

LOW FODMAP REINTRODUCTION LOG

Food Group / Sugar: _____

Challenge Food: _____

Start Date: _____

Baseline Symptoms: _____

DAY	AMOUNT TESTED	SYMPTOMS / REACTIONS	SEVERITY (0-10)	NOTES
Day 1	Small portion		0510	
Day 2	Moderate portion		0510	
Day 3	Large portion		0510	
Washout (1)	Low FODMAP only		0510	Recovery period
Washout (2)	Low FODMAP only		0510	Recovery period

Final Assessment

Overall tolerance level and future dietary inclusion plan...