

**Elimination Diet Worksheet** *Feel Great Again.*

<b>Week: ____</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<i>Morning food/drink</i>							
<i>Morning symptoms</i>							
<i>Midday food/drink</i>							
<i>Midday symptoms</i>							
<i>Evening food/drink</i>							
<i>Evening symptoms</i>							
<i>Awesomeness: good night's sleep, time with friends, meditation, exercise.</i>							
<i>Stress: poor night's sleep, stress at home or work</i>							

*Thoughts/Ramblings about my week:*