



Use this food diary to track all that you consume in a day, including times (anything that passes the lips!), and then throughout the day check in with the listed symptoms and circle any that apply to you on that day, listing times noted. Scaled from 1 – 10 (1 being low, 10 being high).

DATE: DAY:	FOOD & DRINK	DIGESTIVE	HEAD	RESPIRATORY	SKIN	MPPD/BRAIN	GENERAL
	Breakfast:	Bloating	Itchy throat	Sinus/nasal congestion		Depression	Muscle pain
	Snack:	Burping	Sore throat	Sneezing	Eczema	Anxiety	Muscle cramps
		Reflux	Tight throat	Itchy nose	Dermatitis Hives	Sadness	Muscle weakness
	Lunch:	Cramping	Itchy, burning, red or watery eyes	Runny nose	Rash	Irritability	Joint stiffness
		Constipation	Blurred vision	Mucus	Itchy skin	Aggression	Joint swelling
	Snack:	Diarrhoea	Blocked or aching ears	Difficulty breathing	Pimples/acne	Brain Fog	Fatigue
		Nausea	Ringing in the ears	Tight chest	Dry skin	Tearful	Palpitations
	Dinner:	Vomiting	Nose sensitivity	Wheezing	Flushing	Withdrawn	Frequent urination
Changes in appetite		Mouth ulcers	Asthma attack	Pallor	Silly	Ear tugging	
Dessert:	Excessive thirst	Bad taste in mouth	Coughing	Sweating	Talkative	Restlessness	
	Itchy anus	Headache / Migraine	Yawning		Panicky	Hyperactivity	
Unusual events:	Description / other:	Description / other:	Description / other:	Description / other:	Description / other:	Description / other:	

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