Reflux Food & Symptom Diary

A 7-day tracker for acid reflux, silent reflux (LPR), bloating and IBS symptoms

How to use this diary

1. **Write it down as you go.**
   Log each meal, snack and drink when you have it, not at the end of the day. Include the amount and how it was cooked.
2. **Log symptoms with a time.**
   Reflux often hits 30 minutes to 3 hours after eating, and throat symptoms can appear the next morning. The time is what links symptoms to food.
3. **Score severity 0 to 10.**
   0 = none, 5 = noticeable and annoying, 10 = the worst it gets. Be consistent rather than precise.
4. **Note the extras.**
   Lying down after eating, tight clothing, stress, poor sleep, alcohol, medications and exercise all change reflux, independent of food.
5. **Keep it going for at least 7 days.**
   One bad reaction isn't a pattern. Look for foods linked to symptoms two or three times before blaming them.
6. **Review at the end of the week.**
   Use the review page to list suspected triggers and safe foods, then test one suspect at a time.

Symptoms worth tracking

Classic reflux (GERD)

- Heartburn / chest burning
- Regurgitation / sour taste
- Burping
- Upper stomach pain
- Nausea

Silent reflux (LPR)

- Throat clearing
- Hoarseness / voice change
- Lump in throat (globus)
- Post-nasal drip / mucus
- Chronic cough
- Sore or burning throat

Gut and bloating

- Bloating / swelling
- Gas
- Abdominal pain
- Loose stools / constipation
- Feeling full quickly

When to see a doctor instead

Trouble swallowing, vomiting blood, black stools, unexplained weight loss, or chest pain with exertion or breathlessness need medical attention, not a diary.

Day 1

Date: _____ Bedtime: _____ Hours slept: ____ Bed head raised? Y / N

Meal	Time	Food & drink (amount, how cooked)	After eating (sat / walked / lay down)	Symptoms	Time started	Severity 0-10
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Evening / bedtime						

Overnight & morning

Woke with symptoms? Y / N

Morning throat / voice (0-10): ____

Sour taste or mucus on waking? Y / N

Medications & remedies

PPI / H2 blocker (time): _____

Antacid / alginate (time): _____

Other: _____

Other factors today

Stress (0-10): ____ Exercise: _____

Alcohol / caffeine: _____

Notes: _____

Day 2

Date: _____ Bedtime: _____ Hours slept: ____ Bed head raised? Y / N

Meal	Time	Food & drink (amount, how cooked)	After eating (sat / walked / lay down)	Symptoms	Time started	Severity 0-10
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Evening / bedtime						

Overnight & morning

Woke with symptoms? Y / N

Morning throat / voice (0-10): ____

Sour taste or mucus on waking? Y / N

Medications & remedies

PPI / H2 blocker (time): _____

Antacid / alginate (time): _____

Other: _____

Other factors today

Stress (0-10): ____ Exercise: _____

Alcohol / caffeine: _____

Notes: _____

Day 3

Date: _____ Bedtime: _____ Hours slept: ____ Bed head raised? Y / N

Meal	Time	Food & drink (amount, how cooked)	After eating (sat / walked / lay down)	Symptoms	Time started	Severity 0-10
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Evening / bedtime						

Overnight & morning

Woke with symptoms? Y / N

Morning throat / voice (0-10): ____

Sour taste or mucus on waking? Y / N

Medications & remedies

PPI / H2 blocker (time): _____

Antacid / alginate (time): _____

Other: _____

Other factors today

Stress (0-10): ____ Exercise: _____

Alcohol / caffeine: _____

Notes: _____

Day 4

Date: _____ Bedtime: _____ Hours slept: ____ Bed head raised? Y / N

Meal	Time	Food & drink (amount, how cooked)	After eating (sat / walked / lay down)	Symptoms	Time started	Severity 0-10
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Evening / bedtime						

Overnight & morning

Woke with symptoms? Y / N

Morning throat / voice (0-10): ____

Sour taste or mucus on waking? Y / N

Medications & remedies

PPI / H2 blocker (time): _____

Antacid / alginate (time): _____

Other: _____

Other factors today

Stress (0-10): ____ Exercise: _____

Alcohol / caffeine: _____

Notes: _____

Day 5

Date: _____ Bedtime: _____ Hours slept: ____ Bed head raised? Y / N

Meal	Time	Food & drink (amount, how cooked)	After eating (sat / walked / lay down)	Symptoms	Time started	Severity 0-10
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Evening / bedtime						

Overnight & morning

Woke with symptoms? Y / N

Morning throat / voice (0-10): ____

Sour taste or mucus on waking? Y / N

Medications & remedies

PPI / H2 blocker (time): _____

Antacid / alginate (time): _____

Other: _____

Other factors today

Stress (0-10): ____ Exercise: _____

Alcohol / caffeine: _____

Notes: _____

Day 6

Date: _____ Bedtime: _____ Hours slept: ____ Bed head raised? Y / N

Meal	Time	Food & drink (amount, how cooked)	After eating (sat / walked / lay down)	Symptoms	Time started	Severity 0-10
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Evening / bedtime						

Overnight & morning

Woke with symptoms? Y / N

Morning throat / voice (0-10): ____

Sour taste or mucus on waking? Y / N

Medications & remedies

PPI / H2 blocker (time): _____

Antacid / alginate (time): _____

Other: _____

Other factors today

Stress (0-10): ____ Exercise: _____

Alcohol / caffeine: _____

Notes: _____

Day 7

Date: _____ Bedtime: _____ Hours slept: ____ Bed head raised? Y / N

Meal	Time	Food & drink (amount, how cooked)	After eating (sat / walked / lay down)	Symptoms	Time started	Severity 0-10
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Evening / bedtime						

Overnight & morning

Woke with symptoms? Y / N

Morning throat / voice (0-10): ____

Sour taste or mucus on waking? Y / N

Medications & remedies

PPI / H2 blocker (time): _____

Antacid / alginate (time): _____

Other: _____

Other factors today

Stress (0-10): ____ Exercise: _____

Alcohol / caffeine: _____

Notes: _____

Weekly Review

Look for foods or habits linked to symptoms on two or more days

Suspected triggers

Food / habit | days linked | worst score

Safe foods

Foods eaten with no symptoms afterward

Patterns I noticed

Timing, portion size, late meals, stress, sleep...

Next step: test one suspect at a time

Remove your top suspected trigger for 1 to 2 weeks while keeping everything else the same, then reintroduce it and watch for the same symptom. Changing several things at once makes it impossible to know what helped. For a complete low-acid eating plan with meal plans and recipes, see the Wipeout Diet Plan at wipeoutreflux.com/wipeout-diet.