

DIET AND SYMPTOM DIARY

Please circle any symptoms that apply for that day, and rate symptoms - (1) mild or occasionally, (2) moderate or frequently, (3) severe or constantly

	Food and drink	Challenge food + quantity	Digestive	Head	Respiratory	Skin	Mood /Brain	General
Challenge period:	Breakfast:		Bloating Burping Reflux	Itchy throat Sore throat Tight throat	Sinus /nasal congestion Sneezing	Eczema Dermatitis Hives	Depression Anxiety Sadness	Muscle pain Muscle cramps Muscle weakness
	Snack:		Flatulence Cramping	Itchy, burning, red or watery eyes	Itchy nose Runny nose	Rash Itchy skin	Irritability Aggression	Joint stiffness Joint swelling
Date:	Lunch:		Constipation Diarrhoea Nausea Vomiting	Blurred vision Light sensitivity Blocked or aching ears	Mucus Difficult breathing Tight chest	Pimples/acne Dry skin Flushing Pallor	Can't think straight Tearful Withdrawn Dazed	Fatigue Palpitations Frequent urination Esp. children:
	Snack		Changes in appetite	Ringing in the ears Noise sensitivity	Asthma attack	Sweating	Silly Talkative Panicky	Ear tugging Restlessness Hyperactivity
Challenge period:	Dinner:		Excessive thirst Itchy anus	Mouth ulcers Bad taste in mouth Headache Migraine	Coughing Yawning		Apprehensive Dizzy/light headed Sleepy	Unusually quiet Tonguing roof of mouth Bedwetting Foetal position
	Snack:			Facial or mouth swelling				
Date:	Unusual events, medications taken, exercise		Description / other	Description / other	Description / other	Description / other	Description / other	Description / other
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Challenge period:	Snack:			Facial or mouth swelling				
	Unusual events, medications taken, exercise		Description / other	Description / other	Description / other	Description / other	Description / other	Description / other