**FOOD/SYMPTOM DIARY**

The information you record in your Food/Symptom Diary is essential to help you and your dietitian identify potential hidden food reactions. These instructions will help you get the most out of your food/symptom diary. Be sure your dietitian receives copies of your food records prior to appointments.

BASIC RULES FOR KEEPING A FOOD/SYMPTOM DIARY

1. Write down everything that you eat or drink, including all foods, beverages, supplements, vitamins, etc. Include all your meals and between-meal snacks from the time you get up until you go to bed.

2. Be honest! The form is useful only if completely and accurately filled out every day.

3. Keep your form with you all day. Write down the information as soon as you finish eating, since meals are difficult to recall in detail after time has passed.

4. Describe the type of food you have eaten, giving as many details as possible. For example, if you drank milk, indicate whether you had whole, skim, or 2% milk.

5. Describe how the food was prepared: raw, baked, boiled, steamed, etc. Also indicate if you followed any other special preparation or cooking techniques.

6. When recording your food diary, imagine that someone wants to duplicate your meals as closely as possible and needs to know as many details as possible about what you ate.

7. Feel free to make copies of this form, saving one as an ‘original’ and print out, filling in by hand. Or, type in foods and keep on your computer to be emailed as attachments.

NOTE ABOUT THE FORM/COLUMNS:

Date/Time: Be sure to note the day of week and the date. Write the time of day you ate the food OR had any symptoms.

Meds/Supplements: Note the time and any medications, supplements or herbs you are taking.

Food Eaten/Amount/Description: Write down the type of food you ate. Be as specific as you can.

Indicate the amount of the particular food item you ate. Estimate the size (in inches), the volume (1/2 cup or 1 tsp), the weight (2 ounces) and/or the number of items (12 French fries) of that type of food. Add any details, such as fresh, frozen, or canned, decaf or regular, how the item was prepared, or a brand name, whole grain, organic, or enriched, Etc. Use as many lines/as much space as needed, rather than crowding information.

SYMPTOMS: In this column record ALL physical symptoms. **Be sure to indicate times the symptom occurred,** **lasted and resolved.** For some items, you may want to rate the symptom on a scale of 1-10 (1 meaning barely perceptible symptom. 10 meaning the most severe.) To make record keeping easier, for some common symptoms, you may want to develop some abbreviations. “D” for diarrhea, “C” for constipation. “M” for migraine, etc. (For example, D-1 might be very minimal diarrhea; M-10 would be a very severe migraine.) Just note what the abbreviations are someplace on each page, or when first listed. You can also rate how you were feeling while you were eating (for example, sad, happy, depressed). And, note if you feel great/no symptoms, etc.

One copy of the Food/Symptom Record is provided here. To make extra copies of the food record: Click and Drag your mouse over page one. Right click and click on “Copy” (or type Ctrl-C). You won’t see anything happen, but the page will be saved to your computer’s short-term memory. Now, move your cursor to the top of a new page (or the top of page 2). Right click your mouse, and click on “Paste.” (Or type Ctrl-V) A new copy of the Food/Symptom Diary should appear (You may have to hit ‘Enter/return” a time or two to center text onto the new page).

**LEAP FOOD/SYMPTOM DIARY**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE/S: \_\_\_\_\_\_\_ WEIGHT\_\_\_\_

**Instructions:** Record just one food per line. Record all foods, liquids, water and meds consumed. Note also any special activities, weather, illness, and any other observations. Feeling any symptoms at any time? What are they and how severe?

|  |  |  |  |
| --- | --- | --- | --- |
| Date/Time | Meds/supplements taken | Food Eaten, Amounts and Description: brand preparation, etc | Symptoms?What and how severe? Use as many lines as needed for details in each category. |
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