

# the ELIMINATION DIET



## MY JOURNAL

Documenting your food experiences will show you the way to your personal diet



ALISSA SEGERSTEN AND  
TOM MALTERRE, MS, CN



whole life nutrition  
[www.wholelifenutrition.net](http://www.wholelifenutrition.net)



# MY JOURNAL

Your journal will become an incredible tool as you go through the elimination diet program. Use a 3-hole puncher and place the journal papers into a 3-ring binder. Keep your journal with you at all times. The day you begin the diet, take note of what you ate for breakfast, lunch, dinner, and snacks. Also, be sure to include how much water you drank throughout the day. Did you know that dehydration can produce symptoms similar to a food sensitivity? Be sure to drink enough water to hydrate your body, and to assist in detoxification.

There is a column next to what you ate where you can add any symptoms you experience after eating that particular meal. Be sure to fill this in within a few hours after eating. You might add words like: bloated, gassy, nauseous; or you might add things like calm gut, feeling energized, and clear mind. Take note of other symptoms like headaches, brain fog, achy muscles, pressure in sinuses, post-nasal drip, bad breath, body odor, or heart palpitations.

EXAMPLE PAGE

DAY: 5 DATE: 3 / 22 / 14 PHASE: 1 **2** 3 PHASE 3 ONLY CHALLENGE FOOD: n/a

	WHAT I ATE?	MY SYMPTOMS?
<b>BREAKFAST:</b> TIME: <u>7:30</u>	16 ounces water, then 3 1/2 cups Very Berry Chia Smoothie	tons of energy, BM: soft, formed
<b>LUNCH:</b> TIME: <u>12:30</u>	Turkey Hash, baby lettuce salad, Green Goddess Dressing	feeling good, happy, light, energetic
<b>SNACK:</b> TIME: <u>4:00</u>	16 ounces water, 1 large granny smith apple	bloated 30 minutes after eating
<b>DINNER:</b> TIME: <u>6:45</u>	Mint-ginger tea, cooked quinoa, roasted chicken, steamed asparagus, sweet potato mash	still feeling gassy, bloated, mood is a little cranky
<b>BEVERAGES:</b>	Drank close to 80 ounces of water all day, 2 cups of homemade mint-gin- ger tea	
<b>ADDITIONAL NOTES:</b> • bowel movements • hours of sleep • infections • social occasions • menstrual cycle • stressful events	slept deeply for 7 hours, day 26 of menstrual cycle, feeling pretty good overall, clear mind	

DAY: \_\_\_\_\_ DATE: / / PHASE: 1 2 3 PHASE 3 ONLY CHALLENGE FOOD: \_\_\_\_\_

	WHAT I ATE?	MY SYMPTOMS?
<b>BREAKFAST:</b> TIME: _____		
<b>LUNCH:</b> TIME: _____		
<b>SNACK:</b> TIME: _____		
<b>DINNER:</b> TIME: _____		
<b>BEVERAGES:</b>		
<b>ADDITIONAL NOTES:</b> <ul style="list-style-type: none"> <li>• bowel movements</li> <li>• hours of sleep</li> <li>• infections</li> <li>• social occasions</li> <li>• menstrual cycle</li> <li>• stressful events</li> </ul>		

