

Food Reactivity & Reintroduction Tracker

Client Name: __ Date Started: _____

Section 1: Phase 1 Baseline (Post-Elimination)

Before starting reintroduction, you should have completed 21–28 days of the "Cleanse" phase. Rate your current baseline (0 = No symptoms, 10 = Severe).

- **Energy Levels:** ____ /10
- **Digestive Comfort:** ____ /10
- **Joint/Muscle Pain:** ____ /10
- **Skin Clarity:** ____ /10
- **Mental Clarity:** ____ /10

Section 2: The 3-Day Provocation Log

Instructions: Introduce **ONE** food from the "Big 8" or your suspected triggers. Eat it 2–3 times in **Day 1 only**, then stop and observe for **Day 2 and Day 3**. *Note: If you have an immediate (IgE) reaction like hives or throat swelling, stop and contact your doctor immediately.*

Day	Food Tested	Reaction? (Yes/No)	Symptoms (Brain fog, bloating, joint pain, fatigue, etc.)	Severity (1-10)
1	(Test Day)			
2	(Observe)			
3	(Observe)			
4	(Test Day)			
5	(Observe)			
6	(Observe)			
7	(Test Day)			

Day	Food Tested	Reaction? (Yes/No)	Symptoms (Brain fog, bloating, joint pain, fatigue, etc.)	Severity (1-10)
8	(Observe)			
9	(Observe)			

Section 3: Clinical Reflection & Matrix Mapping

Trigger Type Identification: - ☐ **Immediate (IgE-like):** Reaction within minutes to 2 hours. (Red Flag: Refer to Allergist). - ☐ **Delayed (IgG/IgA):** Reaction occurred 2–72 hours later. (Sensitivity/Loss of Oral Tolerance). - ☐ **Innate (Lectin/Nightshade):** Joint pain or immediate GI distress without typical "allergy" symptoms.

Observations & Patterns:

Next Steps:

- **True Triggers:** (Remove for 3–6 months while focusing on the *Assimilation* node/gut healing): _____
 - **Safe Foods:** (Reincorporate into daily diet): _____
 - **Conditional/Rotation Foods:** (Eat no more than once every 4 days): ____
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