**Food Diary Instructions**

Food allergies and intolerances are often overlooked as a root cause of inflammation, hormone imbalances, and other health issues. Blood and skin tests are one way to find food allergies, but a food diary is an inexpensive alternative that does not require seeing a physician or being poked with a needle.

For 1 to 2 weeks, keep track of everything you eat. For best results, do not change the way you eat, but continue with whatever is “normal” for you. For processed foods and foods with multiple ingredients (such as bread), include all ingredients the first time you list it. Include all drinks other than water, and all snacks. Also track how you are feeling throughout the day; note energy level, aches and pains, allergy symptoms, brain fog, mood, bloating, gas, post-nasal drip, diarrhea or constipation, and general well-being. A detailed, accurate diary is essential for detecting patterns and connections. A sample food diary is below. Use notebook paper to keep your own food diary. You may use the symptom tracker on the next page to help you keep track of how you feel after each meal.

|  |  |  |
| --- | --- | --- |
| **Date and Time** | **Foods** | **How I felt afterward** |
| Monday 11 am | Scrambled eggs (milk, pepper, cheese), broccoli, quinoa, red peppers | Slight bloating, average energy, brain fog around 3 pm, normal bowel movement 4 pm, legs aching |
| Monday 6 pm | Baked chicken, potatoes, carrots, salad with lettuce, spinach, raisins, apples, and vinaigrette dressing | Brain clear, digestion good, fell asleep @ 9 pm, woke at 1 and 4 am for bathroom, slight headache on waking, usual muscle soreness |

**Food Diary Symptom Tracker**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Bloating | Morning Afternoon Evening |  |  |  |  |  |  |  |
| Itchy skin | Morning Afternoon Evening |  |  |  |  |  |  |  |
| Headache | Morning Afternoon Evening |  |  |  |  |  |  |  |
| Cough | Morning Afternoon Evening |  |  |  |  |  |  |  |
| Runny nose | Morning Afternoon Evening |  |  |  |  |  |  |  |
| Stomach Ache | Morning Afternoon Evening |  |  |  |  |  |  |  |
| Hives or Rash | Morning Afternoon Evening |  |  |  |  |  |  |  |
| Joint Pain | Morning Afternoon Evening |  |  |  |  |  |  |  |
| Tired/ Fatigue | Morning Afternoon Evening |  |  |  |  |  |  |  |
| Short of breath | Morning Afternoon Evening |  |  |  |  |  |  |  |
| Blurred vision or tired eyes | Morning Afternoon Evening |  |  |  |  |  |  |  |