

FREE PRINTABLE

Bloating Tracking Sheet

Seven daily pages to connect that swollen, uncomfortable feeling to specific meals and habits.

- Log the time bloating starts and roughly how long it lasts — timing points to which meal was involved.
- Rate severity 1–5 so you can compare days at a glance.
- Include eating speed and fizzy drinks; both are common, easy-to-miss contributors.

Name (optional): _____

Week of: _____

Bloating tracker — Day 1

Date: _____

Meals & drinks

Time	What I ate or drank

Bloating today

Started around: _____ Lasted about: _____

Severity (circle one): 1 2 3 4 5 barely there → very uncomfortable

Other symptoms

☐ Gas ☐ Cramps ☐ Constipation ☐ Diarrhea ☐ Nausea ☐ Brain fog

Extra clues

Eating speed today: ☐ Slow ☐ Medium ☐ Fast Fizzy drinks, gum or alcohol? ☐ Yes ☐ No

Notes: _____

Bloating tracker — Day 2

Date: _____

Meals & drinks

Time	What I ate or drank

Bloating today

Started around: _____ Lasted about: _____

Severity (circle one): 1 2 3 4 5 barely there → very uncomfortable

Other symptoms

☐ Gas ☐ Cramps ☐ Constipation ☐ Diarrhea ☐ Nausea ☐ Brain fog

Extra clues

Eating speed today: ☐ Slow ☐ Medium ☐ Fast Fizzy drinks, gum or alcohol? ☐ Yes ☐ No

Notes: _____

Bloating tracker — Day 3

Date: _____

Meals & drinks

Time	What I ate or drank

Bloating today

Started around: _____ Lasted about: _____

Severity (circle one): 1 2 3 4 5 barely there → very uncomfortable

Other symptoms

☐ Gas ☐ Cramps ☐ Constipation ☐ Diarrhea ☐ Nausea ☐ Brain fog

Extra clues

Eating speed today: ☐ Slow ☐ Medium ☐ Fast Fizzy drinks, gum or alcohol? ☐ Yes ☐ No

Notes: _____

Bloating tracker — Day 4

Date: _____

Meals & drinks

Time	What I ate or drank

Bloating today

Started around: _____ Lasted about: _____

Severity (circle one): 1 2 3 4 5 barely there → very uncomfortable

Other symptoms

☐ Gas ☐ Cramps ☐ Constipation ☐ Diarrhea ☐ Nausea ☐ Brain fog

Extra clues

Eating speed today: ☐ Slow ☐ Medium ☐ Fast Fizzy drinks, gum or alcohol? ☐ Yes ☐ No

Notes: _____

Bloating tracker — Day 5

Date: _____

Meals & drinks

Time	What I ate or drank

Bloating today

Started around: _____ Lasted about: _____

Severity (circle one): 1 2 3 4 5 barely there → very uncomfortable

Other symptoms

☐ Gas ☐ Cramps ☐ Constipation ☐ Diarrhea ☐ Nausea ☐ Brain fog

Extra clues

Eating speed today: ☐ Slow ☐ Medium ☐ Fast Fizzy drinks, gum or alcohol? ☐ Yes ☐ No

Notes: _____

Bloating tracker — Day 6

Date: _____

Meals & drinks

Time	What I ate or drank

Bloating today

Started around: _____ Lasted about: _____

Severity (circle one): 1 2 3 4 5 barely there → very uncomfortable

Other symptoms

☐ Gas ☐ Cramps ☐ Constipation ☐ Diarrhea ☐ Nausea ☐ Brain fog

Extra clues

Eating speed today: ☐ Slow ☐ Medium ☐ Fast Fizzy drinks, gum or alcohol? ☐ Yes ☐ No

Notes: _____

Bloating tracker — Day 7

Date: _____

Meals & drinks

Time	What I ate or drank

Bloating today

Started around: _____ Lasted about: _____

Severity (circle one): 1 2 3 4 5 barely there → very uncomfortable

Other symptoms

☐ Gas ☐ Cramps ☐ Constipation ☐ Diarrhea ☐ Nausea ☐ Brain fog

Extra clues

Eating speed today: ☐ Slow ☐ Medium ☐ Fast Fizzy drinks, gum or alcohol? ☐ Yes ☐ No

Notes: _____