

# FOOD SENSITIVITY LOG

Name: \_\_\_\_\_

Period: \_\_\_\_\_ to \_\_\_\_\_

DATE / TIME	FOOD / DRINK CONSUMED	REACTION / SYMPTOMS	TIME OFFSET	SEVERITY & NOTES (1-10)
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<b>DATE / TIME</b>	<b>FOOD / DRINK CONSUMED</b>	<b>REACTION / SYMPTOMS</b>	<b>TIME OFFSET</b>	<b>SEVERITY &amp; NOTES (1-10)</b>
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**Severity Key:** 1-3 Mild (Intermittent) 4-6 Moderate (Distracting) 7-9 Severe (Incapacitating) 10 Emergency (Seek Help)