



Food & Symptom Journal

Preparing For an Office Visit with an Allergy Clinic Team

Sometimes it's hard to know which food is causing a reaction. While getting ready to meet with an Allergy clinic team, it can be helpful to write notes about what symptoms you or your child has after eating certain foods.

There are many types of reactions to foods. Your board certified allergist can find out if you or your child has a food allergy or whether it is a form of food sensitivity which is not an allergy.

Why complete a food and symptom journal?

- ❖ It can be shared with your Allergy clinic team to sort out concerns.
- ❖ It may help in choosing which tests are recommended.
- ❖ It may help you to organize your concerns as you talk with your healthcare team.
- ❖ It can serve as a tool to follow symptom improvements over time.

What types of information should you record in the journal?

- ❖ Write down any and all symptoms experienced during the day or night.
- ❖ It is helpful to write down if symptoms are absent, mild, moderate or severe.
- ❖ Record date and time that your symptoms start and end. For example, noting that 20 minutes after eating homemade pancakes, your child had hives over most of their body and swollen lips.

Any food can be an allergen but the most common are:

- ❖ Milk
- ❖ Peanuts
- ❖ Tree Nuts (eg, walnut, cashew)
- ❖ Wheat
- ❖ Eggs
- ❖ Soy
- ❖ Fish (eg, trout, bass, tuna)
- ❖ Shellfish (eg, oyster, shrimp)



Some symptoms to look for and record:

- ❖ Itching, hives, rash, swelling, redness, paleness, eczema flare and/or flushing.
- ❖ Trouble swallowing, weight loss, nausea, vomiting, diarrhea, bloody stools and/or belly pain/cramping.
- ❖ Stuffy nose, runny nose, itchy throat, hoarse voice, choking, and/or repetitive coughing.
- ❖ Wheezing, trouble breathing, shortness of breath, and/or chest pain/tightness.
- ❖ Irritability, fatigue, fainting, dizziness, headache, racing heart rate, anxiety, mental confusion, lethargy and/or seizures.



What about foods eaten which are not common allergens?

You will need to record **all** foods you or your child eat and drink daily for a week, a month or the period of time asked by your Allergy clinic team.

What about meals eaten from a restaurant, cafeteria or other place away from home?

Speak directly with the person that made the food (eg, restaurant chef, cafeteria cook). Ask for a list of all ingredients used in the meal. This should include any seeds, sauces or spices (eg, sesame, salad dressing, mustard). Write your symptoms in the journal and bring the ingredient list and/or food labels with you to your clinic appointment. If a food is homemade, try to bring the recipe too.

What else is helpful to record?

- ❖ Whether food was cooked, baked, homemade, processed, pre-packaged or raw (eg, uncooked/unbaked fruit or vegetables).
- ❖ Place where you ordered and/or ate the food other than home (eg, restaurant, camp, school).
- ❖ Write down if it is the first time you had the food or liquid.
- ❖ If possible, note brand name of the food or liquid and amount eaten (eg, 2 ounces of Gerber® Good Start® Soothe Formula, 1 teaspoon of Jif® Creamy Peanut Butter, 3/4 cup of Honey Nut Cheerios® cereal).



Other useful information to write down:

- ❖ Daily medications, vitamins and/or alternative therapies.
- ❖ Medication taken for symptoms and whether it was helpful.
- ❖ If you were seen in an Emergency Room or clinic for treatment.
- ❖ Illness, treatments or other conditions which occur (eg, influenza, menstrual cycle, physical therapy, dental care, asthma flare, sports injury, insect sting).
- ❖ Stressful events (eg, final exams, travel, loss of job).
- ❖ Social or physical activities (eg, wedding, team sports).
- ❖ Weather or seasonal issues (eg, hot/humid, freezing cold, fires).
- ❖ Any use of alcohol, smoking, drugs.
- ❖ Contact with animals, latex, pollen, perfumes, mold, fresh paint.

Reference

Boyce JA, Assa'ad A, Burks AW, et al. Guidelines for the diagnosis and management of food allergy in the United States: report of the NIAID-sponsored expert panel. *J Allergy Clin Immunol.* 2010;126(6 suppl):S1-S58.



Food and Symptom Journal



Name: _____ Date of Birth: _____ Weight _____

All medications, vitamins and/or supplements: (include name, dose, time taken): _____

Date: _____ Phone Number: _____ Recorded By: _____

Food & Liquids Include type of food and brand name.	Amount of Food or Liquid	Time Food or Liquid Eaten	Time Symptoms Begin	Symptoms & Remarks Include symptom description, how long it lasted and any medications.

**Copy this page as needed to record food eaten daily, symptoms and other remarks.
Bring completed sheets to your clinic appointment**



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