



KEEPING A 2-WEEK FOOD DIARY

1. Please note the time of day for each meal and snack.
2. Note everything you eat during this 2 week period (including gum, mints and beverages)
3. Note all medications taken in the proper space with the time they were taken.
4. If you add something to a food please note it: example: cream/sugar/sweetener in coffee; butter and/or jelly on toast.
5. Note symptoms when they occur and/or change. The following may help you evaluate how you feel:
 - a. General Symptoms: Are you tired, nervous, depressed? Or are you happy and alert? Do you feel you cannot concentrate? Do you feel too drowsy to work?
 - b. Head, Eye and Ear Symptoms: Does your head ache? Does it feel tight or full? Does it throb? Do your eyes burn, itch or tingle? Do your ears pop, buzz, or feel stopped up?
 - c. Nose and Throat Symptoms: Is your nose stuffy or runny? Are you sneezing? Does your nose itch? Do you feel extra postnasal drainage? Does your nose feel blocked? Does your throat tickle, itch or feel sore?
 - d. Chest Symptoms: Does your chest feel tight? Are you coughing or wheezing? Are you conscious of your heart beat? Is it beating faster than usual?



- e. Digestive Symptoms: Does your stomach burn or ache? Do you feel bloated? Are you burping or passing extra gas? Are your intestines growing? Are your stools loose? Are you constipated?
- f. Skin, Muscle and Miscellaneous Symptoms: Do you have a rash or itching? Do you have leg ache, back ache, or aching in any other muscles? Do you feel puffy? Do you have urinary frequency? Bladder problems? Bedwetting?

Please bring your complete Food Diary with you on the day of your allergy test or as instructed by the allergy nurse. If you are not scheduled for allergy testing, please call the office when the Food Diary is completed and schedule a conference to review it with an allergy nurse. Please call the Acadiana Allergy Center, (337) 981-2832 or (337) 989-4453 x 113, if you have any questions.