

Recipes for Repair: Symptoms Journal

It's important to track your symptoms as you progress through the diet. We've developed a downloadable Symptoms Journal that can help.

This is a method I developed for myself. I found it was too difficult to find the time to keep a journal of how I felt each day, but then I found myself unable to accurately recall how I was just a day or two earlier. Keeping track of my daily, persistent symptom on a chart that I created where I could easily fill out each night was my solution.

I thought it could help others so I've adapted it to conform with the timeline of the diet. This file contains four pages after this one.

Below I list the instructions and have created an example of how to personalize and fill out the form.

1. The date in the upper left hand corner should be the day you start Phase 1. Date each row below with the days to come.
2. Write in your own daily persistent

symptoms at the top of each column. Hopefully you don't have more symptoms than I made space for (!), but if you do, just print out a second copy to handle the rest.

3. Each night, check off the Exercise box if you exercised that day, and consider which symptoms you experienced through the day. Write in a number to represent the degree of each symptom: **0=None, 1=Mild, 2=Moderate, and 3=Severe.**

The next morning, fill in how many hours you slept the night before on the new row for that day. If you have night symptoms such as night sweats or insomnia, you should have columns for these; write in a rating for each from the night you just finished. Then finish filling out the day's row in the evening.

As you start adding foods back into your diet, pay close attention to changes in your symptoms. If you see a flare up in a particular symptom, note what food you have eaten as it may indicate that you are sensitive to that food and it may be

causing inflammation.

If you find that certain foods are causing a negative effect, make a note of them at the bottom of the page and avoid them until you are further along in your recovery.

It is also helpful to make notes of any events, appointments, changes in treatment protocol, etc. and/or notable changes on the back.

Over time, this grid-like journal allows you to visually track the progression of your specific symptoms, and makes it easier to determine if something you're been doing—such as diet, exercise, or sleep—is helping. This will also save you time over writing diary entries or other less-structured tracking methods.

I hope you find the Symptoms Journal helpful, and that it shows you improving every week!

- Laura Piazza
Recipes for Repair, co-author

Degree of each symptom: **0=none 1=mild 2=moderate 3=severe**

| | 1 | 2 | 3 | light sensitivity | sound sensitivity | nausea | joint pain | brain fog | forgetfulness | anxiety | ringing in ears | burning in feet | confusion | heartburn | daily fatigue | fatigue upon waking | dizziness | Exercise? | Hours of sleep |
|-------------------|---|---|---|-------------------|-------------------|--------|------------|-----------|---------------|---------|-----------------|-----------------|-----------|-----------|---------------|---------------------|-----------|-----------|----------------|
| PHASE 1 1/1/14 | 2 | 3 | 3 | 1 | 1 | 0 | 2 | 1 | 1 | 2 | 0 | 1 | 2 | 2 | 3 | 1 | | X | 7 |
| 1/2/14 | 2 | 3 | 3 | 1 | 1 | 0 | 2 | 1 | 1 | 2 | 0 | 1 | 0 | 2 | 3 | 1 | | | 8 |
| 1/3/14 | | | | | | | | | | | | | | | | | | | |
| 1/4/14 | | | | | | | | | | | | | | | | | | | |
| 1/5/14 | | | | | | | | | | | | | | | | | | | |
| 1/6/14 | | | | | | | | | | | | | | | | | | | |
| 1/7/14 | | | | | | | | | | | | | | | | | | | |
| PHASE 2 1/8/14 | | | | | | | | | | | | | | | | | | | |
| 1/9/14 | | | | | | | | | | | | | | | | | | | |
| 1/10/14 | | | | | | | | | | | | | | | | | | | |

Recipes for Repair: Symptoms Journal

| | Date | | | | | | | | | | | | | | | | | | | | Exercise? | Hours of sleep | |
|---------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|----------------|--|
| PHASE 1 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| PHASE 2 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |

0=none 1=mild 2=moderate 3=severe

Foods that seem to be a trigger: _____

