



Healthy**Body**Healthy**Life**
with *Melissa Koerner*

Food/Symptom Diary



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HealthyBodyHealthyLife.com

Professional Advice Disclaimer

The nutrition, exercise, and health information and activities described in this book were developed by the author and are to be used as an adjunct to improved health, fitness, and weight-loss. These programs may not be appropriate for everyone. All individuals, especially those who suffer from any disease or are recovering from any injury, should consult their physicians regarding the advisability of undertaking any of the activities suggested in these programs. The author has been painstaking in her research. However, she is neither responsible nor liable for any harm or injury resulting from this program or the use of the exercises or exercise devices described herein.

TESTING INDIVIDUAL FOODS AFTER THE 30-DAY ELIMINATION

Once you have completed your 30 days on the elimination diet, you'll begin to reintroduce foods (i.e. grains, dairy, eggs, nuts, beans and legumes etc.) back into your diet to "test" your reaction, if you choose. If any of these foods cause a reaction, you'll eliminate them for at least 6 months before reintroducing them again.

NOTE: If you have a goal of weight loss or if you suffer from digestive concerns such as heartburn, IBS, colitis, Crohn's, constipation, diarrhea, or frequent bloating, it is recommended that you *don't* reintroduce grains and legumes to your diet due to their inflammatory effects on the digestive tract.

If you choose to include these foods in your diet, you can determine your **carb tolerance** by adding in a small amount at a time (start with a half cup or less) at meals and taking note of how you feel afterward, similar to the food allergy/sensitivity reintroduction described below. If you feel fatigued/lethargic or bloated after meals, it's an indication you've had too many carbs. Whatever amount causes fatigue (if any) is the amount you should stay under. For example, if you feel energized eating a meal with 1/2 cup legumes but feel fatigued after eating 1 cup of legumes, stick to 1/2 cup. Your meals should leave you feeling energized and not overly full. You can do this with starchy vegetables too.

You'll want to keep a food/symptom diary of the foods you're testing in a given day, and you'll make note of any negative body signals you experience. **Make sure to add foods one at a time and wait 72 hours between foods. Eat the test food at least twice a day and in a fairly large amount. Eat that food in its purest form on an empty stomach.** For example, test milk or cheese or wheat, but not macaroni and cheese that contains milk, cheese and wheat. (It is very IMPORTANT that you do not mix foods from the elimination and that you **wait 72 hours** in between foods so you'll have a clear indication which food you're reacting to.)

Often an offending food can provoke symptoms quickly (within 10 minutes) or it can take a few hours or even up to a couple of days. (Many food sensitivity responses can take up to 48 hours to manifest.) If you don't immediately react, notice how you feel the following day and the day after that.

Signs to look for include: skin issues (i.e. acne or rashes), headaches, itching, bloating, gas, nausea, dizziness, fatigue, diarrhea, constipation, indigestion, anal itching, feeling sleepy 30 minutes after a meal, flushing, rapid heartbeat, disrupted sleep etc. Pay attention to *any* negative or abnormal response.

If you're unsure you had a reaction to a particular food, take the food back out of your diet for at least one week and try it again. If you DO notice a negative response, I also recommend re-testing the food. I like to test foods that elicit a negative response at least *three* times to confirm the same response. (Sometimes the negative symptom is related to something else.)

COMPLETING YOUR FOOD/SYMPTOM DIARY

Date/Time: Be sure to note the day of the week, the date and the time of day you ate the food. You also want to note the day of the week, the date and the time of day you notice any symptoms.

Food Being Tested: Write down the food you ate. Again, make sure you eat the food in its *purest* form.

Food Amount/Description: Describe the food you've eaten in as much detail as possible. For example, if you drank milk, indicate whether you had whole, skim or 2%. Indicate the amount (i.e. in inches, cups, tablespoons, ounces, or number of items.) Add any details such as fresh, frozen, or canned, how it was prepared (i.e. raw, baked, boiled, steamed etc.), brand name, whole, organic etc. Use as many sections as needed, rather than crowding information into one box.

Symptoms: Record all physical symptoms. For some items you may want to rate the symptom on a scale of 1-10. (1 being barely noticeable and 10 being severe.) To make record keeping easier, for some common symptoms you may want to create abbreviations, like "D" for diarrhea, "C" for constipation, "M" for migraine. (For example, D-1 might be minimal diarrhea, M-10 would be a severe migraine.) Note what the abbreviations stand for someplace on the page or when first listed. You can also note how you were feeling *while* you were eating (for example, sad, happy, depressed etc.) Also note if you feel great and had no symptoms.

TIPS FOR KEEPING A FOOD/SYMPTOM DIARY

1. When completing your food/symptom diary, pretend that you're a scientist and your job is to objectively collect data. Write as many details as possible about what you ate and how you responded after. Keep in mind, this diary is only useful if completely and accurately filled out every day.
2. Keep your diary with you all day. Write down the information as soon as you finish eating, since symptoms can be difficult to recall in detail after time has passed.
3. Feel free to make as many copies of the diary as you need.
4. If possible, stop all *non-prescribed* supplements or herbs you're taking. You may want to test each of these separately as well to assess your reaction to them. Many people respond poorly to supplements, but they're not aware of it because they take so many at once.



Food Checklist

Instructions: Make a list of all the foods you want to test. Check off each food as you test it.

| Name of Food | Name of Food |
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Food/Symptom Diary

Instructions: Note any special activities, weather, illness, and other observations below the chart.

| Date & Time Ate Food | Food Being Tested | Food Amount/ Description | Date & Time Noticed Symptoms | Symptoms? What and how severe (1-10)? Use as many lines as needed for details in each category. |
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