



Food Journal



Food Journal

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hat is a food journal? A food journal, or food diary, is a hard-copy record of what you ate for each meal over a certain amount of time. Patterns of foods and reactions may emerge, revealing potential allergens.

This food journal should be used only with the advice and approval of a board-certified allergist. It's not intended for self-diagnosis or for diagnosing a child. Diagnosis merely with the aid of a food journal is difficult unless a reaction is immediate. However, the journal may be a useful tool if you're waiting for your first appointment with an allergist and wish to document your normal eating patterns. Other health problems can mimic food allergies, or seem like food allergies (lactose intolerance is a common example), so it's important to share the results with a doctor, especially if you have not already been diagnosed with food allergies.

If you already know about your food allergies and are having mild, unexplained food reactions, a food journal may be helpful in discovering when a prepackaged food has vague or incomplete labeling, issues which are both sadly far too common. You may also discover cross-contamination problems with the foods you eat (those tricky "may contain" foods that may or may not be labeled as such) . . . or even patterns that may reveal cross-contamination from your own food preparation methods.

NOTES



Meal	Food(s) Eaten	Ingredients	Reaction(s)
Breakfast Time:			
Lunch Time:			
Snack Time:			
Dinner Time:			
Snack Time:			

Here is how to use your new food journal. You will find four columns on each page, but don't let them overwhelm you. **The first column** is already filled in for you. **The second column** requires listing each food you eat. Try to be as specific as possible, listing brand names and any other information that will help you remember exactly what you ingested. For example, even if you are eating a fresh one-ingredient food, it may be important to list which store you purchased it from or even which brand it is! **The third column** asks for ingredients. You may not have the time to do this, but if you can, include them. Keep in mind that plenty of foods do not have all of their ingredients listed, and restaurant food may especially be filled with unknown ingredients. When consuming these types of foods, patterns may be even more difficult to discover. **The fourth column**, reserved for reactions, will hopefully stay clear of any text! If you do write reaction information in the column, it *does not necessarily mean* that the food eaten in the same row is what caused the reaction. Include the time you experienced the reaction, along with any specific symptoms that occurred at that time.

The last page offers space for any additional notes you may wish to take as you "food journal."

This booklet will allow for a week's worth of record-keeping. If you would like additional copies, they are available as free printable downloads from Food Allergy Survivors Together (FAST) at:

www.angelfire.com/mi/FAST

Of course, this food journal is just here to get you started. After trying it out, you may end up wishing to create your own journal, tailored to the specific needs you have.

This food journal is not intended as a diagnostic tool and should not replace doctors' advice. Created 2011.

D a y O n e

Date: ___/___/___

Meal	Food(s) Eaten	Ingredients	Reaction(s)
Breakfast Time:			
Lunch Time:			
Snack Time:			
Dinner Time:			
Snack Time:			

D a y S i x

Date: ___/___/___

Meal	Food(s) Eaten	Ingredients	Reaction(s)
Breakfast Time:			
Lunch Time:			
Snack Time:			
Dinner Time:			
Snack Time:			

D a y F i v e

Date: ___/___/___

Meal	Food(s) Eaten	Ingredients	Reaction(s)
Breakfast Time:			
Lunch Time:			
Snack Time:			
Dinner Time:			
Snack Time:			

D a y T w o

Date: ___/___/___

Meal	Food(s) Eaten	Ingredients	Reaction(s)
Breakfast Time:			
Lunch Time:			
Snack Time:			
Dinner Time:			
Snack Time:			

Day Three

Date: ___/___/___

Meal	Food(s) Eaten	Ingredients	Reaction(s)
Breakfast Time:			
Lunch Time:			
Snack Time:			
Dinner Time:			
Snack Time:			

Day Four

Date: ___/___/___

Meal	Food(s) Eaten	Ingredients	Reaction(s)
Breakfast Time:			
Lunch Time:			
Snack Time:			
Dinner Time:			
Snack Time:			