Food & Symptom Diary

Name _____ **Date of birth (dd/mm/yy)** ___/___/___

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 and how much
- vitamin and mineral supplements
- medications

Photocopy extra pages as needed

In the **SYMPTOMS** column, record:

- **ANY SYMPTOMS** whether or not you think they're food related
- **TIME** symptoms began and how long they lasted
- **SEVERITY** graded as:
  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
- **ANY MEDICATIONS** taken for symptoms

Record and **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.

When you start taking **CHALLENGES** you can also record at the top of the page:

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

RPAH Allergy Unit

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Morning snack:			
LUNCH:			
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*** OTHER REMARKS:** e.g. infections, social occasions, stressful events etc.

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