A little experiment in noticing...

30-Day Gut Wellness Tracker

Track patterns. Keep your routine realistic. See what YOUR body tells you.

HOW TO USE THIS

Use this tracker with any gut-wellness routine. If you're trying TotalGut7, record what you actually take each day. Try not to change five things at once - the goal is to notice patterns, not manufacture a perfect month.

YOUR QUICK DAILY CHECK-IN

Bloating	0 none • 5 severe
Digestive comfort	0 uncomfortable • 5 comfortable
Reflux / heartburn	0 none • 5 severe
Energy	0 very low • 5 great
Mood / clarity	0 poor • 5 great
Bowel movement	Optional Bristol type 1-7

Before you begin...

My goal for these 30 days: _____

What I most want to observe: _____

My usual baseline: Bloat ___/5 Comfort ___/5 Reflux ___/5 Energy ___/5

Current gut-related products / routine: _____

IF YOU'RE USING TOTALGUT7

Write down your actual dose each day. If you're starting slowly, your tracker should show that. This page is about observing your experience, not forcing a

Curious about the TotalGut7 I'm trying?

Scan here to visit my personal TotalGut7 page.

Simplify. Observe. Document.

For personal wellness observation and education only. Food triggers vary by person. New, severe, or persistent symptoms deserve appropriate medical attention.

Tiny notes add up...

30-Day Gut Wellness Tracker

Days 1-15 • Look for patterns, not perfect streaks.

DAY	TG7 DOSE	BLOAT 0-5	COMFORT 0-5	REFLUX 0-5	BM 1-7	ENERGY 0-5	MOOD 0-5	WATER	MOVE	NOTES
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Day 7 check-in

Bloat ___/5 Comfort ___/5 Reflux ___/5 Energy ___/5 Mood/clarity ___/5

What feels different, if anything? _____

One thing I want to keep observing: _____

Tiny notes add up...

30-Day Gut Wellness Tracker

Days 16-30 • Look for patterns, not perfect streaks.

DAY	TG7 DOSE	BLOAT 0-5	COMFORT 0-5	REFLUX 0-5	BM 1-7	ENERGY 0-5	MOOD 0-5	WATER	MOVE	NOTES
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										

Day 30 reflection

Bloating: better / same / worse Comfort: better / same / worse Reflux: better / same / worse

Regularity: better / same / worse Energy: better / same / worse Mood: better / same / worse

Biggest change I noticed: _____

Anything unexpected: _____