

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:

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

Metric	Details
Sleep Quality	□ Poor 🥶 □ Fair □ Good □ Excellent 😇
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:	200	☐ Leftovers? ☐ Canned? ☐ Fermented?
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?
	Other:		
Be specific	: "2 scrambled eags with salt" i	not just "egas" I Poi	rtion size: "1 cup spinach" or "1 medium apple" I

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.

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Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 3 of 30			Glow from the Inside Out
Notes:			
	dications & Supplements dosage of anything you take.		
Time	What You Took	Dosage	
☐ Morning	Wilde Fod Fook	Dosage	
☐ Afternoon			
☐ Evening			
Notes:			
Notes.			
	n-Food Triggers & General No mental factors and overall observa Exposures:		
☐ Strong scents		☐ Intense exercise	
☐ Extreme heat	/cold	☐ Stressful event	
☐ High pollen/d		☐ Weather changes	
☐ Chemical clea		☐ Poor sleep previous night	
☐ Mold exposur General Notes 8			
Section 6: End	of Day Reflection		
Quick notes befo	ore tomorrow		
What might have			

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



Day 2 Log	Date:

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

Metric	Details
Sleep Quality	□ Poor 🥶 □ Fair ¹⁰⁰ □ Good ¹⁰⁰ □ Excellent ¹⁰⁰
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?
	Other:		
Re snecific: '	'2 scramhled eaas with salt" r	not just "eggs" I Por	tion size: "1 cun sninach" or "1 medium annle" l

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.

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Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 5 of 30			ROURISH Glow from the Inside Out
Notes:			
	dications & Supplements		
Track timing and	dosage of anything you take.		
Time	What You Took	Dosage	
☐ Morning			
☐ Afternoon			
☐ Evening			
Notes:			
Section 5: Nor	n-Food Triggers & General	Notes	
Capture environi	mental factors and overall obse	rvations.	
Environmental E	Exposures:	Activities & Stressors:	
☐ Strong scents,	/perfumes	☐ Intense exercise	
☐ Extreme heat,	/cold	☐ Stressful event	
☐ High pollen/d		☐ Weather changes	
☐ Chemical clea		☐ Poor sleep previous night	
☐ Mold exposur General Notes 8			
General Notes &	a IVIOOCI:		
Section 6: End	of Day Reflection		
Quick notes befo	re tomorrow		
Today's biggest s	symptom challenge:		
What might have	e contributed:		
One thing to try	differently tomorrow:		

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



Day 3 Log	Date:
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Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	□ Poor 🥶 □ Fair □ Good □ Excellent 🗑
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?
	Other:		
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Other Hotes.	Ot	her	notes:
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Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 7 of 30			Glow from the Inside Out
Notes:			
	dications & Supplements		
Track timing and	dosage of anything you take.		
Time	What You Took	Dosage	
☐ Morning			
☐ Afternoon			
☐ Evening			
Notes:			
	/perfumes /cold ust ners		
Section 6: End	of Day Reflection		
Quick notes befo	ore tomorrow		
What might have	symptom challenge:e contributed:differently tomorrow:		

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



Day 4 Log	Date:

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

Metric	Details
Sleep Quality	□ Poor 🥶 □ Fair ¹⁰⁰ □ Good ¹⁰⁰ □ Excellent ¹⁰⁰
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?	
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?	
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?	
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?	
	Other:			
Re specific: "2 scrambled eggs with salt" not just "eggs" I Portion size: "1 cup spinach" or "1 medium apple" I				

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Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 9 of 30			Nourishly Glow from the Inside Out
Notes:			
	cations & Supplements osage of anything you take.		
Time	What You Took	Dosage	
☐ Morning			
☐ Afternoon			
☐ Evening			
Notes:			
	erfumes old t ers		
Section 6: End o	of Day Reflection		
Quick notes before	e tomorrow		
What might have o			

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



Day 5 Log	Date:

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

Metric	Details
Sleep Quality	□ Poor 🥶 □ Fair ¹⁰⁹ □ Good ¹⁰⁹ □ Excellent ¹⁰⁹
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?
	Other:		
Re specific:	"2 scramhled eaas with salt" r	not just "eggs" I Por	tion size: "1 cun sninach" or "1 medium annle" l

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Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 11 of 30			Nourish Glow from the Inside Out
Notes:			
	dications & Supplements dosage of anything you take.		
Time	What You Took	Dosage	
☐ Morning			
☐ Afternoon			
☐ Evening			
Notes:			
	n-Food Triggers & General N		
Environmental E	Exposures:	Activities & Stressors:	
☐ Strong scents	/perfumes	☐ Intense exercise	
☐ Extreme heat		☐ Stressful event	
☐ High pollen/d		☐ Weather changes	
☐ Chemical clea ☐ Mold exposur		☐ Poor sleep previous night	
General Notes 8			
Section 6: End	of Day Reflection		
Quick notes befo	ore tomorrow		
Today's biggest s	symptom challenge:		
What might have			

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

One thing to try differently tomorrow: $\underline{\ }$



Day 6 Log	Date:
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Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details
Sleep Quality	□ Poor 🥶 □ Fair ¹⁰⁹ □ Good ¹⁰⁹ □ Excellent ¹⁰⁹
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?		
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?		
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?		
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?		
	Other:				
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Other	notes:		

Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 13 of 30			Glow from the Inside Out
Notes:			
	dications & Supplements		
Track timing and	dosage of anything you take.		
Time	What You Took	Dosage	
☐ Morning			
☐ Afternoon			
☐ Evening			
Notes:			
	/perfumes /cold ust ners		
Section 6: End	of Day Reflection		
Quick notes befo	ore tomorrow		
What might have	symptom challenge:e contributed:differently tomorrow:		

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



Day 7 Lo	og er	Date:
-		

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

Metric	Details
Sleep Quality	□ Poor 🥶 □ Fair ¹⁰⁹ □ Good ¹⁰⁹ □ Excellent ¹⁰⁹
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?
	Other:		
Re specific: '	'2 scrambled eggs with salt" r	not just "eggs" I Por	tion size: "1 cun sninach" or "1 medium annle" l

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Other notes:			

Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 15 of 30			Nourishly Glow from the Inside Out
Notes:			
Section 4: Med	lications & Supplements		
Track timing and	dosage of anything you take.		
Time	What You Took	Dosage	
☐ Morning			
☐ Afternoon			
☐ Evening			
Notes:			
Section 5: Non	-Food Triggers & General N	lotes	
Capture environm	nental factors and overall observ	vations.	
Environmental Ex	oposures:	Activities & Stressors:	
☐ Strong scents/	perfumes	☐ Intense exercise	
☐ Extreme heat/		☐ Stressful event	
☐ High pollen/du		☐ Weather changes	
☐ Chemical clean☐ Mold exposure		☐ Poor sleep previous night	
General Notes &			
Section 6: End	of Day Reflection		
Quick notes befor	-		
What might have	mptom challenge:contributed:ifferently tomorrow:		

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



Day 8 Log	Date:

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

Metric	Details
Sleep Quality	□ Poor 🥶 □ Fair □ Good □ Excellent 😇
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?
	Other:		
Be specific: '	'2 scrambled eggs with salt" r	not just "eggs" Por	tion size: "1 cup spinach" or "1 medium apple"

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Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 17 of 30			Nourishly Glow from the Inside Out
Notes:			
	dications & Supplements		
Track timing and	dosage of anything you take.		
Time	What You Took	Dosage	
☐ Morning			
☐ Afternoon			
☐ Evening			
Notes:			
Section 5: Nor	n-Food Triggers & General N	lotes	
	mental factors and overall observ		
Environmental E	exposures:	Activities & Stressors:	
☐ Strong scents/		☐ Intense exercise	
☐ Extreme heat,	/cold	☐ Stressful event	
☐ High pollen/d		☐ Weather changes	
☐ Chemical clear		☐ Poor sleep previous night	
☐ Mold exposur General Notes &			
General Notes G	. Wiood.		
Section 6: End	of Day Reflection		
	-		
Quick notes befo			
	ymptom challenge:		
What might have	e contributed: differently tomorrow:		
one thing to try	uniterently tollioffow:		

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



Day 9 Log	Date:

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

Metric	Details
Sleep Quality	□ Poor 🥶 □ Fair ¹⁰⁹ □ Good ¹⁰⁹ □ Excellent ¹⁰⁹
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?
	Other:		
Re snecific: '	'2 scramhled eaas with salt" r	not just "eggs" I Por	tion size: "1 cun sninach" or "1 medium annle" l

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Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 19 of 30			Glow from the Inside Out
Notes:			
	dications & Supplements		
Time	I dosage of anything you take. What You Took	Dosage	
☐ Morning	What rou rook	Dosage	
☐ Afternoon			
☐ Evening			
Notes:			
Notes.			
	n-Food Triggers & General Not mental factors and overall observates:		
☐ Strong scents		☐ Intense exercise	
☐ Extreme heat		☐ Stressful event	
☐ High pollen/d		☐ Weather changes	
☐ Chemical clea ☐ Mold exposur		☐ Poor sleep previous night	
General Notes 8			
Section 6: End	l of Day Reflection		
Quick notes befo	ore tomorrow		
What might have			

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



Day 10 l	_og
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_		
Date:		

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

Metric	Details
Sleep Quality	□ Poor 🥶 □ Fair ¹ □ Good ¹ □ Excellent ¹
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?
	Other:		
Ro specifi	c: "2 scrambled eggs with salt"	not just "eggs" I Po	rtion size: "1 cun spinach" or "1 medium apple" I

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Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 21 of 30			Nourish Nourish Glow from the Inside Out
Notes:			
	dications & Supplements dosage of anything you take.		
Time	What You Took	Dosage	
☐ Morning			
☐ Afternoon			
☐ Evening			
Notes:			
	n-Food Triggers & General N		
Environmental E	Exposures:	Activities & Stressors:	
☐ Strong scents,		☐ Intense exercise	
☐ Extreme heat		☐ Stressful event	
☐ High pollen/d		☐ Weather changes	
☐ Chemical clea ☐ Mold exposur		☐ Poor sleep previous night	
General Notes 8			
Section 6: End	of Day Reflection		
Quick notes befo	ore tomorrow		
Today's biggest s	symptom challenge:		
What might have	e contributed:		

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

One thing to try differently tomorrow: $\underline{\ }$



Day 11 Log	Date:
•	

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

Metric	Details
Sleep Quality	□ Poor 🥶 □ Fair □ Good □ Excellent 😇
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?
	Other:		
Be specific:	"2 scrambled eags with salt" i	not just "egas" I Po i	tion size: "1 cup spinach" or "1 medium apple" I

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Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 23 of 30			Nourishly Glow from the Inside Out
Notes:			
Section 4: Med	dications & Supplements		
Track timing and	dosage of anything you take.		
Time	What You Took	Dosage	
☐ Morning			
☐ Afternoon			
☐ Evening			
Notes:			
Section 5: Nor	n-Food Triggers & General I	Notes	
Capture environi	mental factors and overall obser	vations.	
Environmental E	Exposures:	Activities & Stressors:	
☐ Strong scents,		☐ Intense exercise	
☐ Extreme heat,	/cold	☐ Stressful event	
☐ High pollen/d		☐ Weather changes	
☐ Chemical clea		☐ Poor sleep previous night	
☐ Mold exposur General Notes 8			
General Notes 6	a wiood.		
Section 6: End	of Day Reflection		
Quick notes befo	ore tomorrow		
Today's biggest s	symptom challenge:		
What might have			
One thing to try	differently tomorrow:		

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



Day 12 Log	Date:
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Set the foundation for your day. These factors influence how your body handles everything else.

Metric	Details			
Sleep Quality	□ Poor 🥶 □ Fair ¹⁰⁰ □ Good ¹⁰⁰ □ Excellent ¹⁰⁰			
Hours Slept	() hours			
Stress Level (1-10)				
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?
	Other:		
Re snecifi	c. "2 scrambled eggs with salt"	not just "eggs" I De	ortion size: "1 cun sninach" or "1 medium annle" I

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.

Ot	h	ΔΙ	20	4	0	c	
Oti	ш	CI	IU	ľ	C	3	

Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 25 of 30			Nourishly Glow from the Inside Out
Notes:			
Section 4: Med	dications & Supplements		
Track timing and	dosage of anything you take.		
Time	What You Took	Dosage	
☐ Morning			
☐ Afternoon			
☐ Evening			
Notes:			
Section 5: Non	-Food Triggers & General	Notes	
Capture environr	mental factors and overall obse	ervations.	
Environmental E	xposures:	Activities & Stressors:	
☐ Strong scents/	perfumes	☐ Intense exercise	
☐ Extreme heat/	'cold	☐ Stressful event	
☐ High pollen/du		☐ Weather changes	
☐ Chemical clear		☐ Poor sleep previous night	
☐ Mold exposure General Notes &			
delieral Notes &	Mood.		
Section 6: End	of Day Reflection		
Quick notes befo	re tomorrow		
Today's biggest s	ymptom challenge:		
What might have			
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	□ Poor 🥶 □ Fair □ Good □ Excellent 🗑
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?
	Other:		
Re snecific: '	'2 scramhled eaas with salt" r	not just "eggs" I Por	tion size: "1 cun sninach" or "1 medium annle" l

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.

Ot	her	no '	tes:

Section 3: Symptom Log

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 27 of 30			Nourishly Glow from the Inside Out
Notes:			
Section 4: Med	lications & Supplements		
Track timing and o	dosage of anything you take.		
Time	What You Took	Dosage	
☐ Morning			
☐ Afternoon			
☐ Evening			
Notes:			
Section 5: Non-	-Food Triggers & General No	otes	
Capture environm	nental factors and overall observa	ations.	
Environmental Ex	rposures:	Activities & Stressors:	
☐ Strong scents/I	perfumes	☐ Intense exercise	
☐ Extreme heat/o		☐ Stressful event	
☐ High pollen/du		☐ Weather changes	
☐ Chemical clean		☐ Poor sleep previous night	
☐ Mold exposure General Notes &			
Section 6: End	of Day Reflection		
Quick notes befor	-		
•			
	mptom challenge:		
What might have	ifferently tomorrow:		
one timing to try tr	mercinity 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	□ Poor 🥶 □ Fair ¹ □ Good ¹ □ Excellent ¹
Hours Slept	() hours
Stress Level (1-10)	
Menstrual Cycle	☐ Menstrual ☐ Follicular ☐ Ovulatory ☐ Luteal ☐ 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:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Lunch:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Dinner:		☐ Leftovers? ☐ Canned? ☐ Fermented?
	Snacks/Beverages:		☐ Alcohol? ☐ Aged? ☐ Processed?
	Other:		
Be specific: '	'2 scrambled eaas with salt" i	not just "eaas" I Por	tion size: "1 cup spinach" or "1 medium apple"

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

Time	Symptom Description	Severity (1-10)	Notes/Patterns
	Head: (migraine, brain fog, dizziness)	12345678910	
	Gut: (bloating, pain, nausea, diarrhea)	12345678910	
	Skin: (flushing, hives, itching, rash)	12345678910	
	Other: (fatigue, anxiety, palpitations)	12345678910	

Page 29 of 30			Glow from the Inside Out
Notes:			
	dications & Supplements		
Time	I dosage of anything you take. What You Took	Dosago	
_	What You look	Dosage	
☐ Morning			
☐ Afternoon			
☐ Evening			
Notes:			
	/perfumes /cold ust ners		
General Notes &	x IVIOUU.		
Section 6: End	l of Day Reflection		
Quick notes befo	ore tomorrow		
What might have			

*** 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?

1	2. 3. • My Most Reliable "Feel-Good" Habits/Foods:	•	My Top 3 Most Common Symptom Triggers:
My Most Reliable "Feel-Good" Habits/Foods: 1	My Most Reliable "Feel-Good" Habits/Foods:		1
My Most Reliable "Feel-Good" Habits/Foods: 1	My Most Reliable "Feel-Good" Habits/Foods:		2
My Most Reliable "Feel-Good" Habits/Foods: 1	My Most Reliable "Feel-Good" Habits/Foods:		
2	1.	•	
2			1
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:	2.		
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:			
Step 3: My 30-Day Focus Begin a structured food reintroduction using the Reintroduction Log. Focus on managing my primary non-food trigger:	Step 2: Define Your Personal Action Plan	Sto	
☐ Begin a structured food reintroduction using the Reintroduction Log. ☐ Focus on managing my primary non-food trigger:	Based on your findings, what are your immediate next steps? Choose one or two to focus on.		
☐ Focus on managing my primary non-food trigger:	Step 3: My 30-Day Focus	St	ep 3: My 30-Day Focus
	\square Begin a structured food reintroduction using the Reintroduction Log.		Begin a structured food reintroduction using the Reintroduction Log.
☐ Schedule a doctor's appointment to review this journal.	☐ Focus on managing my primary non-food trigger:		Focus on managing my primary non-food trigger:
	☐ Schedule a doctor's appointment to review this journal.		Schedule a doctor's appointment to review this journal.
□ Other:	□ Other:		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.