

## **Gas Diary**

Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Instructions: When you have gas, please fill in the letter(s) corresponding to what happened in the appropriate day and time box.

Key:

G = Gas I = Incontinence/Bowel accident with gas M= Medication for gas taken P = Pain with gas

S = Straining to pass gas

\_\_\_\_\_

|      | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Gas Meds |
|------|--------|--------|---------|-----------|----------|--------|----------|----------|
| 6am  |        |        |         |           |          |        |          |          |
| 7am  |        |        |         |           |          |        |          |          |
| 8am  |        |        |         |           |          |        |          |          |
| 9am  |        |        |         |           |          |        |          |          |
| 10am |        |        |         |           |          |        |          |          |
| 11am |        |        |         |           |          |        |          |          |
| 12pm |        |        |         |           |          |        |          |          |
| 1pm  |        |        |         |           |          |        |          |          |
| 2pm  |        |        |         |           |          |        |          |          |
| 3pm  |        |        |         |           |          |        |          |          |
| 4pm  |        |        |         |           |          |        |          |          |
| 5pm  |        |        |         |           |          |        |          |          |
| 6pm  |        |        |         |           |          |        |          |          |
| 7pm  |        |        |         |           |          |        |          |          |
| 8pm  |        |        |         |           |          |        |          |          |
| 9pm  |        |        |         |           |          |        |          |          |
| 10pm |        |        |         |           |          |        |          |          |
| 11pm |        |        |         |           |          |        |          |          |
| 12am |        |        |         |           |          |        |          |          |
| 1am  |        |        |         |           |          |        |          |          |
| 2am  |        |        |         |           |          |        |          |          |
| 3am  |        |        |         |           |          |        |          |          |
| 4am  |        |        |         |           |          |        |          |          |
| 5am  |        |        |         |           |          |        |          |          |

\*\*It is helpful to keep this diary with the food diary. When noting gas symptoms, refer to the food diary to help find associations between foods and gas production. Notes: