Re-entry Day #1	Re-entry Day #3
Re-entry Food:	Notes:
Meal Time & Amount:	Meal Time & Amount:
Food / Mood Connection:	Food / Mood Connection:
o Bloating	o Bloating
<ul><li>Gas</li><li>Bowel Changes</li></ul>	<ul><li>Gas</li><li>Bowel Changes</li></ul>
<ul><li>Bowel Changes</li><li>Aches Pains</li></ul>	<ul><li>Bowel Changes</li><li>Aches Pains</li></ul>
o Irritability	<ul><li>Irritability</li></ul>
Increased Pulse	○ Increased Pulse
o Headache	<ul> <li>Headache</li> </ul>
<ul> <li>Weight Gain</li> </ul>	<ul><li>Weight Gain</li></ul>
<ul> <li>Sleep Changes</li> </ul>	<ul> <li>Sleep Changes</li> </ul>
o Other	o Other
Weight: Waist:	Weight: Waist:
Re-entry Day #2	Re-entry Day #4
Notes:	Can this food be a part of your long term
	eating plan?
Meal Time & Amount:	Meal Time & Amount:
Food / Mood Connection:	Food / Mood Connection:
<ul><li>Bloating</li></ul>	<ul><li>Bloating</li></ul>
○ Gas	○ Gas
<ul><li>Bowel Changes</li></ul>	<ul> <li>Bowel Changes</li> </ul>
<ul><li>Aches Pains</li></ul>	<ul> <li>Aches Pains</li> </ul>
o Irritability	<ul> <li>Irritability</li> </ul>
o Increased Pulse	o Hoodocho
Headache     Weight Gain	Headache     Weight Gain
<ul><li>Weight Gain</li><li>Sleep Changes</li></ul>	<ul><li>Weight Gain</li><li>Sleep Changes</li></ul>
Other	<ul><li>Other</li></ul>
Weight: Waist:	Weight: Waist: