

HHC_48-Hour Food Reintroduction Tracker

Use this tracker to safely reintroduce foods and monitor your body's response. Log the food, serving size, and timing, then track any symptoms that arise. This will help identify patterns and determine whether a food is well-tolerated or needs further testing.

How to use this tracker:

- Eat the food three times on Day 1
- Track symptoms for 48 hours without additional intake
- Monitor for both immediate and delayed reactions
- Make informed decisions about whether to keep or avoid the food

Start of reintroduction phase

Food being tested for reintroduction:

Date and time of first intake:

Serving size of first intake:

- Small
- Medium
- Large

Did you notice any symptoms after first intake?

Yes

No

Time of symptom?

Describe the symptom

Severity of Symptom

1 2 3 4 5 6 7 8 9 10

1 = None, 10 = Severe

How long did symptoms last?

- Less than 1 hour
- 1-6 hours
- 6-12 hours
- 12+ hours
- Still experiencing symptoms

Time of 2nd intake:

Serving size of 2nd intake:

- Small
- Medium
- Large

Did you notice any symptoms after midday meal?

Yes

No

Time of symptom?

Describe the symptom

Severity of Symptom

1

2

3

4

5

6

7

8

9

10

1 = None, 10 = Severe

How long did symptoms last?

- Less than 1 hour
- 1-6 hours
- 6-12 hours
- 12+ hours
- Still experiencing symptoms

Time of 3rd intake:

Serving time of 3rd intake:

- Small
- Medium
- Large

Did you notice any symptoms after 3rd intake?

Yes

No

Time of symptom?

Describe the symptom

Severity of Symptom

1

2

3

4

5

6

7

8

9

10

1 = None, 10 = Severe

How long did symptoms last?

- Less than 1 hour
- 1-6 hours
- 6-12 hours
- 12+ hours
- Still experiencing symptoms

Did you notice a delayed reaction on Day 2?

Yes

No

Time Symptoms First Appeared (If any)

Symptoms Checklist & Severity (1-10 scale for each)

(over 48 hours Post-Intake)

Skin

Hives, flushing, itching

1	2	3	4	5	6	7	8	9	10
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1 = None, 10 = Severe

Digestion

Bloating, nausea, cramps

1	2	3	4	5	6	7	8	9	10
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1 = None, 10 = Severe

Energy Levels

Fatigue, dizziness, weakness

1	2	3	4	5	6	7	8	9	10
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1 = None, 10 = Severe

Headaches or Brain Fog

1	2	3	4	5	6	7	8	9	10
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1 = None, 10 = Severe

Sinus or Breathing Issues

1	2	3	4	5	6	7	8	9	10
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1 = None, 10 = Severe

Were there other symptoms you noticed?

How long did symptoms last?

- Less than 1 hour
- 1-6 hours

- 6-12 hours
- 12+ hours
- Still experiencing symptoms

Final Evaluation (At the end of 48 hours)

Did symptoms (if any) resolve within 24-48 hours? Yes No

Was the food tolerated?

- Yes
- No
- Unsure

Next Steps:

- Try again later
- Increase portion next time
- Remove for now

Additional Notes:

What to do next:

- If you were able to reintroduce the food without any symptoms, feel free to add to your meal rotations.
- If you noticed symptoms, consider putting this particular food aside for now and try again at a later date.
- Please wait for all symptoms (if any) to go away before reintroducing a new food.