



The Hydrated Gut Protocol Logs

Printable pages for the four-week practice

Raymond Koekemoer • The Hydrated Gut

These are the logs and check-ins from *The Hydrated Gut Protocol*, ready to print. Print as many Daily Drink Log pages as you need, one for each day of Weeks 1 and 2. The book explains how to use each page.

△ Before You Begin

- **These logs are for noticing, not diagnosing.** They are educational and are not medical advice. Read the book's △ Know Your Limits section before Week 1.
- **Fluid limits come first.** If your doctor has set a limit on fluid or salt, keep to it. Never change the dose or timing of a medicine, including a diuretic or insulin, to fit these weeks.
- **Diabetes.** Never drop a meal or snack that is part of your care plan, or move meals earlier, without your healthcare team.
- **See a doctor promptly** for blood in your stool or urine, black stools, severe or lasting abdominal pain, unexplained weight loss, a lasting change in bowel habits, or great thirst with frequent urination.

HOW TO SCORE

Each reading is a number from 1 to 5.

SIGNAL	1	5
Mouth	Very dry	Comfortable
Abdomen	Very bloated or full	Settled
Energy	Drained	Steady
Bowel comfort (morning only)	Straining, hard	Easy, comfortable

DRINK LETTERS

C caffeinated · S sweetened or fizzy · A alcohol · W plain water · H herbal or warm, caffeine-free · B soup or broth

The Daily Drink Log

Weeks 1 and 2. One page per day.

Date: __ Wake time: __ Bedtime: _____

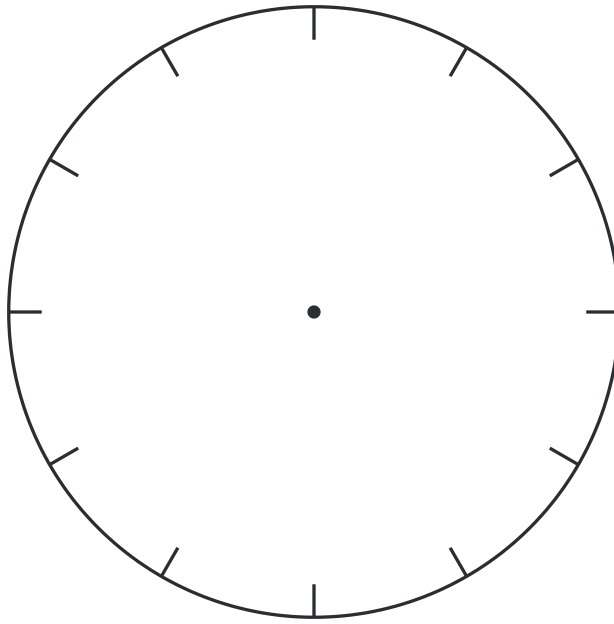
	TIME	DRINK (LETTER)	AMOUNT (CUPS)	HOT / WARM / ROOM / COLD
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
	MOUTH	ABDOMEN	ENERGY	BOWEL COMFORT
Morning				
Evening				—

Night-time bathroom trips: __

The Drink Map and the Fluid Shift

THE DRINK MAP (WEEK 1)

Mark your wake time at the top of the circle and your bedtime about three-quarters of the way round. Place a dot for each drink at its hour, sized by amount, with its letter inside. Shade the hours when you felt bloated, and circle the hours when your energy dipped.



THE FLUID SHIFT CHART (WEEK 2)

	WEEK 1 (ESTIMATE)	WEEK 2 TARGET	WEEK 2 (ACTUAL)
Morning	%	%	%
Afternoon	%	%	%
Evening	%	%	%

The Plate Swap and Weekly Check-Ins

THE PLATE SWAP EXPERIMENT (WEEK 3)

The meal I'm swapping: _____ My warm version: _____

	WARM MEAL EATEN?	FULLNESS (1 LIGHT, 5 HEAVY)	BLOATING (1 NONE, 5 STRONG)	NOTES
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				

WEEKLY CHECK-IN

Answer the questions at the end of each week in the book.

	WEEK 1	WEEK 2	WEEK 3	WEEK 4
Notes				
What I'll keep doing				

The Four-Week Summary and My Plan

THE FOUR-WEEK SUMMARY

	WEEK 1	WEEK 2	WEEK 3	WEEK 4
Morning mouth (1–5)				
Evening abdomen (1–5)				
Bowel comfort (1–5)				
Daytime energy (1–5)				
Sleep quality (1–5)				
Night-time bathroom trips				

MY PLAN

	FIVE LINES OR FEWER
Morning	
Daytime fluids	
Warm meal	
Evening wind-down	
Bedtime	

Consider showing your plan and your logs to your doctor or dietitian, especially if you manage a chronic condition.