

# FODMAP RECHALLENGE LOG

Target Group: \_\_\_\_\_ Test Food: \_\_\_\_\_

PHASE	SUGGESTED FOOD	AMOUNT/DOSE	SYMPTOMS & SEVERITY (1-10)
<b>Day 1 Small Dose</b>	e.g., 1/4 Clove Garlic or 1 tsp Honey		Bloating  Pain  Gas
<b>Day 2 Medium Dose</b>	e.g., 1/2 Clove Garlic or 2 tsp Honey		Bloating  Pain  Gas
<b>Day 3 Large Dose</b>	e.g., 1 Clove Garlic or 1 tbsp Honey		Bloating  Pain  Gas
<b>Washout Day 4-6</b>	<i>Return to strict Low FODMAP diet to clear symptoms.</i>		

## OVERALL TOLERANCE SUMMARY