

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Dry skin Flushing Pallor Sweating	Depression Anxiety Sadness Irritability Aggression Can't think straight Tearful Withdrawn Dazed Silly Talkative Panicky Apprehensive Dizzy/light headed Sleepy	Muscle pain Muscle cramps Muscle weakness Joint stiffness Joint swelling Fatigue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