

Food Diary



Day:

Food Ingested:

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Time:

Reaction:

- ☐ Increased mucus production
- ☐ Nausea
- ☐ Itchy tongue or skin, swelling, redness
- ☐ Bloating/gas, cramps
- ☐ Diarrhea (and number of movements:.....)
- ☐ Heartburn, indigestion
- ☐ Shortness of breath
- ☐ Fuzzy head or drugged feeling, sleepiness
- ☐ Headache, joint/muscle pain
- ☐ Undigested particles of test food in stool or toilet bowl
- ☐ Slimy, mucousy, or acidic stool
- ☐ Blood in stool or toilet (describe:.....)
.....)

Number and type of bowel movements:

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Emotional events or feelings:

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Anything else:

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