

**21 day
kick sugar
program** **Reintroduction Log**

Make notes on all you had to eat and drink today, paying attention to how you feel. Circle the applicable symptom on the left and grade on the chart below. Please describe stool quality (size, shape, texture, odour and anything symptom that accompanies it)

Grading:

- 0** **No symptom/not applicable**
- 1** **Very slight**
- 2** **Moderate**
- 3** **Severe**

Symptoms (Day 1 of Reintroduction)

| Food Reintroduced: | Before Breakfast | After Breakfast | After Lunch | After Dinner | Other |
|---|------------------|-----------------|-------------|--------------|-------|
| Energy levels - Tired/Drowsy/Low Energy | | | | | |
| Skin – Rash/Eczema/Itching/Flushing | | | | | |
| Clarity – Brain Fog/Poor Concentration | | | | | |
| Belly – Bloating/Cramps/Gas | | | | | |
| Mood – Changes/Irritability | | | | | |
| Body – Joint/Muscle Pain | | | | | |
| Digestion – Nausea/Vomiting | | | | | |
| Elimination – Constipation/Diarrhea | | | | | |
| Stool (elaborated as described above) | | | | | |
| Other (anything else you wish to add) | | | | | |

Symptoms After Reintroduction

| | Morning Day 2 | Evening Day 2 | Morning Day 3 | Evening Day 3 | Other |
|--|------------------|------------------|------------------|------------------|-------|
| Energy levels - Tired/Drowsy/Low Energy | | | | | |
| Skin – Rash/Eczema/Itching/Flushing | | | | | |
| Clarity – Brain Fog/Poor Concentration | | | | | |
| Belly – Bloating/Cramps/Gas | | | | | |
| Mood – Changes/Irritability | | | | | |
| Body – Joint/Muscle Pain | | | | | |
| Digestion – Nausea/Vomiting | | | | | |
| Elimination – Constipation/Diarrhea | | | | | |
| Stool (elaborated as described above) | | | | | |
| Other (anything else you wish to add) | | | | | |