



## HOW TO USE YOUR DIET DIARY

### PURPOSE OF A DIET DIARY

The purpose of this daily record is to help discover which, if any, foods, medicines, beverages, or other substances may cause or contribute to your allergic symptoms. **It is extremely important that the information you record in this diary be as accurate and as complete as possible.** The relationship between what you eat and your symptoms may be very complex. For example, some foods may give a delayed allergic reaction many hours after you eat them; other foods may cause immediate discomfort. Also, certain foods may cause symptoms on some days but not on others. For these reasons, it is necessary to rely on your doctor to interpret the relation of your diet to your symptoms.

### DIRECTIONS FOR KEEPING YOUR DIET DIARY

1. **Write down in the diet diary everything that enters your stomach.** This includes medicines, vitamins, supplements, snacks, alcoholic beverages, soft drinks, and coffee as well as food.
2. **List the composition of mixed dishes and combinations of foods.** It is not enough to write down “ham sandwich.” You should also indicate the kind of bread, spread, and dressing (e.g. “ham sandwich- whole wheat bread, butter, mustard”). Similarly, “salad” does not give enough information. The entry should list the ingredients of the salad (e.g. salad- lettuce, tomato, carrot, peppers, artichoke, bleu-cheese dressing”). **Whenever you make an entry in your diary, ask yourself, “Have I given enough information about what’s in this food?”**
3. **List all of your symptoms** and always indicate exactly when the symptoms started, how long they lasted, and how severe they were. Some of the common allergic symptoms which people commonly experience are: running or congested nose, wheezing, shortness of breath, sneezing, coughing, itching, cramps, gas, hives, headache, migraine, tired feeling, etc. This is not a complete list, so please write down any other symptoms even if they have not been listed.
4. List symptoms on a basis of 0-4+ to indicate the severity.
5. Be sure to record an observation of your symptoms before each meal or snack and 30 to 60 minutes after a meal or snack.
6. Always record any time a symptom is worse or better.

### **\*KEEP DIARY FOR ONE WEEK\***

(For sample diary and a blank template for future recordings, see attached sheets.)

## EXAMPLE OF A CORRECTLY FILLED OUT DIET DIARY PAGE

If you follow the rules, your diary will look something like the following example. These entries are imaginary and NOT intended to suggest menus for you to follow.

### SAMPLE DIET DIARY

TIME	FOOD-DRINK-MEDICATIONS	TIME OF SYMPTOM(S)	SYMPTOMS (0-4+)
		12:00-7:30 am	Up twice during night coughing and sneezing
7:30 am	Awakened	7:30 am	No symptoms
8:15 am	Orange juice unsweetened, corn flakes, sugar, milk, English with butter, apple jelly, coffee, cane sugar, cream		
		9:30 am	Runny nose 2+, sneezing 2+
		10:00 am	No symptoms
		12:00 pm	No symptoms
12:30 pm	Vegetable soup (beef stock, peas, carrots, celery, potatoes) Ham sandwich (whole wheat bread, butter, mustard) White cake with chocolate icing Coffee, sugar cream		
		1:00pm	Trouble breathing 4+ felt faint lasted 10 minutes
3:00 pm	Glass of milk		
		3:10 pm	Stomach pains 4+
3:15 pm	2 antacid tablets		
		3:30 pm	No symptoms
		5:45 pm	Stuffy nose 1+
6:30 pm	Dry martini		
7:15 pm	Tomato juice, fried chicken, peas, mashed potatoes, butter. Salad (lettuce, tomato, carrots, pepper, artichoke, bleu-cheese dressing) Vanilla ice cream, chocolate sauce		
		8:00 pm	Belching 1+ Nausea 2+
8:15 pm	2 antacid tablets		
10:00 pm	Glass of milk		
		10:30 pm	Hives on neck for one hour 4+
11:30 pm	Went to bed		

