

# Reaction and Progression Checklist

Photocopy this chart as needed for family members doing the diet. It can help you gauge food reactions and other reactions (ie is she stimming more after play group? Maybe they are using hand sanitizer there, or it's too stimulating for right now) Blank lines at the end can be customized as needed. **Name**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Introduce Food (note on day it was introduced)						
Stool notes						
Hours of sleep						
Activities						
Other things to note (meds, etc)						
<b>Symptoms</b>						
Nausea						
Vomiting						
Diarrhea						
Constipation						
Runny nose						
Skin rash						
Headache						
Ear aches						
Sinus pressure						
Muscle aches						
Joint aches						
Lethargy						
Sleepy						
Sad/depressed						
Irritable						
Angry						
Outbursts						
Meltdowns						
Attention span						
Insomnia						
Appetite						
Muscle tone						
Stimming						
Cheerful						
Learning well						
Talking More						
Talking less						
Sensory issues, less						
Sensory issues, more						