

# Symptom Tracker

Initial Survey

Quantifying your common symptoms before and after implementing changes can help you track your progress. Additionally, it can help illustrate if you need more help in a particular area or if symptoms change over time.

Rate each of the ten symptom areas 0-5, with 5 being the most severe. Record which symptoms you experience for future reference by circling or underlining the listed options.

## 1. Digestive Issues

Stomach pain, intestinal pain, bloating, gas, constipation, nausea, early satiety, heartburn/reflux, vomiting, diarrhea

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

## 2. Fatigue

Difficulty with standing for extended periods, requiring frequent rest throughout the day, low exercise tolerance, difficulty with physically completing tasks

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

## 3. Brain Fog

Difficulty remembering, difficulty articulating words when speaking, difficulty with performing tasks due to inability to focus or think clearly

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

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Initial Survey

## 4. Pain

Joint pain, tendonitis, muscle pain, muscle spasms, bone pain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

## 5. Sleep

Waking up unrested, daytime sleepiness, insomnia, frequent nightmares

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

## 6. Social/Emotional

Depressed mood, depression, anxiety, depression, irritability, mood swings, low sex drive, Disinterest in socializing

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

## 7. Neurological

Headaches, migraines, aura, dizziness or vertigo, tics, muscle spasms

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

# Symptom Tracker

Initial Survey

## 8. Skin

Eczema or psoriasis, acne, rash, hives, itchiness, flushing, rosacea, easy bruising

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

## 9. Genitourinary

Frequency, pain with urination, bladder pain, bedwetting or incontinence

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

## 10. Mealtime Habits

Eating quickly, eating while distracted, difficulty with sensing hunger or satiety cues, waiting to eat until starving, not chewing food thoroughly

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Symptom Tracker total:

# Reintroduction Goal-setting Template

Successful goals should have the following properties:

- S**pecific
- M**easurable
- A**ttainable
- R**elevant
- T**ime-based
- P**rogressive

## List of foods to reintroduce:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

I will eat \_\_\_\_\_ amount \_\_\_\_\_ food to reintroduce \_\_\_\_\_ # times per day for 3 days. I will increase this amount to a full serving on day 4.

### Example:

I will eat 2 spoons of broccoli once per day for 3 days. If no reactions are noted, I will increase this amount to a full serving on day 4.

# Symptom Tracker

Post implementation survey

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**Rate each of the ten symptom areas 0-5, with 5 being the most severe. Record which symptoms you experience to compare to previous records by circling or underlining the listed options.**

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Post implementation survey

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1	2	3	4	5

# Symptom Tracker

Post implementation survey

## 8. Skin

Eczema or psoriasis, acne, rash, hives, itchiness, flushing, rosacea, easy bruising

<input style="width: 40px; height: 40px;" type="text"/>	<input style="width: 40px; height: 40px;" type="text"/>	<input style="width: 40px; height: 40px;" type="text"/>	<input style="width: 40px; height: 40px;" type="text"/>	<input style="width: 40px; height: 40px;" type="text"/>
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1	2	3	4	5

Initial Symptom Tracker total:

Post Implementation total: