



**STRENGTH
FOR LIFE**

An Abbott initiative.

GASTROINTESTINAL SYMPTOM TRACKER

**TRACK YOUR SYMPTOMS AND
MONITOR YOUR PROGRESS**

Use this simple tracker to log any symptoms of digestive problems you might be experiencing (such as sickness or diarrhoea) and discuss these with your healthcare professional at your next appointment.

You can add any supplementary notes at the end of the booklet if necessary.

WEEK 1



DATE: __ / __ / __	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
TRACK YOUR SYMPTOMS HERE							
(IF YOUR SYMPTOMS HAVE: IMPROVED = SCORE 1, STAYED THE SAME = SCORE 2, GOT WORSE = SCORE 3)							
DIARRHOEA / LOOSE STOOLS							
OILY / FATTY STOOLS							
URGENCY TO PASS STOOLS							
BLOOD / MUCUS IN STOOLS							
NAUSEA							
VOMITING							
REFLUX							
BLOATING							
WIND							
ABDOMINAL CRAMPS							
MONITOR YOUR PROGRESS HERE							
WEIGHT RECORD	TRACK YOUR WEIGHT, E.G. DAY 1 OF EACH WEEK						
	STONES	OR	KILOGRAMS				
ENERGY LEVELS	SCORE 3 = HIGH , 2 = MEDIUM , 1 = LOW						

WEEK 2



DATE: __ / __ / __	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
TRACK YOUR SYMPTOMS HERE							
(IF YOUR SYMPTOMS HAVE: IMPROVED = SCORE 1, STAYED THE SAME = SCORE 2, GOT WORSE = SCORE 3)							
DIARRHOEA / LOOSE STOOLS							
OILY / FATTY STOOLS							
URGENCY TO PASS STOOLS							
BLOOD / MUCUS IN STOOLS							
NAUSEA							
VOMITING							
REFLUX							
BLOATING							
WIND							
ABDOMINAL CRAMPS							
MONITOR YOUR PROGRESS HERE							
WEIGHT RECORD	TRACK YOUR WEIGHT, E.G. DAY 1 OF EACH WEEK						
	STONES	OR	KILOGRAMS				
ENERGY LEVELS	SCORE 3 = HIGH , 2 = MEDIUM , 1 = LOW						

WEEK 3



DATE: __ / __ / __	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
TRACK YOUR SYMPTOMS HERE							
(IF YOUR SYMPTOMS HAVE: IMPROVED = SCORE 1, STAYED THE SAME = SCORE 2, GOT WORSE = SCORE 3)							
DIARRHOEA / LOOSE STOOLS							
OILY / FATTY STOOLS							
URGENCY TO PASS STOOLS							
BLOOD / MUCUS IN STOOLS							
NAUSEA							
VOMITING							
REFLUX							
BLOATING							
WIND							
ABDOMINAL CRAMPS							
MONITOR YOUR PROGRESS HERE							
WEIGHT RECORD	TRACK YOUR WEIGHT, E.G. DAY 1 OF EACH WEEK						
	STONES	OR	KILOGRAMS				
ENERGY LEVELS	SCORE 3 = HIGH , 2 = MEDIUM , 1 = LOW						

WEEK 4



DATE: __ / __ / __	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
TRACK YOUR SYMPTOMS HERE							
(IF YOUR SYMPTOMS HAVE: IMPROVED = SCORE 1, STAYED THE SAME = SCORE 2, GOT WORSE = SCORE 3)							
DIARRHOEA / LOOSE STOOLS							
OILY / FATTY STOOLS							
URGENCY TO PASS STOOLS							
BLOOD / MUCUS IN STOOLS							
NAUSEA							
VOMITING							
REFLUX							
BLOATING							
WIND							
ABDOMINAL CRAMPS							
MONITOR YOUR PROGRESS HERE							
WEIGHT RECORD	TRACK YOUR WEIGHT, E.G. DAY 1 OF EACH WEEK						
	STONES	OR	KILOGRAMS				
ENERGY LEVELS	SCORE 3 = HIGH , 2 = MEDIUM , 1 = LOW						

NOTES



Use the space below if you would like to make additional notes about your progress.

You can then show your notes to your healthcare professional to help guide a discussion about your health and progress.

A series of horizontal dotted lines providing space for writing notes.