FOOD/SYMPTOM DIARY

LEAP FOOD/SYMPTOM DIARY

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE/S:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WEIGHT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: Record just one food per line. Record all foods, liquids, water and meds consumed. Note also any special activities, weather, illness, and any other observations. Feeling any symptoms at any time? What are they and how severe?

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| --- | --- | --- | --- |
| Date/Time | Meds/supplements taken | Food eaten, amounts & description: brand preparation, etc. | Symptoms? What & how severe? Use as many lines as needed for details in each category. |
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