

RUTH ANN FOSTER'S  
EAT REAL FOOD CHALLENGE  
**\*FOOD DIARY\***

[eatreal@gmail.com](mailto:eatreal@gmail.com)

DATE:

FOODS	Meal 1	Meal 2	Meal 3	Snacks
Cereals grains = bread/pasta/rice, cereal, crackers, etc.				
Vegetables				
Fruits				
Meat, fish, eggs				
Dairy				
Beans				
Nuts/seeds				
Butter, oils, and fats				
Condiments				
Sweeteners - regular and/or artificial				
Beverages				
Supplements/herbs/ medications				
Other				
Comments				

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Meal	Place of Preparation - Home or Restaurant	Feeling/Mood	Symptom, Time of Onset and/or Change
Meal 1			
Meal 2			
Meal 3			
Other			

**INSTRUCTIONS:**

- 1) Daily list ALL the foods you eat and drink as well as the supplements and medications you take for 7 consecutive days. The focus of this exercise is to determine the link between the foods you eat and your symptoms. For this reason, calories are not important but amounts and frequency are. Just make sure to list everything you eat and drink accurately!
- 2) Pay attention to how you feel after each meal. List each symptom, which may include any of the following:

**DIGESTIVE SYMPTOMS:**

- Abdominal bloating, gas, stomach pain and/or cramps
- Burping after eating certain foods
- Unjustified weight gain/loss
- Fluid retention or swelling
- Difficulty losing or gaining weight
- Nausea
- Constipation or diarrhea (including Irritable Bowel Syndrome)
- Frequent urge to urinate

**MARK IF APPLICABLE**

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**SKIN-RELATED SYMPTOMS:**

- Acne or pimples
- Eczema
- Hives or rashes
- Itching
- Psoriasis
- Rough, dry skin

**MARK IF APPLICABLE**

**EYES, EARS, NOSE AND THROAT SYMPTOMS:**

- Itchy, red, watery eyes
- Blurred vision
- Dark circles under eyes
- Swollen eyelids
- Canker sores
- Continual need to clear throat
- Sore throat
- Runny nose
- Post-nasal drip
- Sneezing
- Sinusitis
- Tinnitus (ringing in the ears)

**GENERAL SYMPTOMS:**

- Muscle pain and/or weakness
- Arthritis
- Painful joints independent of exercise
- Asthma
- Wheezing
- Tiredness
- Hot flashes, night sweats

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**NERVOUS SYSTEM-RELATED SYMPTOMS:**

- Addictions and/or cravings for food or chemical substances
- Aggression
- Anxiety
- Attention Deficit Disorder and/or hyperactivity (ADD/ADHD)
- Behavioral problems
- Constant hunger
- Depression
- Dizziness
- Difficulty focusing
- Headaches/migraines
- Irritability
- Mood swings
- Panic attacks

**MARK IF APPLICABLE**