

The Go Dairy Free Diet & Health Journal

This journal was created in combination with the [Dairy-Free Challenge](#) to help track current dietary habits and aid in the identification of food allergies, intolerances, or general sensitivities. If you suspect a severe or life-threatening food allergy, contact a physician. If you have a severe reaction to any food at any time while tracking your diet, seek medical attention immediately. **Always consult a physician before undergoing any change in your diet.**

Instructions for Keeping a Food Diary

1. A 14 page food diary and symptom log has been included in this journal. This includes one page for your initial analysis (the day before you start the dairy-free challenge), one page for each day you are on the challenge, and one page for each of the three days following. Beyond the Dairy-Free Challenge, this diary can also be used to track general dietary habits and symptoms, and can be reprinted when additional copies are needed.
2. The left side of each diary page lists common symptoms / ailments that may be related to food allergies or sensitivities. If you experience any of these on the day that you are tracking, rank how severe the reaction was on a scale of 1 to 10, 1 being the mildest, and 10 being the most severe. Note all symptoms big or small. If you experience a symptom that is not noted on our list, utilize one of the "other" lines to write it in or document it in the additional notes. If you suffer from any specific conditions (asthma, arthritis, fibromyalgia, chronic fatigue, IBD, etc.) be sure to list these, and note the severity of your overall symptoms for the day.
3. The right side of each diary page allows you to list each item that you consume during the day. If any symptoms emerge immediately or come on rather suddenly within one hour of eating something, note the reaction next to that food, regardless of the severity.
4. If you "cheat," then you may want to restart the challenge again to obtain accurate results. Remember to read food labels to check for any hidden ingredients!
5. Keep your eye on the whole picture. This diary may help you discover other foods you are sensitive to or that simply make you feel lousy. Be sure to document well and be specific about the foods that you are eating.

Dietary Tips & Notes

One of the greatest things about going dairy-free is the overall health benefit. Many processed foods contain either casein (as a binder) or lactose (for flavor) in some form or another. Processed foods are a primary cause of obesity and countless diseases in our society. Use this challenge to give your body a break; snack on whole foods, such as fruit and nuts (if not allergic), and enjoy freshly prepared meals. However, when some convenience is required, you should find a plethora of healthy, dairy-free options on [GoDairyFree.org](#), in the [No Dairy Product Lists](#), and within the recommendations sections in [Go Dairy Free: The Guide and Cookbook](#).

Some people may experience a worsening of symptoms for the first few days of the challenge, followed by a gradual recovery. These "withdrawal" symptoms may actually evidence an allergy or sensitivity, so long as the symptoms do eventually subside. It is unlikely that your symptoms would continue advance while you are taking this challenge, unless you are consequently increasing the intake of another food offender or following an unbalanced diet. However, if you do begin to experience any adverse reactions, discontinue the challenge immediately and consult a physician.

If your symptoms improve or clear while following a dairy-free diet, use extreme caution in the "challenge" phase of dairy reintroduction. After a period of withdrawal it is possible for your symptoms to be more severe when dairy consumption is resumed. If a severe or life-threatening reaction is a concern, consult a physician prior to reintroduction as it may be best to continue on the dairy-free diet rather than testing further.

A diet journal is an excellent tool to share with your physician. Since they are unable to follow you around each day, a diary of your symptoms and diet will give them a more accurate peek into your world. While this journal has a dairy-free slant, it can be utilized as a general Diet & Health Journal. You may in fact discover a different food that is ailing you or some weight loss saboteurs.

For recipes, dairy substitutes, health information, and grocery shopping assistance, see:

[GoDairyFree.org](#)

[Go Dairy Free: The Guide and Cookbook](#)

[The No Dairy Product Lists](#)

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Day 1: Dairy-Free Challenge Evaluation Day - This is the day before you begin [the Challenge](#), and your baseline for comparison. Be sure to note additional symptoms you typically have that may not be as intense on this day.

Date: _____

When I woke up this morning I felt: _____

Digestive Symptoms:

Abdominal Bloating 1 2 3 4 5 6 7 8 9 10

Abdominal Pain 1 2 3 4 5 6 7 8 9 10

Abdominal Cramping 1 2 3 4 5 6 7 8 9 10

Canker Sores 1 2 3 4 5 6 7 8 9 10

Constipation 1 2 3 4 5 6 7 8 9 10

Diarrhea 1 2 3 4 5 6 7 8 9 10

Gas / Wind 1 2 3 4 5 6 7 8 9 10

Nausea 1 2 3 4 5 6 7 8 9 10

Respiratory Symptoms:

Coughing 1 2 3 4 5 6 7 8 9 10

Nasal Congestion 1 2 3 4 5 6 7 8 9 10

Runny Nose 1 2 3 4 5 6 7 8 9 10

Sneezing 1 2 3 4 5 6 7 8 9 10

Watery or Itchy Eyes 1 2 3 4 5 6 7 8 9 10

Wheezing 1 2 3 4 5 6 7 8 9 10

Shortness of Breath 1 2 3 4 5 6 7 8 9 10

Skin Symptoms:

Dark Circles - Eyes 1 2 3 4 5 6 7 8 9 10

Eczema 1 2 3 4 5 6 7 8 9 10

Rash 1 2 3 4 5 6 7 8 9 10

Hives 1 2 3 4 5 6 7 8 9 10

Acne 1 2 3 4 5 6 7 8 9 10

Other Symptoms:

Swelling of Lips, Mouth,

Tongue, Face or Throat 1 2 3 4 5 6 7 8 9 10

Dairy Product Craving 1 2 3 4 5 6 7 8 9 10

Fatigue 1 2 3 4 5 6 7 8 9 10

Hyperactivity 1 2 3 4 5 6 7 8 9 10

Irritability / Mood Swings 1 2 3 4 5 6 7 8 9 10

Migraine / Headaches 1 2 3 4 5 6 7 8 9 10

Muscle / Joint Pain 1 2 3 4 5 6 7 8 9 10

Other: 1 2 3 4 5 6 7 8 9 10

Other: 1 2 3 4 5 6 7 8 9 10

Food Consumed	Time	Reaction?

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Day 3: Dairy-Free Day #2 – Do a cruise through your local produce department and pick a “new to you” vegetable. If edible when raw, enjoy it dipped in hummus. Otherwise, roast it with a touch of olive oil, salt, and your favorite herbs.

Date: _____

When I woke up this morning I felt: _____

Digestive Symptoms:

Abdominal Bloating	1	2	3	4	5	6	7	8	9	10
Abdominal Pain	1	2	3	4	5	6	7	8	9	10
Abdominal Cramping	1	2	3	4	5	6	7	8	9	10
Canker Sores	1	2	3	4	5	6	7	8	9	10
Constipation	1	2	3	4	5	6	7	8	9	10
Diarrhea	1	2	3	4	5	6	7	8	9	10
Gas / Wind	1	2	3	4	5	6	7	8	9	10
Nausea	1	2	3	4	5	6	7	8	9	10

Respiratory Symptoms:

Coughing	1	2	3	4	5	6	7	8	9	10
Nasal Congestion	1	2	3	4	5	6	7	8	9	10
Runny Nose	1	2	3	4	5	6	7	8	9	10
Sneezing	1	2	3	4	5	6	7	8	9	10
Watery or Itchy Eyes	1	2	3	4	5	6	7	8	9	10
Wheezing	1	2	3	4	5	6	7	8	9	10
Shortness of Breath	1	2	3	4	5	6	7	8	9	10

Skin Symptoms:

Dark Circles - Eyes	1	2	3	4	5	6	7	8	9	10
Eczema	1	2	3	4	5	6	7	8	9	10
Rash	1	2	3	4	5	6	7	8	9	10
Hives	1	2	3	4	5	6	7	8	9	10
Acne	1	2	3	4	5	6	7	8	9	10

Other Symptoms:

Swelling of Lips, Mouth, Tongue, Face or Throat	1	2	3	4	5	6	7	8	9	10
Dairy Product Craving	1	2	3	4	5	6	7	8	9	10
Fatigue	1	2	3	4	5	6	7	8	9	10
Hyperactivity	1	2	3	4	5	6	7	8	9	10
Irritability / Mood Swings	1	2	3	4	5	6	7	8	9	10
Migraine / Headaches	1	2	3	4	5	6	7	8	9	10
Muscle / Joint Pain	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10

Food Consumed	Time	Reaction?

Additional Notes:

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Day 5: Dairy-Free Day #4 – Don't pass up the bulk food department. It is brimming with dairy-free options, from various types of grains and flours to flavorful dried fruits, vegetables, nuts, and seeds. In natural food stores, this can also be a good place to find specialty ingredients like nutritional yeast and dairy-free milk powders.

Date: _____

When I woke up this morning I felt: _____

Digestive Symptoms:

Abdominal Bloating	1	2	3	4	5	6	7	8	9	10
Abdominal Pain	1	2	3	4	5	6	7	8	9	10
Abdominal Cramping	1	2	3	4	5	6	7	8	9	10
Canker Sores	1	2	3	4	5	6	7	8	9	10
Constipation	1	2	3	4	5	6	7	8	9	10
Diarrhea	1	2	3	4	5	6	7	8	9	10
Gas / Wind	1	2	3	4	5	6	7	8	9	10
Nausea	1	2	3	4	5	6	7	8	9	10

Respiratory Symptoms:

Coughing	1	2	3	4	5	6	7	8	9	10
Nasal Congestion	1	2	3	4	5	6	7	8	9	10
Runny Nose	1	2	3	4	5	6	7	8	9	10
Sneezing	1	2	3	4	5	6	7	8	9	10
Watery or Itchy Eyes	1	2	3	4	5	6	7	8	9	10
Wheezing	1	2	3	4	5	6	7	8	9	10
Shortness of Breath	1	2	3	4	5	6	7	8	9	10

Skin Symptoms:

Dark Circles - Eyes	1	2	3	4	5	6	7	8	9	10
Eczema	1	2	3	4	5	6	7	8	9	10
Rash	1	2	3	4	5	6	7	8	9	10
Hives	1	2	3	4	5	6	7	8	9	10
Acne	1	2	3	4	5	6	7	8	9	10

Other Symptoms:

Swelling of Lips, Mouth, Tongue, Face or Throat	1	2	3	4	5	6	7	8	9	10
Dairy Product Craving	1	2	3	4	5	6	7	8	9	10
Fatigue	1	2	3	4	5	6	7	8	9	10
Hyperactivity	1	2	3	4	5	6	7	8	9	10
Irritability / Mood Swings	1	2	3	4	5	6	7	8	9	10
Migraine / Headaches	1	2	3	4	5	6	7	8	9	10
Muscle / Joint Pain	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10

Food Consumed	Time	Reaction?

Additional Notes:

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Day 6: Dairy-Free Day #5 – To satisfy those cool and creamy cravings, puree ripe, frozen bananas in your blender or food processor. If the bananas are sweet enough, the mixture will be delicious as is, but feel free to add spices, additional sweetener, some coconut milk, or other flavors you desire.

Date: _____

When I woke up this morning I felt: _____

Digestive Symptoms:

Abdominal Bloating	1	2	3	4	5	6	7	8	9	10
Abdominal Pain	1	2	3	4	5	6	7	8	9	10
Abdominal Cramping	1	2	3	4	5	6	7	8	9	10
Canker Sores	1	2	3	4	5	6	7	8	9	10
Constipation	1	2	3	4	5	6	7	8	9	10
Diarrhea	1	2	3	4	5	6	7	8	9	10
Gas / Wind	1	2	3	4	5	6	7	8	9	10
Nausea	1	2	3	4	5	6	7	8	9	10

Respiratory Symptoms:

Coughing	1	2	3	4	5	6	7	8	9	10
Nasal Congestion	1	2	3	4	5	6	7	8	9	10
Runny Nose	1	2	3	4	5	6	7	8	9	10
Sneezing	1	2	3	4	5	6	7	8	9	10
Watery or Itchy Eyes	1	2	3	4	5	6	7	8	9	10
Wheezing	1	2	3	4	5	6	7	8	9	10
Shortness of Breath	1	2	3	4	5	6	7	8	9	10

Skin Symptoms:

Dark Circles - Eyes	1	2	3	4	5	6	7	8	9	10
Eczema	1	2	3	4	5	6	7	8	9	10
Rash	1	2	3	4	5	6	7	8	9	10
Hives	1	2	3	4	5	6	7	8	9	10
Acne	1	2	3	4	5	6	7	8	9	10

Other Symptoms:

Swelling of Lips, Mouth, Tongue, Face or Throat	1	2	3	4	5	6	7	8	9	10
Dairy Product Craving	1	2	3	4	5	6	7	8	9	10
Fatigue	1	2	3	4	5	6	7	8	9	10
Hyperactivity	1	2	3	4	5	6	7	8	9	10
Irritability / Mood Swings	1	2	3	4	5	6	7	8	9	10
Migraine / Headaches	1	2	3	4	5	6	7	8	9	10
Muscle / Joint Pain	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10

Food Consumed	Time	Reaction?

Additional Notes:

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Day 7: Dairy-Free Day #6 – When your meal needs a pop of flavor, sprinkle it with chopped olives. Plain old mission will do, but do experiment with the wide variety of olives available, including Kalamata, Manzanilla, and beyond.

Date: _____

When I woke up this morning I felt: _____

Digestive Symptoms:

Abdominal Bloating	1	2	3	4	5	6	7	8	9	10
Abdominal Pain	1	2	3	4	5	6	7	8	9	10
Abdominal Cramping	1	2	3	4	5	6	7	8	9	10
Canker Sores	1	2	3	4	5	6	7	8	9	10
Constipation	1	2	3	4	5	6	7	8	9	10
Diarrhea	1	2	3	4	5	6	7	8	9	10
Gas / Wind	1	2	3	4	5	6	7	8	9	10
Nausea	1	2	3	4	5	6	7	8	9	10

Respiratory Symptoms:

Coughing	1	2	3	4	5	6	7	8	9	10
Nasal Congestion	1	2	3	4	5	6	7	8	9	10
Runny Nose	1	2	3	4	5	6	7	8	9	10
Sneezing	1	2	3	4	5	6	7	8	9	10
Watery or Itchy Eyes	1	2	3	4	5	6	7	8	9	10
Wheezing	1	2	3	4	5	6	7	8	9	10
Shortness of Breath	1	2	3	4	5	6	7	8	9	10

Skin Symptoms:

Dark Circles - Eyes	1	2	3	4	5	6	7	8	9	10
Eczema	1	2	3	4	5	6	7	8	9	10
Rash	1	2	3	4	5	6	7	8	9	10
Hives	1	2	3	4	5	6	7	8	9	10
Acne	1	2	3	4	5	6	7	8	9	10

Other Symptoms:

Swelling of Lips, Mouth, Tongue, Face or Throat	1	2	3	4	5	6	7	8	9	10
Dairy Product Craving	1	2	3	4	5	6	7	8	9	10
Fatigue	1	2	3	4	5	6	7	8	9	10
Hyperactivity	1	2	3	4	5	6	7	8	9	10
Irritability / Mood Swings	1	2	3	4	5	6	7	8	9	10
Migraine / Headaches	1	2	3	4	5	6	7	8	9	10
Muscle / Joint Pain	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10

Food Consumed	Time	Reaction?

Additional Notes:

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Day 8: Dairy-Free Day #7 – Congratulations, you have completed an entire dairy-free week; it’s time to enjoy a night out! Think Asian for the most dairy-free options ... Chinese, Thai, Vietnamese, Korean, or Japanese / Sushi.

Date: _____

When I woke up this morning I felt: _____

Digestive Symptoms:

Abdominal Bloating	1	2	3	4	5	6	7	8	9	10
Abdominal Pain	1	2	3	4	5	6	7	8	9	10
Abdominal Cramping	1	2	3	4	5	6	7	8	9	10
Canker Sores	1	2	3	4	5	6	7	8	9	10
Constipation	1	2	3	4	5	6	7	8	9	10
Diarrhea	1	2	3	4	5	6	7	8	9	10
Gas / Wind	1	2	3	4	5	6	7	8	9	10
Nausea	1	2	3	4	5	6	7	8	9	10

Respiratory Symptoms:

Coughing	1	2	3	4	5	6	7	8	9	10
Nasal Congestion	1	2	3	4	5	6	7	8	9	10
Runny Nose	1	2	3	4	5	6	7	8	9	10
Sneezing	1	2	3	4	5	6	7	8	9	10
Watery or Itchy Eyes	1	2	3	4	5	6	7	8	9	10
Wheezing	1	2	3	4	5	6	7	8	9	10
Shortness of Breath	1	2	3	4	5	6	7	8	9	10

Skin Symptoms:

Dark Circles - Eyes	1	2	3	4	5	6	7	8	9	10
Eczema	1	2	3	4	5	6	7	8	9	10
Rash	1	2	3	4	5	6	7	8	9	10
Hives	1	2	3	4	5	6	7	8	9	10
Acne	1	2	3	4	5	6	7	8	9	10

Other Symptoms:

Swelling of Lips, Mouth, Tongue, Face or Throat	1	2	3	4	5	6	7	8	9	10
Dairy Product Craving	1	2	3	4	5	6	7	8	9	10
Fatigue	1	2	3	4	5	6	7	8	9	10
Hyperactivity	1	2	3	4	5	6	7	8	9	10
Irritability / Mood Swings	1	2	3	4	5	6	7	8	9	10
Migraine / Headaches	1	2	3	4	5	6	7	8	9	10
Muscle / Joint Pain	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10

Food Consumed	Time	Reaction?

Additional Notes:

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Day 9: Dairy-Free Day #8 – Craving pizza? While there are many dairy-free “cheeses” popping up on the market, don’t underestimate the flavor of a cheese-less pizza. Adorned with a thick layer of sauce and a double helping of toppings, this lower fat version may become a new staple.

Date: _____

When I woke up this morning I felt: _____

Digestive Symptoms:

Abdominal Bloating	1	2	3	4	5	6	7	8	9	10
Abdominal Pain	1	2	3	4	5	6	7	8	9	10
Abdominal Cramping	1	2	3	4	5	6	7	8	9	10
Canker Sores	1	2	3	4	5	6	7	8	9	10
Constipation	1	2	3	4	5	6	7	8	9	10
Diarrhea	1	2	3	4	5	6	7	8	9	10
Gas / Wind	1	2	3	4	5	6	7	8	9	10
Nausea	1	2	3	4	5	6	7	8	9	10

Respiratory Symptoms:

Coughing	1	2	3	4	5	6	7	8	9	10
Nasal Congestion	1	2	3	4	5	6	7	8	9	10
Runny Nose	1	2	3	4	5	6	7	8	9	10
Sneezing	1	2	3	4	5	6	7	8	9	10
Watery or Itchy Eyes	1	2	3	4	5	6	7	8	9	10
Wheezing	1	2	3	4	5	6	7	8	9	10
Shortness of Breath	1	2	3	4	5	6	7	8	9	10

Skin Symptoms:

Dark Circles - Eyes	1	2	3	4	5	6	7	8	9	10
Eczema	1	2	3	4	5	6	7	8	9	10
Rash	1	2	3	4	5	6	7	8	9	10
Hives	1	2	3	4	5	6	7	8	9	10
Acne	1	2	3	4	5	6	7	8	9	10

Other Symptoms:

Swelling of Lips, Mouth, Tongue, Face or Throat	1	2	3	4	5	6	7	8	9	10
Dairy Product Craving	1	2	3	4	5	6	7	8	9	10
Fatigue	1	2	3	4	5	6	7	8	9	10
Hyperactivity	1	2	3	4	5	6	7	8	9	10
Irritability / Mood Swings	1	2	3	4	5	6	7	8	9	10
Migraine / Headaches	1	2	3	4	5	6	7	8	9	10
Muscle / Joint Pain	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10

Food Consumed	Time	Reaction?

Additional Notes:

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Day 10: Dairy-Free Day #9 – Load up on nutrients with a billowing salad for lunch. Beyond the fundamental pile of veggies, top it with chopped avocados, dried fruits, or nuts for a rich flavor boost, and dress with a vinaigrette, a miso-based dressing, or a milk-free thousand island (more common than you might think!).

Date: _____

When I woke up this morning I felt: _____

Digestive Symptoms:

- Abdominal Bloating 1 2 3 4 5 6 7 8 9 10
- Abdominal Pain 1 2 3 4 5 6 7 8 9 10
- Abdominal Cramping 1 2 3 4 5 6 7 8 9 10
- Canker Sores 1 2 3 4 5 6 7 8 9 10
- Constipation 1 2 3 4 5 6 7 8 9 10
- Diarrhea 1 2 3 4 5 6 7 8 9 10
- Gas / Wind 1 2 3 4 5 6 7 8 9 10
- Nausea 1 2 3 4 5 6 7 8 9 10

Respiratory Symptoms:

- Coughing 1 2 3 4 5 6 7 8 9 10
- Nasal Congestion 1 2 3 4 5 6 7 8 9 10
- Runny Nose 1 2 3 4 5 6 7 8 9 10
- Sneezing 1 2 3 4 5 6 7 8 9 10
- Watery or Itchy Eyes 1 2 3 4 5 6 7 8 9 10
- Wheezing 1 2 3 4 5 6 7 8 9 10
- Shortness of Breath 1 2 3 4 5 6 7 8 9 10

Skin Symptoms:

- Dark Circles - Eyes 1 2 3 4 5 6 7 8 9 10
- Eczema 1 2 3 4 5 6 7 8 9 10
- Rash 1 2 3 4 5 6 7 8 9 10
- Hives 1 2 3 4 5 6 7 8 9 10
- Acne 1 2 3 4 5 6 7 8 9 10

Other Symptoms:

- Swelling of Lips, Mouth, Tongue, Face or Throat 1 2 3 4 5 6 7 8 9 10
- Dairy Product Craving 1 2 3 4 5 6 7 8 9 10
- Fatigue 1 2 3 4 5 6 7 8 9 10
- Hyperactivity 1 2 3 4 5 6 7 8 9 10
- Irritability / Mood Swings 1 2 3 4 5 6 7 8 9 10
- Migraine / Headaches 1 2 3 4 5 6 7 8 9 10
- Muscle / Joint Pain 1 2 3 4 5 6 7 8 9 10
- Other: 1 2 3 4 5 6 7 8 9 10
- Other: 1 2 3 4 5 6 7 8 9 10

Food Consumed	Time	Reaction?

Additional Notes:

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Day 11: Dairy-Free Day #10 – No need to fear dinner parties; invite your friends over for a barbeque. Wild salmon, New York steaks, and a gourmet pasta salad should rev up their appetites.

Date: _____

When I woke up this morning I felt: _____

Digestive Symptoms:

Abdominal Bloating	1	2	3	4	5	6	7	8	9	10
Abdominal Pain	1	2	3	4	5	6	7	8	9	10
Abdominal Cramping	1	2	3	4	5	6	7	8	9	10
Canker Sores	1	2	3	4	5	6	7	8	9	10
Constipation	1	2	3	4	5	6	7	8	9	10
Diarrhea	1	2	3	4	5	6	7	8	9	10
Gas / Wind	1	2	3	4	5	6	7	8	9	10
Nausea	1	2	3	4	5	6	7	8	9	10

Respiratory Symptoms:

Coughing	1	2	3	4	5	6	7	8	9	10
Nasal Congestion	1	2	3	4	5	6	7	8	9	10
Runny Nose	1	2	3	4	5	6	7	8	9	10
Sneezing	1	2	3	4	5	6	7	8	9	10
Watery or Itchy Eyes	1	2	3	4	5	6	7	8	9	10
Wheezing	1	2	3	4	5	6	7	8	9	10
Shortness of Breath	1	2	3	4	5	6	7	8	9	10

Skin Symptoms:

Dark Circles - Eyes	1	2	3	4	5	6	7	8	9	10
Eczema	1	2	3	4	5	6	7	8	9	10
Rash	1	2	3	4	5	6	7	8	9	10
Hives	1	2	3	4	5	6	7	8	9	10
Acne	1	2	3	4	5	6	7	8	9	10

Other Symptoms:

Swelling of Lips, Mouth, Tongue, Face or Throat	1	2	3	4	5	6	7	8	9	10
Dairy Product Craving	1	2	3	4	5	6	7	8	9	10
Fatigue	1	2	3	4	5	6	7	8	9	10
Hyperactivity	1	2	3	4	5	6	7	8	9	10
Irritability / Mood Swings	1	2	3	4	5	6	7	8	9	10
Migraine / Headaches	1	2	3	4	5	6	7	8	9	10
Muscle / Joint Pain	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10
Other:	1	2	3	4	5	6	7	8	9	10

Food Consumed	Time	Reaction?

Additional Notes:

For recipes, dairy substitutes, health information, and grocery shopping assistance, see: GoDairyFree.org [Go Dairy Free: The Guide and Cookbook](#) [The No Dairy Product Lists](#)

The Go Dairy Free Diet & Health Journal

Day 12: Dairy Day #1 – Time to return to your “pre-Challenge” diet, but be sure to use moderation. Symptoms caused by milk can be heightened after a period of withdrawal.

Date: _____

When I woke up this morning I felt: _____

Digestive Symptoms:

- Abdominal Bloating 1 2 3 4 5 6 7 8 9 10
- Abdominal Pain 1 2 3 4 5 6 7 8 9 10
- Abdominal Cramping 1 2 3 4 5 6 7 8 9 10
- Canker Sores 1 2 3 4 5 6 7 8 9 10
- Constipation 1 2 3 4 5 6 7 8 9 10
- Diarrhea 1 2 3 4 5 6 7 8 9 10
- Gas / Wind 1 2 3 4 5 6 7 8 9 10
- Nausea 1 2 3 4 5 6 7 8 9 10

Respiratory Symptoms:

- Coughing 1 2 3 4 5 6 7 8 9 10
- Nasal Congestion 1 2 3 4 5 6 7 8 9 10
- Runny Nose 1 2 3 4 5 6 7 8 9 10
- Sneezing 1 2 3 4 5 6 7 8 9 10
- Watery or Itchy Eyes 1 2 3 4 5 6 7 8 9 10
- Wheezing 1 2 3 4 5 6 7 8 9 10
- Shortness of Breath 1 2 3 4 5 6 7 8 9 10

Skin Symptoms:

- Dark Circles - Eyes 1 2 3 4 5 6 7 8 9 10
- Eczema 1 2 3 4 5 6 7 8 9 10
- Rash 1 2 3 4 5 6 7 8 9 10
- Hives 1 2 3 4 5 6 7 8 9 10
- Acne 1 2 3 4 5 6 7 8 9 10

Other Symptoms:

- Swelling of Lips, Mouth, Tongue, Face or Throat 1 2 3 4 5 6 7 8 9 10
- Dairy Product Craving 1 2 3 4 5 6 7 8 9 10
- Fatigue 1 2 3 4 5 6 7 8 9 10
- Hyperactivity 1 2 3 4 5 6 7 8 9 10
- Irritability / Mood Swings 1 2 3 4 5 6 7 8 9 10
- Migraine / Headaches 1 2 3 4 5 6 7 8 9 10
- Muscle / Joint Pain 1 2 3 4 5 6 7 8 9 10
- Other: 1 2 3 4 5 6 7 8 9 10
- Other: 1 2 3 4 5 6 7 8 9 10

Food Consumed	Time	Reaction?

Additional Notes:

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GoDairyFree.org [Go Dairy Free: The Guide and Cookbook](#) [The No Dairy Product Lists](#)

The Go Dairy Free Diet & Health Journal

Day 14: Dairy Day #3 – The moment of truth. Could a dairy-free or dairy-limited diet be helpful for you? Are you still not sure? Keep track of your symptoms for a few more days or trying going dairy-free for a more extended period of time. You may never go back!

Date: _____

When I woke up this morning I felt: _____

Digestive Symptoms:

- Abdominal Bloating 1 2 3 4 5 6 7 8 9 10
- Abdominal Pain 1 2 3 4 5 6 7 8 9 10
- Abdominal Cramping 1 2 3 4 5 6 7 8 9 10
- Canker Sores 1 2 3 4 5 6 7 8 9 10
- Constipation 1 2 3 4 5 6 7 8 9 10
- Diarrhea 1 2 3 4 5 6 7 8 9 10
- Gas / Wind 1 2 3 4 5 6 7 8 9 10
- Nausea 1 2 3 4 5 6 7 8 9 10

Respiratory Symptoms:

- Coughing 1 2 3 4 5 6 7 8 9 10
- Nasal Congestion 1 2 3 4 5 6 7 8 9 10
- Runny Nose 1 2 3 4 5 6 7 8 9 10
- Sneezing 1 2 3 4 5 6 7 8 9 10
- Watery or Itchy Eyes 1 2 3 4 5 6 7 8 9 10
- Wheezing 1 2 3 4 5 6 7 8 9 10
- Shortness of Breath 1 2 3 4 5 6 7 8 9 10

Skin Symptoms:

- Dark Circles - Eyes 1 2 3 4 5 6 7 8 9 10
- Eczema 1 2 3 4 5 6 7 8 9 10
- Rash 1 2 3 4 5 6 7 8 9 10
- Hives 1 2 3 4 5 6 7 8 9 10
- Acne 1 2 3 4 5 6 7 8 9 10

Other Symptoms:

- Swelling of Lips, Mouth, Tongue, Face or Throat 1 2 3 4 5 6 7 8 9 10
- Dairy Product Craving 1 2 3 4 5 6 7 8 9 10
- Fatigue 1 2 3 4 5 6 7 8 9 10
- Hyperactivity 1 2 3 4 5 6 7 8 9 10
- Irritability / Mood Swings 1 2 3 4 5 6 7 8 9 10
- Migraine / Headaches 1 2 3 4 5 6 7 8 9 10
- Muscle / Joint Pain 1 2 3 4 5 6 7 8 9 10
- Other: 1 2 3 4 5 6 7 8 9 10
- Other: 1 2 3 4 5 6 7 8 9 10

Food Consumed	Time	Reaction?

Additional Notes:

For recipes, dairy substitutes, health information, and grocery shopping assistance, see:
GoDairyFree.org [Go Dairy Free: The Guide and Cookbook](#) [The No Dairy Product Lists](#)