

PERSONALIZATION PHASE RECORD

FODMAP Reintroduction Tracker

FODMAP Group: _____

Test Food: _____

Start Date: _____

DAY / DOSE	AMOUNT CONSUMED	SYMPTOMS OBSERVED	SEVERITY (1-10)	NOTES / BOWEL HABITS
Day 1 Low Dose				
Day 2 Rest Day	-			
Day 3 Mod. Dose				
Day 4 Rest Day	-			
Day 5 High Dose				
Day 6 Washout	-			
Day 7 Washout	-			

Final Tolerance Summary:

Scale: 1 = Minimal/No Symptoms | 10 = Severe Distress Record symptoms 2-24 hours post-consumption