

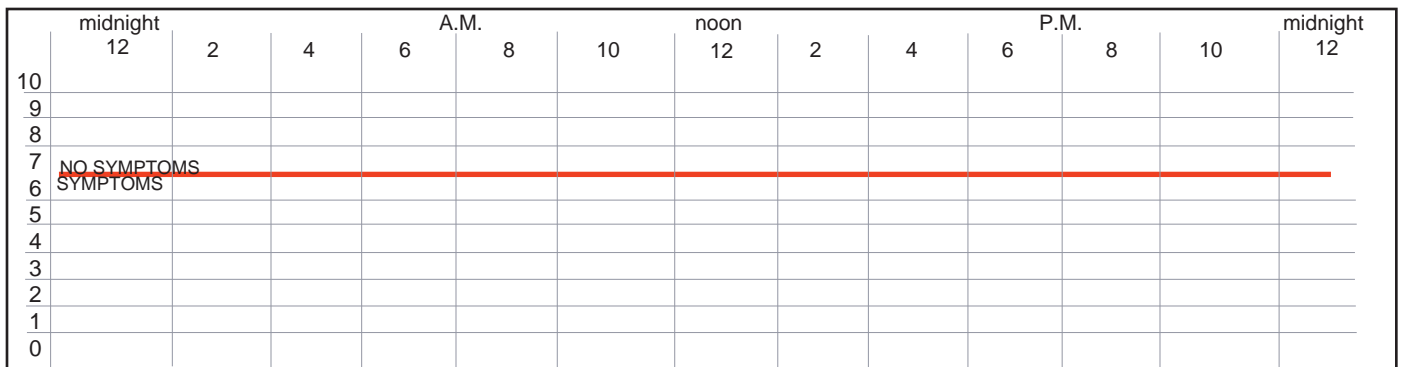
Wt. _____ (AM)
 Wt. _____ (PM)

Daily Food Record

Date: _____

Each day, record how you feel on the bottom graph. Record this number "grade" upon rising, before and after each meal, and before you retire. Also record what and when you eat on the chart immediately below. Finally, weigh each morning and evening and record this data also.

	<u>Foods</u>	<u>Symptoms</u>	<u>Meds./Supplements</u>
8 A.M.			
10 A.M.			
Noon			
2 P.M.			
4 P.M.			
6 P.M.			
8 P.M.			
10 P.M.			



- 10 = As good as you have ever felt
- 9 = Unusual energy, unusual alertness
- 8 = Better than normal, more energy, more alert
- 7 = NO SYMPTOMS, FEELING NORMAL ENERGY AND ALERTNESS
- Below the line: (7)
- 6 = Take 1 off for minor allergy symptoms (eyes, nose, ears)
- 5 = Take 2 off for moderate allergy symptoms
- 4 = Take 3 off for severe allergy symptoms
- 3 = Take 4 off above plus asthma or severe fatigue, headache or mood change
- 2 = If you need immediate medical help
- 1 = You are in the hospital

Symptoms:

From the Online Allergy Center
<http://www.onlineallergycenter.com>