



Food Logs

Plan: _____

BREAKFAST

Amount eaten: (Portion Size)

Time: _____ Morning Weight: _____ Reactions: Bloating
 Headache Gas Itchiness Reflux Redness/Flushing Nose Running

How long after meal: Immediately Within 1st hour 1 to 2 hours 2 - 4 hours

Other:

MID MORNING SNACK

Amount eaten:

Time: _____ Reactions: Bloating Redness/Flushing Nose Running
 Headache Gas Itchiness Reflux

How long after meal: Immediately Within 1st hour 1 to 2 hours 2 - 4 hours

Other:

Lunch

Amount eaten:

Time: _____ Reactions: Bloating Redness/Flushing Nose Running
 Headache Gas Itchiness Reflux

How long after meal: Immediately Within 1st hour 1 to 2 hours 2 - 4 hours

Other:

AFTERNOON SNACK

Amount eaten:

Time: _____ **Reactions:** Bloating Redness/Flushing Nose Running
Headache Gas Itchiness Reflux

How long after meal: Immediately Within 1st hour 1 to 2 hours 2 - 4 hours

Other:

DINNER

Amount eaten:

Time: _____ **Reactions:** Bloating Redness/Flushing Nose Running
Headache Gas Itchiness Reflux

How long after meal: Immediately Within 1st hour 1 to 2 hours 2 - 4 hours

Other:

Calories

Total Daily Calories: _____

GENERAL INFORMATION

Amount of sleep: _____

Supplements and Amount: _____

Water intake: _____

PHYSICAL ACTIVITY

Type: _____ Duration: _____

Time done at: _____

Extra Activities: _____ Duration: _____

Bowel Movements (#, form,color):

Stress/Mood/Emotions:

Other Comments:
