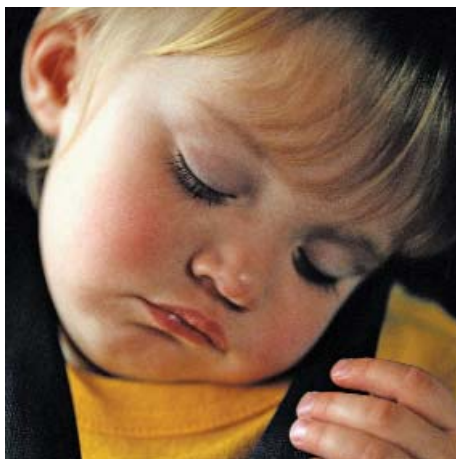


# Food & Symptom Diary



Name:



# Diary instructions

Use these diary sheets to record your food intake and symptoms each day while you are undergoing dietary testing.

At the top of the page, **NUMBER EACH DAY** consecutively, starting from **WHEN YOU BEGAN THE DIET**.

Alongside, record the day of the week and the date.

## In the **INTAKE** column, record:

- the time of your meals and snacks.
- which foods and drinks you had.
- vitamin & mineral supplements.
- any medication taken.

Also record any **OTHER REMARKS** for example:

- social events, dining out, travel, etc.
- stressful events at home or work, accidents etc.
- infections, dental work, operations etc.
- menstrual periods.
- exposure to strong smells or fumes, chemicals etc.



## In the **SYMPTOMS** column, use the grid to record:

- **ANY SYMPTOMS** whether or not you think they're food related.  
If you experience multiple symptoms, list them at the top of the grid using the symptom code from inside the flap at the back..
- **TIME** symptoms were present.
- **SEVERITY** grading (write 0, 1, 2, 3 in grid boxes):
  - 0 **None** – symptoms not present
  - 1 **Mild** – aware of the symptom, but easily tolerated without medication
  - 2 **Moderate** – bad enough to interfere with what you're doing, or to require medication
  - 3 **Severe** – incapacitating, with inability to work or carry on with normal activities.

## When you start taking **CHALLENGES**, record:

- the challenge code number and time taken (capsule challenges).
- the food substance being tested.  
eg. salicylates, amines, nitrates etc (food challenges).



Photocopy  
extra pages  
as needed

DAY:

DATE:

CHALLENGE:

<b>INTAKE</b> foods, drinks, vitamins, medicines	<b>SYMPTOMS</b> include severity* & other remarks**
<b>BREAKFAST:</b>	
Morning snack:	
<b>LUNCH:</b>	
Afternoon snack:	
<b>EVENING MEAL:</b>	
Evening snack:	

\* SEVERITY: mild = 1, moderate = 2, severe = 3

\*\* OTHER REMARKS: eg. infections, social occasions, stressful events etc

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## HEALTH PROFESSIONAL CONTACT DETAILS

### DIETITIAN NAME:

Phone: ..... Fax: .....

Mobile: .....

Email: .....

Address: .....

### DOCTOR NAME:

Phone: ..... Fax: .....

Mobile: .....

Email: .....

Address: .....



## notes

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