DAILY FOOD SENSITIVITY LOG

Name:		_	Date:	
Food, Drinks, Medications	Time	1	Time	Mood, Health, Symptoms
		_		
		_		
		_		
Notes and Conclusions:				

Instructions: On the left side, keep a detailed record of all foods, drinks, and medications consumed throughout the day. On the right, keep a detailed record of changing moods and health, including fatigue, nausea, and irritability. Use the space between the columns to draw lines linking possible trigger foods to relevant effects. Discuss these records with a physician before drawing any conclusions.