GI SYMPTOM DIARY

Keeping track and sharing the details of your gastrointestinal (GI) symptoms will help your gastroenterologist determine the best approach to identifying your true diagnosis.

WHEN YOU FIRST STARTED EXPERIENCING SYMPTOMS:

MEDICATIONS YOU TAKE:

DIET MODIFICATIONS YOU TYPICALLY FOLLOW:

	Date:	Date:	Date:	Date:	Date:	Date:	Date:
CHECK THE SYMPTOMS YOU EXPERIENCED EACH DAY							
Stomach pain, discomfort, or cramping	☐	☐	☐	☐	☐	☐	☐
Gas or bloating	☐	☐	☐	☐	☐	☐	☐
Diarrhea or constipation	☐	☐	☐	☐	☐	☐	☐
Feeling too full or bloated to finish a meal (also known as early satiety)	☐	☐	☐	☐	☐	☐	☐
Loss of appetite or avoiding food	☐	☐	☐	☐	☐	☐	☐
Nausea or vomiting	☐	☐	☐	☐	☐	☐	☐
Heartburn	☐	☐	☐	☐	☐	☐	☐
List any other GI symptoms:							
TODAY'S OVERALL RATING: Using the provided ratings, on average, what rating best describes how your symptoms impacted your daily activities?							
0=No impact 1=Impacted 1-2 activities 2=Impacted many of my activities 3=Impacted most/all of my activities							
DESCRIBE THE IMPACT ON YOUR DAY							
List any daily activities (eg, exercise, sleep, socializing with friends/family) that were limited because of your symptoms							
List any medications that you tried on this day to help with your symptoms							
List any foods or beverages that you think may have made your symptoms worse							
If applicable, did symptoms interfere with your ability to attend work or school?	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A

TOPICS TO DISCUSS WITH YOUR DOCTOR: If you need more space, continue writing on the back.

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EGID_0015_V2_20210211