

SYMPTOM AND FOOD DIARY* (SFD)

- Step 1: Write down all of the food items you ate/drank yesterday or on a typical day.
 Step 2: Look through the list of symptoms in the Table below and decide which of them applied to you during that day. Put a number in every box below to describe the severity of the symptoms as follows:

0 - no symptom, 1 - just a little, 2 - moderate, 3 - severe

FOOD

BREAKFAST _____

LUNCH _____

SUPPER _____

SNACKS: (State time of day) _____

SYMPTOMS

TIME OF DAY/ SYMPTOM	BEFORE BREAKFAST	AFTER BREAKFAST	AFTER LUNCH	AFTER SUPPER	SUB TOTALS
TIRED OR DROWSY					
IRRITABLE					
OVERACTIVE					
HEADACHE					
RESPIRATORY (Stuffy Nose, Cough)					
DIGESTIVE (Nausea, bellyache)					
SKIN (Hives, Excema, Itching)					
URINARY (Frequent or Wetting)					
OTHER (please specify)					
<i>SCORING: After entering the numbers in the appropriate boxes, add up the subtotals for each row and enter them into the right hand boxes. To calculate the Total Score, add these subtotals together.</i>				TOTAL SCORE	

COMMENTS: (Mention anything that happened to you today that might account for your symptoms other than food... or any observations or ideas you may have, including cravings, etc.)

THIS FORM MAY BE REPRODUCED

* Adapted by Dr. Teeya Scholten R. Psych. from a rating format used by
 Dr. William Langdon, a pediatric allergist from London, Ont.
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