

IBS Food, Stress, and Symptom Diary

Date: _____

- **Record everything that goes in your mouth:** food (how much, how it was prepared), beverages (including alcohol, water), medications, vitamins, supplements, candy, gum, nicotine products, cigarettes, joints, vapes.
- **Note other factors** that may affect your symptoms: stress, sleep, exercise.
- **Record all IBS symptoms** and bowel movements.
- **Look for patterns** connecting what you consume, stressors, and your IBS symptoms.

Time	What I Consumed	Stress, Sleep, Exercise	Time	IBS Symptoms/Bowel Movements

This information is not intended to diagnose or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.

© 2025, The Permanente Medical Group, Inc. All rights reserved. Health Engagement Consulting Services.
011061-739 (Revised 10/25)