THE YEAST CONNECTION

Take control of your life!

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Food Record/Symptom Diary

Use this form to help you notice what you eat each day and what your body's reactions are to those foods

Date: _____

Time of Day	Food/Beverage	Meat/Protein	Dairy	Vegetables	Fruits	Starch/Grain	Fats	Desserts/Sodas/ Sugar	Alcohol	Water	Symptoms/Body Signals ex. Energetic, tired, contented, grumpy, headache, nose running, etc.

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