

FOOD RECORD & SYMPTOM DIARY

(Use this form to determine which, if any, SCD legal foods may be causing you reactions.)

Date: _____

TIME:	MEAT FISH FOWL	YOGURT BUTTER CHEESE	VEGGIE	FRUIT	FATS OILS	NUTS	EGGS	HONEY	DILUTED BEVERAGE	WATER	* SYMPTOMS BODY SIGNALS

* Energetic, tired, sleepy, contented, grumpy, headache, sneezing, runny nose, indigestion, acid reflux, stomach rumblings, gas, pain, etc.