



# Symptoms/ Reaction Log

Date \_\_\_\_\_

**Directions:** Take a moment and reflect on how your body feels. We often miss subtle signals from our body that can help us understand the best foods for us. In the last column, you can add any specific symptoms personal to you.

Skin	Brain/ CNS	Gastro-intestinal	Respiratory	Cardio-vascular	Other			Your symptoms
Rash/ hives	Brain fog/ Focus	Bloating	Congestion	Heart rate	Aches & Pains			_____
Itch	Dizzy	Reflux/ Heartburn	Sneezing	Blood pressure	Tinnitus- ringing in ears			_____
Swelling	Headache	Upset stomach	Running nose					_____
Pain	Migraine	Nausea/ vomiting	Cough					_____
	Insomnia	Stomach cramps						_____
	Fatigue	Diarrhea/ constipation						_____
								_____
								_____
								_____
<b>Your Insights:</b>	<input type="checkbox"/> Need to drink more water							



