

REINTRODUCTION PHASE SYMPTOM CHART

Track your symptoms daily on a scale from 0 to 10:

0 indicates no symptoms at all

10 represents the intense symptoms

Fill out this log for every new food that you reintroduce.

New food group being introduced: _____

Date new food was reintroduced: _____

Any symptoms within the first two - three hours of reintroducing this food: Yes / No

	Day 1	Day 2	Day 3	Day 4	Notes:
Headache					
Fatigue					
Anxiety/Depression					
Sleep Disturbance					
Bloating/gas					
Joint pain					
Constipation					
Diarrhea					
Brain fog					
Skin issues/itching					
Musle aches					
Other					