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

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

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

This guide was produced by Nasar Nutrition, but has been shared with The Mast Cell Disease Society to support the MCD patient community.

www.nasarnutrition.com
4. Pain
Joint pain, tendonitis, muscle pain, muscle spasms, bone pain

5. Sleep
Waking up unrested, daytime sleepiness, insomnia, frequent nightmares

6. Social/Emotional
Depressed mood, depression, anxiety, depression, irritability, mood swings, low sex drive, Disinterest in socializing

7. Neurological
Headaches, migraines, aura, dizziness or vertigo, tics, muscle spasms
8. Skin
Eczema or psoriasis, acne, rash, hives, itchiness, flushing, rosacea, easy bruising

9. Genitourinary
Frequency, pain with urination, bladder pain, bedwetting or incontinence

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

Symptom Tracker total:
Successful goals should have the following properties:

- **Specific**
- **Measurable**
- **Attainable**
- **Relevant**
- **Time-based**
- **Progressive**

### List of foods to reintroduce:

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

I will eat ____ 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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Initial Symptom Tracker total:

Post Implementation total: