Nighttime Routine Yes No


Movement _____

Stress Level (1 – 10) _____

Bristol Stool Chart

- | | | |
|----------|---|---|
| 1 |  | Separate hard lumps, like nuts (hard to pass) |
| 2 |  | Sausage-shaped but lumpy |
| 3 |  | Like a sausage but with cracks on its surface |
| 4 |  | Like a sausage or snake, smooth and soft |
| 5 |  | Soft blobs with clear-cut edges (passed easily) |
| 6 |  | Mushy consistency with ragged edges |
| 7 |  | Watery, no solid pieces: <i>entirely liquid</i> |

High FODMAP Foods

- | | |
|---|--|
|  | Onion |
|  | Garlic |
|  | Lactose-containing dairy (milk, yogurt, cottage cheese, ice cream) |
|  | Honey |
|  | Wheat bread |
|  | Milk chocolate |
|  | Kidney beans |
|  | Cashews, pistachios |
|  | Farro, couscous |
|  | Blackberries |
|  | Apples |

Low FODMAP Swaps

- Scallions (green parts only), leeks (green parts only), onion infused oil
- Garlic infused oil
- Lactose-free dairy made with suitable ingredients – check for high FODMAP sweeteners when applicable
- Pure maple syrup
- Slow-leavened sourdough wheat or spelt bread, suitable gluten free bread
- Dark chocolate (~30 g)
- ¼ cup canned chickpeas, ½ cup canned lentils, ½ cup edamame
- Peanuts, almonds, walnuts, pecans, pumpkin seeds, sunflower seeds, sachi inchi seeds, hemp seeds, chia seeds, flax seeds*
- Quinoa, rice, polenta
- Strawberries
- Orange, unripe banana (as portable fruit options), canned pumpkin (as a seasonal option for fall)

* Note: be mindful of portion sizes, as some nuts (such as almonds and others) and seeds (such as flaxseeds and others) are moderate or high FODMAP at various servings – the Monash app is a great resource for this information!