

Table S1. Daily dairy template for recording digestive symptoms.

#	Daily Diary (Every Day Baseline to Day 14)	Response Group
How Severe Would you Rate Your:		
1	Thirst	None = 0 no symptoms
2	Stomach cramps	
3	Rumbling/stomach noise	
4	Nausea	Mild = 1 awareness of symptom, but easily tolerated
5	Indigestion	
6	Gas/Flatulence	
7	Bloating	Moderate = 2 discomfort sufficient to cause interference with normal activities
8	Constipation	
9	Fluctuation in Energy Levels	
10	Brain Fog/ Difficulty to concentrate	Severe = 3 incapacitating, with inability to perform normal activities
11	Fatigue	
12	Hunger	
13	Acid Reflux	
14	Please record any additional symptoms/experiences (1-2 sentences).	