

# THE GAS JOURNAL



*TummyCalm*<sup>®</sup>

Pure Relief. Naturally.

DATE:

## FOOD AND DRINK

MEAL	FOOD AND DRINK ITEMS CONSUMED	SERVING SIZE
Breakfast		
Morning Snack		
Lunch		
Afternoon Snack		
Dinner		

## SYMPTOMS

TIME OBSERVED	SYMPTOM TYPE (e.g. Bloating, Abdominal Cramps, Flatulence, etc.)	HOW INTENSE ARE SYMPTOMS (1 = mild to 5 = severe)?