	Date	<u>headache</u>	insomnia	light sensitivity	sound sensitivity	nausea	joint pain	brain fog	forgetfulness	swollen glands	ringing in ears	burning in feet	confusion	heartburn	daily fatigue	fatigue upon waking	dizziness		Meditation	Weight	<u>Exercise?</u>	Hours of sleep	Menstrual cycle
<b>E</b> 1	2/10	2	1	3	1	1	0	2	1	0	2	1	1	2	2	3	1		х	126	Χ	8.5	
PHASE 1	2/11	1	2	3	1	1	0	2	1	o	2	0	1	1	2	3	2		Х	126	Х	7.0	
	2/12	1	1	3	1	0_	_1	2	1	A	2			1		3	1	E	Х	125		7.5	
	2/13	2	1	3	1	٥		X	1	1	2	ρ	1	0	2		1		Х	125	Х	8.5	
	2/14	1	1	3	1	0	U	2	1	0	2	0	1	0	2	3	2		Х	124	Χ	9	
	2/15	2	1	3	1	0	0	2	1	0	2	0	1	0	2	3	1			125		8.5	×
	2/16	1	1	3	1	0	0	2	1	0	2	0	1	0	2	3	1		Х	124	Х	8	×

**Directions:** Date the upper left hand corner with the day you start Phase 1. Date each row below with the days to come. Write in your persistent symptoms at the top of each column. Each morning, fill in how many hours you slept the night before on the new row for that day. If you have night symptoms write in a rating for each from the night you just finished. In the evening finish filling out the day's row by considering which symptoms you experienced through the day using the scale below. Weight loss is a welcome side effect of the diet. Record your weight, if desired, and check off if you exercised. If you have another weekly practice, such as meditation, add it in the column before "weight."

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

Use the space below to document any events, appointments, changes in treatment protocol, etc. and/or notable changes that may affect how you're feeling. For example, if you have a cold make a note of it so when you look back you'll realize the increase in fatigue was due to the cold.

Record notable events (see above instructions)
2/10 - Excited and a little nervous to start the diet
2/11 Path on the a way news a wild year newtine I want out for an hour lane ye akiteday
2/11 - Rather than my normal mild yoga routine I went out for an hour-long xc ski today.
l also had an extra stressful day because we discovered that we need a new hot water heater.
2/12 - I slept worse than usual because I had the water heater expense on my mind.
2/13 - I had an acupuncture appt. today. I've noticed an increase in appetite today.
2/14 - Today my doctor had me increase the NAC I've been taking by 100 mg.
27 14 - Today my doctor had me merease the tractive been taking by 100 mg.

	Date										Weight	Exercise?	Hours of sleep	Menstrual cycle
1 1														
PHASE														

**Directions:** Date the upper left hand corner with the day you start Phase 1. Date each row below with the days to come. Write in your persistent symptoms at the top of each column. Each morning, fill in how many hours you slept the night before on the new row for that day. If you have night symptoms write in a rating for each from the night you just finished. In the evening finish filling out the day's row by considering which symptoms you experienced through the day using the scale below. Weight loss is a welcome side effect of the diet. Record your weight, if desired, and check off if you exercised. If you have another weekly practice, such as meditation, add it in the column before "weight."

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

Use the space below to document any events, appointments, changes in treatment protocol, etc. and/or notable changes that may affect how you're feeling. For example, if you have a cold make a note of it so when you look back you'll realize the increase in fatigue was due to the cold.

Record notable events (see above instructions)	

	Date										Weight	Exercise?	Hours of sleep	Menstrual cycle
d 2														
1 an														
<b>PHASE</b> 2   Weeks 1 and 2														
<u>×</u>														
ASE 2														
PH														

**Directions:** Repeat the daily persistent symptoms at the top of each column from your Phase 1 log. Complete log as you did for Phase 1. Degree of each symptom: **0=none 1=mild 2=moderate 3=severe** 

Write down new foods you add back into your diet with the date in the space below. Continue to document any events, appointments, changes in treatment protocol, etc. and/or notable changes that may affect how you're feeling there as well.

FOOD reintegration and notable events (see above instructions)
•

	. Date										Weight	Exercise?	Hours of sleep	Menstrual cycle
k 3														
PHASE 2   Week 3														
E 2														
PHAS														
eek 1														
<u> </u>														
<b>PHASE</b> 3   Week 1														
PHA														

**Directions:** Repeat the daily persistent symptoms at the top of each column, even if symptoms have been eliminated. If a food you add back in triggers a symptom that seems to have disappeared you'll want to have it on your grid. Complete log as usual. Continue to write down new foods as you add them back into your diet and to document any events, appointments, changes in treatment protocol, etc. and/or notable changes that may affect how you're feeling there as well.

Food reintegration and notable events (see above instructions)
•

	_ Date										Weight	Exercise?	Hours of sleep	Menstrual cycle
d 3														
2 an														
eeks														
$\frac{1}{8}$														
PHASE 3   Weeks 2 and 3														
PH/														

**Directions:** Repeat the daily persistent symptoms at the top of each column, even if symptoms have been eliminated. If a food you add back in triggers a symptom that seems to have disappeared you'll want to have it on your grid. Complete log as usual. Continue to write down new foods as you add them back into your diet and to document any events, appointments, changes in treatment protocol, etc. and/or notable changes that may affect how you're feeling there as well.

Food reintegration and notable events (see above instructions)
-

	Date										Weight	Exercise?	Hours of sleep	Menstrual cycle
k 4														
<b>PHASE</b> 3   Week 4														
<b>E</b> 3														
PHAS														
ek 1														
We														
<b>PHASE</b> 4   Week 1														
PHA														

**Directions:** Repeat the daily persistent symptoms at the top of each column, even if symptoms have been eliminated. If a food you add back in triggers a symptom that seems to have disappeared you'll want to have it on your grid. Complete log as usual. Continue to write down new foods as you add them back into your diet and to document any events, appointments, changes in treatment protocol, etc. and/or notable changes that may affect how you're feeling there as well.

Food reintegration and notable events (see above instructions)
•

	_Date										Weight	Exercise?	Hours of sleep	Menstrual cycle
13														
2 anc														
seks (														
<b>PHASE</b> 4   Weeks 2 and 3														
ISE 4														
PHA														

**Directions:** Repeat the daily persistent symptoms at the top of each column, even if symptoms have been eliminated. If a food you add back in triggers a symptom that seems to have disappeared you'll want to have it on your grid. Complete log as usual. Continue to write down new foods as you add them back into your diet and to document any events, appointments, changes in treatment protocol, etc. and/or notable changes that may affect how you're feeling there as well.

Food reintegration and notable events (see above instructions)

	_ Date										Weight	Exercise?	Hours of sleep	Menstrual cycle
15														
4 and														
eeks														
M.														
<b>PHASE</b> 4   Weeks 4 and 5														
PH/														

**Directions:** Repeat the daily persistent symptoms at the top of each column, even if symptoms have been eliminated. If a food you add back in triggers a symptom that seems to have disappeared you'll want to have it on your grid. Complete log as usual. Continue to write down new foods as you add them back into your diet and to document any events, appointments, changes in treatment protocol, etc. and/or notable changes that may affect how you're feeling there as well.

Food reintegration and notable events (see above instructions)

	_Date										Weight	Exercise?	Hours of sleep	Menstrual cycle
pu														
okac														
PHASE 4   Weeks 6 and beyond														
9 83														
Veek														
1														$\vdash\vdash$
SE 4														
PHA														
														$\mid - \mid$

**Directions:** Repeat the daily persistent symptoms at the top of each column, even if symptoms have been eliminated. By now you've added all allowable foods from the diet back into your life. Continue to keep track of symptoms as it's helpful to assess your progress as time goes by. If you plan to add a food that once was a problem back into your diet write down the new food and date below and watch your symptoms. You can compare your symptom response by looking back at older grids. Always document any events, appointments, changes in treatment protocol, etc. and/or notable changes that may affect how you're feeling to eliminate any other variables.

Food reintegration and notable events (see above instructions)
-

	_Date_										Weight	Exercise?	Hours of sleep	Menstrual cycle
se)														
phas														
PHASE 4 (maintenance phase)														
ntena														
maji														
<b>E</b> 4 (														
HAS														
٩														

**Directions:** Repeat the daily persistent symptoms at the top of each column, even if symptoms have been eliminated. By now you've added all allowable foods from the diet back into your life. Continue to keep track of symptoms as it's helpful to assess your progress as time goes by. If you plan to add a food that once was a problem back into your diet write down the new food and date below and watch your symptoms. You can compare your symptom response by looking back at older grids. Always document any events, appointments, changes in treatment protocol, etc. and/or notable changes that may affect how you're feeling to eliminate any other variables.

Food reintegration and notable events (see above instructions)
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