PATTERN TRACKER™

GUT HEALTH

Food Reaction Pattern Tracker™

Record what you ate, what you noticed and when it happened to look for repeated patterns without unnecessary restriction.

Use for 7 days or whenever a possible reaction occurs. Include foods, drinks, portions and timing.

Reaction Log

	Food or Meal	Time Eaten	Symptom	When It Began	Intensity 0–3 0 None 1 Mild 2 Moderate 3 Significant
1					
2					
3					
4					
5					
6					
7					

What Did You Notice?

- ☐ Bloating or gas
- ☐ Stomach discomfort
- ☐ Heartburn or reflux
- ☐ Loose stool or urgency
- ☐ Constipation
- ☐ Headache or fogginess
- ☐ Skin changes
- ☐ Other

Other Factors

- ☐ Stressful day
- ☐ Poor sleep
- ☐ Ate quickly
- ☐ Large portion
- ☐ New medication or supplement
- ☐ Alcohol or more caffeine

Gentle Reminder

One reaction does not confirm an intolerance. Avoid removing several foods at once unless you are working with a qualified healthcare professional.

Martine's Midlife Wellness Tip

Write down portions and ingredients too. Sometimes the amount, combination or timing provides the clearest clue.

My Pattern Notes

A food or ingredient that appeared more than once: _____

_____

A symptom and timing that repeated: _____

_____

What I want to discuss or explore next: _____

_____

Seek urgent medical care for trouble breathing, swelling of the lips, tongue or throat, faintness or a rapidly worsenning reaction.