



# Food Elimination Tracker



# Baseline Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

X	Identify Your Current Symptoms	Level of Discomfort: 0-none 1-mild 2-moderate 3-severe
	Aches/Pains	
	Anxiety (social/general)	
	Asthma	
	Brain Fog	
	Chronic Sinus Drainage	
	Congestion	
	Depression	
	Ear Ache	
	Digestive Problems/Upset Stomach	
	Fatigue/Low Energy	
	Mood Swings	
	Headaches/Migraines	
	Inflammation (body, cheeks, eyes, face)	
	Skin Irritation (acne, eczema, hives, itching, redness)	
	Sleep	
	Stress	
	Other:	

Typical BM Type: \_\_\_\_\_

# Food Elimination Plan

## Common Inflammatory Foods

Dairy

Nuts

Gluten

Corn: high-fructose corn syrup

Eggs

Tomatoes

### List of Foods to Eliminate

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

### Week By Week Plan

**Week 1 Eliminated Food:** \_\_\_\_\_

Notes & Meal Ideas

**Week 2 Eliminated Food:** \_\_\_\_\_

Notes & Meal Ideas

**Week 3 Eliminated Food:** \_\_\_\_\_

Notes & Meal Ideas

**Week 4 Eliminated Food:** \_\_\_\_\_

Notes & Meal Ideas

Date

# Daily Tracker

Food Eliminated

## Breakfast

Food

Symptoms

Level of Discomfort

## Lunch

Food

Symptoms

Level of Discomfort

## Dinner

Food

Symptoms

Level of Discomfort

## Snacks

Food

Symptoms

Level of Discomfort

## Notes

Date

# Daily Tracker

Food Eliminated

## Breakfast

Food

Symptoms

Level of Discomfort

## Lunch

Food

Symptoms

Level of Discomfort

## Dinner

Food

Symptoms

Level of Discomfort

## Snacks

Food

Symptoms

Level of Discomfort

## Notes

Date

# Daily Tracker

Food Eliminated

## Breakfast

Food

Symptoms

Level of Discomfort

## Lunch

Food

Symptoms

Level of Discomfort

## Dinner

Food

Symptoms

Level of Discomfort

## Snacks

Food

Symptoms

Level of Discomfort

## Notes

Date

# Daily Tracker

Food Eliminated

## Breakfast

Food

Symptoms

Level of Discomfort

## Lunch

Food

Symptoms

Level of Discomfort

## Dinner

Food

Symptoms

Level of Discomfort

## Snacks

Food

Symptoms

Level of Discomfort

Notes

Date

# Daily Tracker

Food Eliminated

## Breakfast

Food

Symptoms

Level of Discomfort

## Lunch

Food

Symptoms

Level of Discomfort

## Dinner

Food

Symptoms

Level of Discomfort

## Snacks

Food

Symptoms

Level of Discomfort

Notes



Date

# Daily Tracker

Food Eliminated

## Breakfast

Food

Symptoms

Level of Discomfort

## Lunch

Food

Symptoms

Level of Discomfort

## Dinner

Food

Symptoms

Level of Discomfort

## Snacks

Food

Symptoms

Level of Discomfort

## Notes

Date

# Daily Tracker

Food Eliminated

## Breakfast

Food

Symptoms

Level of Discomfort

## Lunch

Food

Symptoms

Level of Discomfort

## Dinner

Food

Symptoms

Level of Discomfort

## Snacks

Food

Symptoms

Level of Discomfort

## Notes

# End of Week Assessment

Levels of Discomfort: 0-none 1-mild 2-moderate 3-severe

Food Eliminated: W1: \_\_\_\_\_ W2: \_\_\_\_\_








W3: \_\_\_\_\_ W4: \_\_\_\_\_

X	Identify Your Current Symptoms	Level of Discomfort			
		W1	W2	W3	W4
	Aches/Pains				
	Anxiety (social/general)				
	Asthma				
	Brain Fog				
	Chronic Sinus Drainage				
	Congestion				
	Depression				
	Ear Ache				
	Digestive Problems/Upset Stomach				
	Fatigue/Low Energy				
	Mood Swings				
	Headaches/Migraines				
	Inflammation (body, cheeks, eyes, face)				
	Skin Irritation (acne, eczema, hives, itching, redness)				
	Sleep				
	Stress				
	Other:				

# End of Week Assessment

Food Eliminated: W1: \_\_\_\_\_ W2: \_\_\_\_\_  
 W3: \_\_\_\_\_ W4: \_\_\_\_\_

## Bristol stool chart

Type 1		Separate hard lumps, like nuts (hard to pass)	Constipation
Type 2		Sausage-shaped but lumpy	
Type 3		Like a sausage but with cracks on its surface	Healthy
Type 4		Like a sausage or snake, smooth and soft	
Type 5		Soft blobs with clear-cut edges (passed easily)	Diarrhea/ Inflammation
Type 6		Fluffy pieces with ragged edges, a mushy stool	
Type 7		Watery, no solid pieces, <b>Entirely liquid</b>	

Week #	Average BM Type During the Week

Notes:

# Monthly Recap

Foods Eliminated:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

BM Types:

- Week 1: \_\_\_\_\_
- Week 2: \_\_\_\_\_
- Week 3: \_\_\_\_\_
- Week 4: \_\_\_\_\_

Overall Pain and Discomfort:

Decreased				Stayed the Same				Increased			
0	1	2	3	4	5	6	7	8	9	10	

Top 3 Symptoms

1. \_\_\_\_\_

Decreased				Stayed the Same				Increased			
0	1	2	3	4	5	6	7	8	9	10	

Notes:

2. \_\_\_\_\_

Decreased				Stayed the Same				Increased			
0	1	2	3	4	5	6	7	8	9	10	

Notes:

3. \_\_\_\_\_

Decreased				Stayed the Same				Increased			
0	1	2	3	4	5	6	7	8	9	10	

Notes: