

# The Nourishly's Histamine & MCAS Detective Journal

Welcome, Detective. Let's Find  
Your Patterns.



This journal is your tool to uncover the hidden connections between your lifestyle, diet, and symptoms. Consistency is your key to success.

## Your 4 Rules for Effective Tracking

1. **Track for 14 Days:** Patterns emerge over time, not overnight.
2. **Be a Neutral Observer:** Record everything without judgment. All data is good data.
3. **Aim for Consistency, Not Perfection:** A partially filled log is better than an empty one.
4. **Make it a Ritual:** Spend 5 minutes each evening filling it out.

## The Detective's Mindset: Key Concepts

- **The Lag Effect:** Reactions can be delayed by 2-24 hours. Today's symptoms might be from yesterday's triggers.
- **The Bucket Analogy:** Stress, poor sleep, and environmental factors fill your "bucket." Food can cause it to overflow. Track everything to see what fills your bucket.
- **Empower Your Doctor:** This journal transforms vague complaints into actionable data for your healthcare team.

## Daily Log (Day 1 through Day 14)

Every day is a new page in your investigation. Your mission is to capture a snapshot of your day across several key categories. Fill out each section below to the best of your ability. Remember, details matter!

Let's begin.

## Day 1 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(    ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	

Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 1 Log \*\*\*

## Day 2 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(   ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	

Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 2 Log \*\*\*

## Day 3 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(   ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	

Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 3 Log \*\*\*

## Day 4 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(   ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	



Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 4 Log \*\*\*

## Day 5 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(   ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	

Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 5 Log \*\*\*

## Day 6 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(   ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	

Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 6 Log \*\*\*

## Day 7 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(    ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	

Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 7 Log \*\*\*

## Day 8 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(   ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	



Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 8 Log \*\*\*

## Day 9 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(   ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	

Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 9 Log \*\*\*

## Day 10 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(   ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	

Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 10 Log \*\*\*

## Day 11 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😊 <input type="checkbox"/> Fair 😊 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😊
Hours Slept	(   ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😊 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😊
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	

Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 11 Log \*\*\*

## Day 12 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(    ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	



Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 12 Log \*\*\*

## Day 13 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(    ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	

Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 13 Log \*\*\*

## Day 14 Log

Date: \_\_\_\_\_

### Section 1: Your Daily Baseline

Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	<input type="checkbox"/> Poor 😞 <input type="checkbox"/> Fair 😐 <input type="checkbox"/> Good 😊 <input type="checkbox"/> Excellent 😄
Hours Slept	(   ) hours
Stress Level (1-10)	<input type="checkbox"/> 1 😊 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 😐 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 😞
Menstrual Cycle	<input type="checkbox"/> Menstrual <input type="checkbox"/> Follicular <input type="checkbox"/> Ovulatory <input type="checkbox"/> Luteal <input type="checkbox"/> N/A

### Section 2: Food & Beverage Intake

Record everything you consume. The "Notes" column is crucial for histamine tracking!

Time	Food/Drink & Portion Size	Critical Notes
	Breakfast:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Lunch:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Dinner:	<input type="checkbox"/> Leftovers? <input type="checkbox"/> Canned? <input type="checkbox"/> Fermented?
	Snacks/Beverages:	<input type="checkbox"/> Alcohol? <input type="checkbox"/> Aged? <input type="checkbox"/> Processed?
	Other:	

**Be specific:** "2 scrambled eggs with salt" not just "eggs" | **Portion size:** "1 cup spinach" or "1 medium apple" | **Check all that apply** in the Notes column.

Other notes: \_\_\_\_\_

### Section 3: Symptom Log

Track symptoms as they occur throughout the day. Note the timing and severity.

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	1 2 3 4 5 6 7 8 9 10	
	Gut: (bloating, pain, nausea, diarrhea)	1 2 3 4 5 6 7 8 9 10	
	Skin: (flushing, hives, itching, rash)	1 2 3 4 5 6 7 8 9 10	
	Other: (fatigue, anxiety, palpitations)	1 2 3 4 5 6 7 8 9 10	

Notes:

## Section 4: Medications & Supplements

Track timing and dosage of anything you take.

Time	What You Took	Dosage
<input type="checkbox"/> Morning		
<input type="checkbox"/> Afternoon		
<input type="checkbox"/> Evening		
Notes:		

## Section 5: Non-Food Triggers & General Notes

Capture environmental factors and overall observations.

### Environmental Exposures:

- ☐ Strong scents/perfumes
- ☐ Extreme heat/cold
- ☐ High pollen/dust
- ☐ Chemical cleaners
- ☐ Mold exposure

### Activities & Stressors:

- ☐ Intense exercise
- ☐ Stressful event
- ☐ Weather changes
- ☐ Poor sleep previous night

### General Notes & Mood:

## Section 6: End of Day Reflection

Quick notes before tomorrow...

Today's biggest symptom challenge: \_\_\_\_\_

What might have contributed: \_\_\_\_\_

One thing to try differently tomorrow: \_\_\_\_\_

\*\*\* End of the Day 14 Log \*\*\*

## Your Investigation is Complete: From Data to Action Plan

**Congratulations on completing your 14-day detective work.** You have now collected the most valuable resource in your health journey: data about your unique body. This final section will help you synthesize your findings and create a personalized plan.

### Step 1: Review Your Weekly Summaries

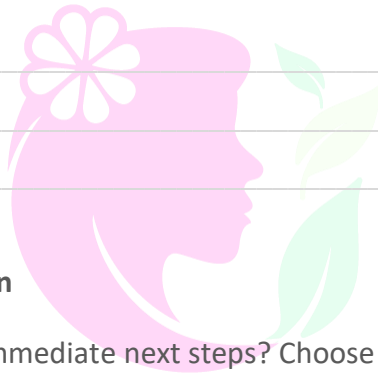
Look back at the key patterns you identified after Week 1 and Week 2. Do you see consistent themes?

- **My Top 3 Most Common Symptom Triggers:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- **My Most Reliable "Feel-Good" Habits/Foods:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



### Step 2: Define Your Personal Action Plan

Based on your findings, what are your immediate **next steps**? Choose one or two to focus on.

### Step 3: My 30-Day Focus

- ☐ Begin a structured food reintroduction using the Reintroduction Log.
- ☐ Focus on managing my primary non-food trigger: \_\_\_\_\_
- ☐ Schedule a doctor's appointment to review this journal.
- ☐ Other: \_\_\_\_\_

### A Final Note of Encouragement

Remember, managing HIT/MCAS is a journey of learning and adaptation. You are no longer guessing in the dark. You have evidence. Celebrate the insights you've gained, be patient with yourself, and use this knowledge to build a life with more comfort and control.

You are the expert on your body. This journal proves it.