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## Detection Diet Journal

***CHECK - CHANGE - CHALLENGE***  
***Three Simple Steps for Detecting Any Food Intolerance***

Complimentary copy from [www.foodintol.com](http://www.foodintol.com)

# The foodintol® Detection Diet Journal

## CONTENTS

<i>WHICH INVESTIGATION FIRST?</i> .....	3
You don't need the Symptoms Matrix any more – so set those results aside.....	3
Three Simple Phases: <b>CHECK</b> – <b>CHANGE</b> – <b>CHALLENGE!</b> .....	5
<a href="http://www.foodintol.com/">http://www.foodintol.com/</a> .....	7
Frequently Asked Questions.....	8
THE DETECTION DIET GUIDE TABLE.....	11
<b>CHECK PHASE (Yellow)</b> .....	13
<b>CHANGE PHASE (Red)</b> .....	18
The Day 11 Review.....	26
Day 18 Review.....	35
RESULTS ANALYSIS.....	37
Question 1.....	37
Explanation of results.....	37
Question 2.....	38
<b>CHALLENGE PHASE (Green)</b> .....	40
FINAL CONCLUSION.....	44
Question 3.....	44
Author's Note.....	45

## WHICH INVESTIGATION FIRST?

You don't need the Symptoms Matrix any more – so set those results aside

The following questions apply to **everybody!** Even if you have had clinical testing and believe you already know which food intolerances you have – answer these questions to know which investigation to do first.

These questions also apply even if you have already started eating dairy-free or gluten-free or some other special diet. If this is you - there is no need to go back to eating dairy or gluten etc. when you start the Journal.

ANSWER THESE QUESTIONS:

- Do you get recurring Yeast (Candida) fungal infections like thrush, jock itch, ringworm or tinea?
  - If YES, then investigate Yeast first.
  - If NO – Do you get frequent diarrhea? (Every day?)
    - If Yes - investigate Fructose first
    - If No – investigate Dairy first.
- NEXT Print out and fully read the **Detection Diet 21 Day Journal** from cover-to-cover. Pay particular attention to the **Detection Diet Guide Table**. Read right through to the end. The Journal guides your every step.
- **REMEMBER - Only test for ONE food intolerance at once.** You must not do two together. Restricting more than one thing at once (e.g. doing Fructose-free and Gluten-free together) will give wrong results. One investigation at a time will give you accurate results.
- **RE YEAST: Only investigate yeast if you get recurring fungal infections like thrush, tinea, jock itch or ringworm. THERE IS NO OTHER REASON TO INVESTIGATE YEAST! If you do suffer fungal infections this is the first investigation to do.**
- **RE FRUCTOSE: There is only one reason to investigate fructose – daily or constant diarrhea. If you do not get frequent bouts of diarrhea (e.g. every day) - then it is most unlikely you have Fructose intolerance. Choose another investigation.**
- **Plan to start on a Wednesday:** For the first 4 days of the Detection Diet you CHANGE NOTHING you are eating (even if you are already gluten-free or lactose-free etc.) But you write down everything you eat and all the symptoms you get. Don't restrict your diet using any of the foodintol® Guides until Day 5.

- **The foodintol® low cost Food Guides are available in the online Shop:** Once you know which investigation you'll be doing, download and print out the relevant Food Guide. Spend some time reading it thoroughly - don't skim it. Get ready for Days 5 - 18 when you will be eating differently. The foodintol® Guides help you with shopping and meal planning.
- **What you MUST NOT DO: Don't start eating Gluten-free (or Dairy-free or other -free) in the Check Phase.** You will get muddled results. The Journal guides your every step.
- **Make sure you answer the Questions at the end of the Detection Diet Journal.** They are very important for interpreting your results. You will not get good results without them.

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# The foodintol® Detection Diet Journal

Welcome to the **foodintol® Detection Diet 21 Day Journal** – it will change your life. . . . even if you have tried changing your diet before (e.g. gluten-free or fructose-free, wheat-free etc.) with mixed results.

**We know food intolerance.** We know why it happens, when and where in the body the effects take place and we know how to get relief. We know the diseases it causes, and how disease progress can be arrested by switching to the right diet. We know who is likely to get it - and who can most benefit from investigating food intolerance.

In fact - when it comes to food intolerance we probably know *more than your doctor*.

We began our research of the medical journals in 1996 and it continues every week. We keep our food intolerance publications up to date and easy to use. Many thousands of people have used our information to get permanent relief from chronic symptoms and ailments. Now you can too!

This program will *accurately pinpoint all your food intolerances* even if you have had clinical tests like blood tests, biopsies, breath tests or others. Clinical tests are too often 'inconclusive for food intolerance. Therefore they are not reliable and can often mislead people.

But the Journal Method gives accurate results . . .why? Because ***your symptoms do not lie!***

The **foodintol® Detection Diet Journal** streamlines a **proven scientific method** (elimination diet methodology) into a user-friendly journal – so *that anyone of any age or background* can pinpoint their problem foods easily in just 21 days.

## Three Simple Phases: **CHECK** – **CHANGE** – **CHALLENGE!**

**You start on a Wednesday** and there are three simple phases:

### Phase 1 - **CHECK PHASE**

4 days where you **don't change** what you're eating – (*even if you are already wheat-free, gluten-free etc.*) and write it all in your journal. To decide which investigation to do first – ANSWER THE QUESTIONS AT THE BEGINNING OF THIS JOURNAL.

### Phase 2 – **CHANGE PHASE** - “14 life-changing days to wellness”

14 days where you **completely remove** one type of food from your diet - by **closely following** one of the foodintol® Food Guides and keeping up your Detection Diet Journal

### Phase 3 - **CHALLENGE PHASE**

Reintroduce the suspect food for one breakfast serve only - and then go back to your restricted diet and keep monitoring for 3 final days

- 4 days + 14 days + 3 days = 21 days

## Here's an Example of What You Do

- **SAY YOU ARE INVESTIGATING GLUTEN INTOLERANCE** - Do the **CHECK PHASE** (Days 1- 4) **without changing anything you eat** yet\* . . . and write everything in your journal including symptoms.
- For Days 5 – 18 (**CHANGE PHASE**) **closely follow** a completely **Gluten-free diet**. (You will need a good Gluten-free Guide for this. If you don't have one – you can purchase various guides at foodintol.com). If your suspicion was correct your symptoms should gradually improve across the two week period.
- On Day 19 start the **CHALLENGE PHASE**. First you eat **a breakfast** which includes **a single serve** of the restricted food (for Gluten this might be a bowl of wheat cereal) - **then go back to your strict Gluten-free diet until the end of Day 21** – keeping your journal faithfully every day.

## Observe carefully!

Make notes in your journal by observing everything carefully. The more you *notice* – the more accurate your results will be.

- Golden rule: **Your symptoms do not lie!**

Write everything in the journal! Examples of good observations:

*Headache when I woke up; Eczema flared up today; Leg pain much improved – did not need painkiller; Not as tired today – much more energy; Diarrhoea after lunch; Mouth ulcer has disappeared*

If symptoms persist - troubleshoot like this:

- Go back over your notes looking for patterns
- Symptoms can be delayed – so look at notes from yesterday and *the day before*
- Look for ingredients lists, **if ingredients are not listed – don't eat it!**
- Go through your pantry, refrigerator and freezer and check every pack
- Include supplements, probiotics, medications, chewing gum – scrutinise all labels
- *If in doubt – leave it out!*

## For great results – follow the Journal exactly

This is a proven and accurate system for finding food intolerance – but you must follow it *exactly as laid out – right through to Day 21*. Doing this will give you accurate answers. Straying from it in any way will give you muddled results.

### **Only one investigation at once!**

It is most important that you only investigate **one** of the main four food intolerances at a time. Trying to do more than one does not work and will only waste your precious time. We want you to get well as soon as possible!

## More than one food intolerance?

If you have more than one intolerance - you may need to repeat the **CHANGE** and **CHALLENGE PHASES**. But it's simple and you still get proof of all your intolerances. Don't be tempted to do two investigations together. Basically it goes like this:

- If your symptoms gradually got better during the **CHANGE PHASE** then suddenly got worse in the **CHALLENGE PHASE** – your suspicion was correct – and you have a **great result. proof of your food intolerance.** Congratulations!

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\* This applies to everyone – even if you are already restricting your diet, e.g. gluten-free, lactose-free etc. There is NO NEED to go back to eating foods you are already avoiding for the **CHECK PHASE**. Why? Your version of gluten-free etc. is not the same as ours.

- If your symptoms improved a little – or got worse in the **CHANGE PHASE** you may have more than one food intolerance – and you might need to investigate a different intolerance later. But you must still complete the Journal to Day 21. It will guide you every step of the way.

### Track Your Weight While Keeping the Journal

Keep an eye on any weight changes by weighing yourself once a week. There are spaces to write your weight on Days 1, 7, 14 and 21. Eating correctly for your food intolerance allows your metabolism to balance itself. If you are overweight you will lose pounds – if you are underweight you will gain.

### Questions?

Most of your questions are already answered right here in this journal. But if you have other questions – you can purchase **Member Support** any time. Go to [www.foodintol.com](http://www.foodintol.com) and click “Member Support” and follow the prompts.

Now – let’s get started getting you well again!

Kind regards

*Deborah*

**Deborah Manners** B.Sc (Hons) Dip. Ed.  
Proprietor  
Creator of the Healing Program

foodintol®

<http://www.foodintol.com/>

**Author Deborah Manners B.Sc.(Hons) Dip.Ed.** is not a medical or healthcare professional.  
Ms Manners has multiple food intolerances and publishes information  
based on extensive research of medical and scientific journals.

## Frequently Asked Questions

### 1. “I have been eating gluten-free for a while now. For the **CHECK PHASE** I don’t want to go back to eating gluten – what should I do?”

You misunderstand the **CHECK PHASE** – please re-read **Three Simple Phases** above. There is NO NEED to go back to eating foods you have been avoiding for the **CHECK PHASE**. If using **foodintol®** food guides - **do not** start following them until Day 4 (the **CHANGE PHASE**). We are confident that **our version of gluten-free** etc. will be more comprehensive than any others. (This applies for fructose-free, dairy-free etc.)

### 2. Why must I keep a Journal?

Keeping a journal puts *system* into your exploration. Without exact records of what you ate, how and when it affected you, there can be no actual progress. How can you know if it is dairy or wheat or eggs that upset you? Only with the small effort of keeping a Journal.

The **foodintol® Detection Diet Journal** takes you through the necessary phases of discovery, with tips and traps and guidelines on how to record your progress.

It has places to record foods eaten, responses observed (if any) and importantly the dates of each. Then there are review pages with instructions on how to move forward.

You must keep your Journal from the start. Don’t skip the **CHECK PHASE**. Write down all the symptoms you are suffering, even if they don’t seem to be related to food: headache, diarrhea, coughing, the condition of your nails and hair, tiredness (lethargy or fatigue), nausea, even depression and moodiness.

The act of writing it all down will preserve memories of the symptoms much better. We don’t remember everything unless it is written down. An excerpt from my diary:

*It is amazing how when I am feeling well I can be tempted by an offending food. (It looks so good!) And now that I’m healthy, I simply don’t remember how bad the symptoms felt.*

*I think: “Well how bad could it have been?” But referring to my Journal, reminds me how awful I felt, how quickly the symptom appeared . . . and how slow it was to subside. Three days of misery for just one wrong food. It’s SO not worth it!*

Keep your Journal in a handy place - say on a shelf in the kitchen where you can refer to it frequently. Don’t put it away!

### 3. How long does it take to get proof of intolerance?

It takes 21 days for one food intolerance investigation. If you have more than one intolerance you may need to repeat Phases 2 and 3 (a further 17 days) to get proof of both.

### 4. What can I expect?

- Expect to better understand and appreciate your body. This is an exciting exploration!
- Expect results by Day 13: allow your body to talk to you. This will take time. Nothing good happens overnight. Trust your body tell you what is going on, and trust your journal to remember it (not your memory).
- Expect to start feeling better. Your meals may be different but your energy levels will go up as symptoms subside. And remember there are now substitutes for almost every type of food.
- Expect some revelations. Sometimes your suspicions are right. . . sometimes not. Removing an offending food removes the symptoms. Eating that food again brings the symptoms back quite dramatically. You won’t need willpower. When you cheat - your symptoms will come back right away.



- Expect your reactions to offending foods to be more noticeable than before. Years of eating such foods has put long term stress on your body. Removing them from your diet gives your body a welcome break and a chance to recover and heal itself. Reintroducing them will give you a strong signal that your body doesn't want it any more. Your body is talking to you. Don't ignore it!
- Expect to become well. Expect to be able to do things you haven't done for years: play netball, walk the dog or swim without feeling wrecked, fuzzy-minded or tired. Expect to enjoy life again!

## 5. What if I make a mistake?

Sometimes even with the best of care, accidents happen and you will end up eating something which you are trying to avoid. No worries! Keep going! **Get back on track**, read all labels and write everything down.

### **Golden Rule**

***Your symptoms do not lie!*** *If you have become well by eating differently and suddenly your symptoms re-appear – then you must have eaten something mistakenly. Go back through your refrigerator, freezer and pantry and check all ingredients, supplements, medications, food labels, restaurant meals, take aways and new products.*

## 6. Can I cheat?

Yes! You can always cheat by going back to eating foods you were avoiding. But guess who will be the first to know? Cheating will bring back your ugly symptoms. And if you cheat by not keeping good records. . . . *you lose!* Why? Because you will be unable to figure out which foods cause which symptoms.

## 7. What if it is a Yeast (fungal) infection – is that permanent?

No. Yeast and fungal infections like thrush, tinea, jock itch and ringworm are not permanent – so you should not remain on a yeast-free diet long term. **Recurring fungal infections are however a hallmark of other underlying food intolerance(s) like dairy, gluten or fructose.** Deal with the Yeast issue first by following the Complete Guide to Yeast-free for two weeks . . . then get proof of your other intolerances using the Detection Diet Journal. Once you overcome the yeast infection **AND identify the main underlying intolerance** – you will never get yeast infections again.

## 8. Can I just test a couple of foods I suspect?

No. Don't do that. Even though your suspicions may be a useful guide, it is still best to work out which of the four main food sensitivities you have by following this journal's guidelines closely. Rely on the foodintol® Guide for your diet. If you are concerned about not having enough variety - bake your own things using our Recipes – then get creative!

**Wheat sensitivity CAUTION:** *In most cases this turns out to be a **gluten issue**. That is why very few people get fully well on a wheat-free diet. Wheat-free is only one part of a gluten-free diet. If you suspect wheat intolerance - we recommend you investigate gluten.*

## 9. What about kids on the Detection Diet?

For babies and toddlers please check with your doctor. But Yes, it works well for children. In fact if you suspect food intolerance in your child *then early investigation is best*. You are in charge of what your children eat. So you can use the same method to detect a child's food sensitivities as you use for yourself.

A sudden onset reaction to a food is easy to recognise (food allergy) and generally parents and doctors manage this well. But other *milder chronic or recurring symptoms* are likely to be food intolerance. These are too frequently misdiagnosed or not even suspected - and your child continues to suffer unnecessarily. But all food intolerances are easily identified using the foodintol® Detection Diet Journal.

HOWEVER – **because food intolerance is genetic** – your child got these intolerance(s) from you or the other parent. DO YOUR OWN INVESTIGATION FIRST- then take your child through it.

## 10. What if I have to live without foods I love?

There are foods we enjoy – and there can be foods we ‘love’ – those we feel we could never live without. The foods you ‘love’ may be exactly the ones that are causing the trouble. In fact there may be some degree of *food addiction* involved. And addictions are never good!

You may want to consult your doctor if you think you have a food addiction. However common food addictions are usually simple food intolerance and can be solved easily using the foodintol® Detection Diet Journal.

## 11. How do I interpret my journal results?

This is all explained in the **Guide Table**, but briefly:

- If your symptoms go away in the **CHANGE PHASE** . . .and then suddenly came back at the **CHALLENGE PHASE** – you have *actual proof* of your food intolerance. Congratulations!
- If your symptoms improved somewhat in the **CHANGE PHASE** but did not disappear completely – **you must still do the CHALLENGE PHASE** and monitor your results, then answer the given Questions and follow the instructions.
- If your symptoms stayed the same or got worse over the **CHANGE PHASE** – you may have a different intolerance. Refer to the Guide Table.

## THE DETECTION DIET GUIDE TABLE

This table is central to your investigation. All 3 phases are summarised here. Refer to it frequently.

Phase & Goal What am I going to do?	Purpose Why am I doing it?	Days When?	Tasks How will I do it?	Resources Where do I find information?
<p><b>CHECK PHASE</b></p> <p><i>Goal: to record symptoms – and decide which investigation to do.</i></p>	<p>I need a benchmark of how bad my symptoms are and what I normally eat – and my current weight.</p>	<p>Days 1- 4</p> <p>Start on a Wednesday</p>	<p>Using the <b>CHECK PHASE pages (Yellow)</b> write all your foods, drinks and symptoms etc. in the spaces provided.</p> <p><b>To decide which investigation to do first - answer the questions at the beginning of this Journal.</b></p>	<p><b>CHECK PHASE</b> pages</p>
<p><b>CHANGE PHASE</b></p> <p><i>Goal: To eliminate the suspected food from my diet for 14 days and observe any changes.</i></p>	<p>I want to check whether my symptoms change when I leave out the suspected food group.</p>	<p>Days 5 – 11</p> <p><b>Start on a Sunday</b></p>	<p>Using the <b>CHANGE PHASE pages (Red)</b> eat differently avoiding all traces of suspect food for a full seven day period.</p> <p><i>Continue to write down all symptoms, foods eaten and medications and supplements taken in journal every day.</i></p> <p><i>Especially note any changes in symptoms.</i></p>	<p><b>The Complete Guide</b> for your diet</p>
		<p><b>Day 11 Review</b></p> <p>Saturday</p>	<p>Review all notes and write a summary of observations to see whether symptoms have changed. Particular emphasis on when symptoms were worst and when they were best, <b>and foods eaten on the days before</b>. Note the emergence of any patterns or changes in symptoms.</p>	<p><b>Day 11 Review Table</b></p>
		<p>Days 12 – 18</p> <p><b>Start on a Sunday</b></p>	<p>Still using the <b>CHANGE PHASE</b> pages, continue on the changed diet for an additional seven days, writing all symptoms, foods eaten <u>and medications and supplements taken</u>.</p>	<p><b>The Complete Guide</b> for your diet at <b>foodintol.com</b></p>
		<p><b>Day 18 Review</b></p> <p>Saturday</p>	<p>By considering 18 days of observations of symptoms <u>before and after</u> changing my diet I will understand whether I am intolerant to particular foods.</p>	<p><b>Day 18 Review Table</b></p> <p><i>(Write your observations - not what you think will happen. It is most important to be objective when collecting data.)</i></p>
<p><b>RESULTS ANALYSIS</b></p> <p><b>Answer Questions 1 &amp; 2</b></p>	<p>To see whether my symptoms relate to the foods I eat.</p>	<p>Day 18</p>	<p><b>Now complete Questions 1 – 2 in the Analysing Results section after Day 18 Review.</b></p>	

<b>Phase &amp; Goal</b> What am I going to do?	<b>Purpose</b> Why am I doing it?	<b>Days</b> When?	<b>Tasks</b> How will I do it?	<b>Resources</b> Where do I find information?
<p><b>CHALLENGE PHASE</b></p> <p><i>Goal: Now that my body has been free of the suspected food for 2 weeks, I will use a food challenge and observe symptoms for a further 3 days.</i></p>	<p>I want to test my body's reaction to the restricted food.</p>	<p>Day 19</p> <p><b>Sunday</b></p>	<p><b>CHALLENGE PHASE (Food challenge):</b> At BREAKFAST today eat a <b>single portion</b> of the restricted food. If avoiding dairy, have some milk on your breakfast cereal, a large cappuccino, milkshake or a tub of yogurt.</p> <p>If avoiding gluten eat wheat cereal, or regular bread toasted etc.</p> <p><b>Don't eat any more of the suspected food for the next 3 days. Continue with your restricted diet</b> and write down all foods, medications and symptoms as before.</p>	<p><b>CHALLENGE PHASE</b> pages</p>
		<p>Days 19 -21</p> <p><b>Start on a Sunday</b></p>	<p>Continue with the restricted diet leaving out your suspected food and recording all foods, symptoms etc as before. Especially note any <b>changes in symptoms</b>.</p>	<p>Complete Guide for your diet</p>
		<p>Day 21</p> <p><b>Day 21 Review</b></p> <p><b>Tuesday</b></p>	<p>Review all your notes and write a summary of observations. By now you will have a very good idea whether symptoms are caused by intolerance to the restricted food.</p> <p>Which food is it?</p>	<p><b>Day 21 Review Table</b></p>

**Ready to get started?**

Start on a Wednesday – open your calendar and choose a date now!

Make your commitment:

- I ..... (insert name) **will start my Detection Diet Journal at breakfast on Wednesday** ..... (date) ..... (month) ..... (year).

## CHECK PHASE (Yellow)

### Days 1 – 4, starting on a Wednesday

The idea is to **change nothing** for Days 1 – 4, but write it all down. **Keep eating whatever you have been eating<sup>a</sup>**. In the Yellow table record what you are eating and all your symptoms for a full 4 day period. Even put in the severity of the symptoms and how you relieved them.

Perhaps there is symptomatic relief which you take routinely: paracetamol for headache, topical creams for eczema, antacid for upset stomach, sinus relief for sinusitis etc. Write it all in your journal. Write down everything you consume including snacks and drinks like coffee, soft drinks and beer, wine and spirits. Also medications, supplements, probiotics, extracts, even chewing gum!

Record all symptoms and *changes in symptoms*. If you are feeling well, record it. E.g. *No sinus pain today! No headache for 2 days! etc.* If your symptoms come back, write them down with their severity and any medications used. Remember medication frequently contains yeast, gluten, sugar and lactose, so you must record these as well as vitamin and mineral supplements.

The **CHECK PHASE** is very important because it brings you closer to your relationship with food. You may have had vague feelings about reacting to certain foods, but have never associated the symptoms with a particular food. But with systematic observation *the truth will emerge*.

Symptoms of food intolerance generally happen so long after the offending food is eaten that it is difficult to associate the two. Yet the simple journal method of careful observation and recording will find the connection.

Keep your journal somewhere handy – say in the kitchen and refer to it frequently, even long after you have finished the diet and identified the foods.

IMPORTANT: For all your Journal entries

- ❖ **RECORD ALL FOODS EATEN EVERY DAY**
- ❖ **USE ONE ROW FOR EACH SYMPTOM.**
- ❖ **THERE IS A NEW PAGE FOR EVERY DAY OF THE DIET. USE EVERY PAGE.**
- ❖ **EVEN IF THERE ARE NO SYMPTOMS YOU MUST STILL RECORD ALL THE FOODS EATEN AND MEDICATIONS AND SUPPLEMENTS TAKEN EVERY DAY**

Resources are listed in the Guide Table at the start of this section. If you need more space to write your observations just attach further pages as you need them.

<sup>a</sup> If you have already been eating wheat-free or lactose-free or other diet – there is NO NEED to go back to eating those avoided foods. Change nothing, just write it all down.

**CHECK PHASE Day 1 Wednesday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 1 Wednesday  _/ _/ _  My Weight today: _____	<b>Breakfast</b>		
	<b>Morning tea</b>		
	<b>Lunch</b>		
	<b>Afternoon</b>		
	<b>Dinner</b>		
	<b>Supper</b>		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHECK PHASE Day 2 Thursday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 2 Thursday  _ / _ / _	Breakfast		
	Morning tea		
	Lunch		
	Afternoon		
	Dinner		
	Supper		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHECK PHASE Day 3 Friday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 3 Friday  _ / _ / _	Breakfast		
	Morning tea		
	Lunch		
	Afternoon		
	Dinner		
	Supper		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)



**CHECK PHASE Day 4 Saturday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 4 Saturday  _ / _ / _	Breakfast		
	Morning tea		
	Lunch		
	Afternoon		
	Dinner		
	Supper		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

## **CHANGE PHASE (Red)**

### **Days 5 - 18 starting on a Sunday**

#### **How do you decide which investigation to do?**

Go back to the start of the Detection Diet (top of page 3) and answer those questions again.

#### **Delayed symptoms**

Bear in mind that symptoms of food intolerance may not show up until after 24 or 48 hours or even longer. Of course they can also happen the same day. When reading back over your notes on symptoms, don't just look at the food eaten the same day. **Look at the food eaten the day before and the day before that** and see if there is a pattern.

The **CHANGE PHASE (Days 5 - 18)** requires you to systematically remove a suspected food group (gluten, dairy, fructose or yeast) from your diet for 14 days, **and write all observations about your symptoms as well as all your foods, drinks supplements and medications.**

#### **Recipes**

Bake your own safe foods with our recipes (in each Complete Guide) - then vary our recipes and get creative!

#### **Dining Out**

Use the **Dining Out Guides** in the Complete Guides. See which type of cuisine is best suited to your diet: French, Italian, Greek?

Even if you still have symptoms at Day 18 – you must still do the **CHALLENGE PHASE.**

**CHANGE PHASE Day 5 Sunday (date) . . . . . Use a food Guide from today through to Day 21**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 5 Sunday  _ / _ / _	Breakfast		
	Morning tea		
	Lunch		
	Afternoon		
	Dinner		
	Supper		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHANGE PHASE Day 6 Monday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 6 Monday  _ / _ / _	Breakfast		
	Morning tea		
	Lunch		
	Afternoon		
	Dinner		
	Supper		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHANGE PHASE Day 7 Tuesday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 7 Tuesday  _ / _ / _  <b>My Weight today:</b> _____	<b>Breakfast</b>		
	<b>Morning tea</b>		
	<b>Lunch</b>		
	<b>Afternoon</b>		
	<b>Dinner</b>		
	<b>Supper</b>		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHANGE PHASE Day 8 Wednesday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 8 Wednesday  _ / _ / _	Breakfast		
	Morning tea		
	Lunch		
	Afternoon		
	Dinner		
	Supper		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHANGE PHASE Day 9 Thursday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 9 Thursday  _ / _ / _	<b>Breakfast</b>		
	<b>Morning tea</b>		
	<b>Lunch</b>		
	<b>Afternoon</b>		
	<b>Dinner</b>		
	<b>Supper</b>		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHANGE PHASE Day 10 Friday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 10 Friday  _ / _ / _	<b>Breakfast</b>		
	<b>Morning tea</b>		
	<b>Lunch</b>		
	<b>Afternoon</b>		
	<b>Dinner</b>		
	<b>Supper</b>		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)



**CHANGE PHASE Day 11 Saturday (date) . . . . . Do the Day 11 Review today, see next page**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 11 Saturday  _ / _ / _	<b>Breakfast</b>		
	<b>Morning tea</b>		
	<b>Lunch</b>		
	<b>Afternoon</b>		
	<b>Dinner</b>		
	<b>Supper</b>		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

## The Day 11 Review

Take some time to read over all the symptoms and comments you recorded in the table. You are looking for **changes in symptoms**, compared to normal. Have your usual symptoms diminished at all? Was it worse at Day 5 but got a little better by Day 10? The idea of the Day 11 Review Table is to summarise your observations for the previous 7 days. If you noticed *no change* - then record that.

### Delayed symptoms

And remember that symptoms of food intolerance can happen on the same day or after 24, 48 hours or even longer. When reading back over your notes on symptoms, don't just look at the food eaten the same day. **Look at the food eaten the day before and the day before that** and see if there is a pattern.

### Day 11 Review Table

Use one line for each symptom

Symptom	How long it lasted & how severe?	Observed association with any food or recurring pattern

Symptom	How long it lasted & how severe?	Observed association with any food or recurring pattern

Now continue with The **CHANGE PHASE** for Days 12 - 18 below.

**CHANGE PHASE Day 12 Sunday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 12 Sunday  _ / _ / _	<b>Breakfast</b>		
	<b>Morning tea</b>		
	<b>Lunch</b>		
	<b>Afternoon</b>		
	<b>Dinner</b>		
	<b>Supper</b>		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHANGE PHASE Day 13 Monday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 13 Monday  _ / _ / _	Breakfast		
	Morning tea		
	Lunch		
	Afternoon		
	Dinner		
	Supper		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHANGE PHASE Day 14 Tuesday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 14 Tuesday  _ / _ / _  My weight today: _____	<b>Breakfast</b>		
	<b>Morning tea</b>		
	<b>Lunch</b>		
	<b>Afternoon</b>		
	<b>Dinner</b>		
	<b>Supper</b>		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHANGE PHASE Day 15 Wednesday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 15 Wednesday  _ / _ / _	Breakfast		
	Morning tea		
	Lunch		
	Afternoon		
	Dinner		
	Supper		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHANGE PHASE Day 16 Thursday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 16 Thursday  _ / _ / _	<b>Breakfast</b>		
	<b>Morning tea</b>		
	<b>Lunch</b>		
	<b>Afternoon</b>		
	<b>Dinner</b>		
	<b>Supper</b>		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)



**CHANGE PHASE Day 17 Friday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 17 Friday  _ / _ / _	Breakfast		
	Morning tea		
	Lunch		
	Afternoon		
	Dinner		
	Supper		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHANGE PHASE Day 18 (date) . . . . . Do the Day 18 Review today, see next page**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 18 Saturday  _ / _ / _	Breakfast		
	Morning tea		
	Lunch		
	Afternoon		
	Dinner		
	Supper		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

## Day 18 Review

As with the Day 11 Review take some time to read over all the symptoms and comments you recorded in the table. You are looking for **changes in symptoms**, compared to before.

Have your usual symptoms diminished at all? Was it worse at Day 12 but got a little better by Day 17? Did they seem reduced or less severe on the different diet? Do you need less symptom relief (e.g. less analgesic for headache etc.)

The idea of the Day 18 Review Table is to summarise your observations of the whole **CHANGE PHASE**. If you noticed no change then record that in this table.

### Delayed symptoms

And remember that symptoms of food intolerance can happen on the same day or after 24, 48 hours or even longer. When reading back over your notes on symptoms, don't just look at the food eaten the same day. **Look at the food eaten the day before and two days before** and see if there is a pattern.

## Day 18 Review Table

*Use one line for each symptom*

Symptom	How long did the symptom last and how severe was it?	Do you notice a difference in symptoms when you leave this food out of your diet? Are they more severe or less?

<b>Symptom</b>	<b>How long did the symptom last and how severe was it?</b>	<b>Do you notice a difference in symptoms when you leave this food out of your diet? Are they more severe or less?</b>

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## RESULTS ANALYSIS

You have now completed 14 days of detailed observation while eating *without the suspected food*. Now complete Questions 1 and 2.

### Question 1

The results of my observations in THE **CHANGE PHASE** Days 5 - 18 were that my symptoms:

- A. Were greatly reduced or disappeared
- B. Were diminished or became less severe
- C. Did not change
- D. Increased or became more severe

(Circle one of the above. Then read the Explanation of Results.)

### Explanation of results

- If my symptoms were greatly reduced or disappeared then it is strong evidence that I am intolerant to that food.
- If my symptoms were reduced a little then it is some evidence that I am intolerant to that food, but that there might be an additional cause of my symptoms (an additional food intolerance?) or I have inadvertently eaten some of the suspected food.
- If my symptoms did not change over Days 5 - 18 then I am not intolerant to *that* food. I may be intolerant to a different food, or may have some medical condition that needs a doctor's advice.
- If symptoms got worse over Days 5 - 18 focus on which NEW foods you started eating to substitute for old ones. Finish the investigation to Day 21 – but you may need to do a further investigation.

**Question 2**

**Drawing Conclusions and Taking Further Action**

Using the table below, decide whether you should move on to The **CHALLENGE PHASE** or take some other action. Place a tick in row **A, B, C or D** below which matches your observations and conclusions.

Results		Conclusions	Next action	Possible further actions
<b>A</b>	<b>My symptoms were greatly reduced or disappeared</b>	<b>There is <u>strong evidence</u> that I am intolerant to the restricted food.</b>	Move on to the <b>CHALLENGE PHASE</b> to test the restricted food. If you get a strong reaction (quite noticeable symptoms in Days 19 - 21) then your hunch was correct. You have positively identified the cause of your ugly symptoms. CONGRATULATIONS!	Avoid that food always and stay symptom-free for life.
<b>B</b>	<b>My symptoms diminished or became less severe.</b>  <b>1<sup>st</sup> Possibility</b>	<b>There is <u>some evidence</u> that I am intolerant to the restricted food.</b> Perhaps I was unable to completely remove the suspected food from my diet. <i>(It can be difficult to get completely dairy-free, gluten-free, wheat-free, fructose-free or yeast free. You may find you were still eating the restricted food and therefore still had some symptoms.)</i>	Move on to the <b>CHALLENGE PHASE</b> to positively test the restricted food. If you get a strong reaction (quite noticeable symptoms in Days 19-21) then your hunch was correct. You have positively identified the cause of your ugly symptoms. CONGRATULATIONS!	Avoid that food always and stay symptom-free for life. <i>Pay closer attention to labels on foods and medications.</i> <b>(Resource: foodintol® Guide for your diet.)</b>
	<b>2<sup>nd</sup> Possibility</b>	Persistent symptoms may mean you are intolerant to <b>more than one type of food</b> . E.g. you may be Dairy Intolerant <i>and</i> Gluten Intolerant.	Move on to the <b>CHALLENGE PHASE</b> to positively test the restricted food. If you get a strong reaction (quite noticeable symptoms in Days 19 -21) then your hunch was <i>partly correct</i> . You have positively identified <i>one of the causes</i> of your symptoms. CONGRATULATIONS!	While remaining on the restricted diet try investigate another intolerance. Go back to Day 5 and restrict <b>both</b> food types until Day 21.

Results		Conclusions	Next action	Possible further actions
<b>C</b>	<b>My symptoms were unchanged.</b>  <b>1<sup>st</sup> possibility</b>	<b>There is little evidence that I am intolerant to the restricted food. However – you still need proof</b> This is a good result. All this time you have suspected that particular food! Now you have <b>evidence</b> it <b>could be something else. But you need Proof: do the Challenge Phase.</b>	<b><i>You must still do the Challenge Phase!</i></b> This is really necessary so you can get proof you are NOT intolerant to that food.  <i>(The symptoms for Dairy Intolerance are very similar to Gluten Intolerance and many people have both these intolerances.)</i>	Go back to Day 5 and start another investigation. eg. If you restricted dairy, now cut out gluten.  Follow Journal and Guide Table.
	<b>2<sup>nd</sup> possibility</b>	Or, there is some other reason for the symptoms - like another medical condition.	Perhaps your symptoms are not from food intolerance (refer <b>Symptoms Matrix</b> ) – see your doctor.	Consult your doctor
<b>D</b>	<b>My symptoms increased or got worse</b>	<b>There is some evidence that restricting my diet makes my symptoms worse.</b>	Finish the investigation to Day 21 – but you may need to do a further investigation	Note changes in the Challenge Phase.

By now you should have completed Questions 1 – 2. If your results and conclusions fell in the A or B sections of the table above then it is time for The **CHALLENGE PHASE**. *(There is no point doing the CHALLENGE PHASE if your results were C or D.)*

Why do a test? Today is Day 18 and it is a Saturday. If Days 5 - 18 made your symptoms diminish or disappear, you may be happy to continue long-term on this diet with the **fairly strong evidence** that you are intolerant to that particular food. On the other hand you may be skeptical.

Testing yourself by eating a single serve of that food (known as a *food challenge*) is the best way to **get proof** of your body's inability to process it. *It is vital*, designed to build on the investigative work you have already done.

❖ Now refer back to the GUIDE TABLE and review your Goals, Purpose and tasks for the **CHALLENGE PHASE**.

## CHALLENGE PHASE (Green)

### Days 19 - 21, starting on a Sunday

This phase is the culmination of the entire investigation. All your observations and diet restrictions have been carried out to arrive at this point. If you have not had too many “accidents” (where you mistakenly ate some of the suspected food) then your body should be fairly clear of that food type by now. If not, wait 1-2 days or until symptoms have subsided.

And you should be quite aware of your body’s response to foods. After all it is more than two weeks since you began recording your foods, medications and symptoms.

Now we have to introduce the suspected food **in a controlled way**. It should be **a small definite serve at breakfast**. For Gluten-free this might mean eating a bowl of cereal or two slices of regular wheat bread toast. For Dairy-free it could be a milkshake, large cappuccino or tub of yogurt. To test fructose, eat an apple or some fruit salad.

Naturally you must continue to write all your observations, foods eaten and medications taken as before. At your **Day 18 Review** you will have strong evidence (**data** from your 2 weeks of observation) whether you have a food intolerance and which food has been causing your symptoms.

**NOTE:** This is the **only** test food to eat. Apart from that **one serve** you must remain free of the suspect food for Days 19 - 21.

**SPECIAL NOTE FOR YEAST:** Don’t do the **CHALLENGE PHASE** if you are investigating Yeast. It will introduce extra yeast into your body unnecessarily. After you have been on the Yeast-free diet for 2 full weeks, (along with the recommended anti-fungal medication from your doctor) you should have overcome the yeast infection – so move on to investigate the **REAL CAUSE** of your recurring fungal infections – your underlying intolerance to gluten, dairy or fructose. Start again at the **CHANGE PHASE** (Day 5) and go right through to Day 21. More info in the foodintol® Complete Guide to Yeast-free.



**CHALLENGE PHASE Day 19 Sunday (date) . . . . . Do the Food Challenge today only at breakfast.**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 19 Sunday  _ / _ / _	<b>Breakfast</b>	DO FOOD CHALLENGE NOW	
	<b>Morning tea</b>		
	<b>Lunch</b>		
	<b>Afternoon</b>		
	<b>Dinner</b>		
	<b>Supper</b>		

**SYMPTOMS:** Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHALLENGE PHASE Day 20 Monday (date) .....**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 20 Monday  _ / _ / _	<b>Breakfast</b>		
	<b>Morning tea</b>		
	<b>Lunch</b>		
	<b>Afternoon</b>		
	<b>Dinner</b>		
	<b>Supper</b>		

*SYMPTOMS: Use one line for each symptom*

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

**CHALLENGE PHASE Day 21 Tuesday (date) . . . . . Your final day of the Detection Diet!**

Day (Insert date)	Meal	All foods and drinks	Supplements & medications taken
Day 21 Tuesday  _ / _ / _  My weight today: _____	Breakfast		
	Morning tea		
	Lunch		
	Afternoon		
	Dinner		
	Supper		

SYMPTOMS: Use one line for each symptom

Symptom name & type (e.g. gastro-intestinal, respiratory etc.)	Description of symptoms (what it feels like and severity)

## FINAL CONCLUSION

By now you have excellent evidence, and in most cases *proof* that certain foods have been causing your symptoms.

**My Conclusion: I now have strong evidence (or proof) that the following food(s) have been causing my symptoms:**

- Dairy
- Gluten
- Fructose
- Yeast

Now answer Question 3.

### Question 3

I now know that my symptoms . . . were / were not . . . (circle one) caused by this food intolerance.

If they **were not** caused by this food intolerance – then **MOVE ON TO ANOTHER INVESTIGATION** (See Guide Table)

If they **were** caused by food intolerance circle one of the four alternatives. To ensure you remain free of symptoms you should have a diet that is:

- ⇒ Dairy-free ]
- ⇒ Gluten-free ]
- ⇒ Fructose-free ]

Choose one of these then complete below.

**From today I will claim my new life free of symptoms and getting back to my Perfect Figure!**

**Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## CONGRATULATIONS!

You have come to the end of a proper investigation. All you have to do now is stay with your new diet – and you will stay well.

**Keep this Journal** and use it as a reference guide e.g. when you try new foods.

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## Author's Note

Thank you for taking part in the Detection Diet and here's to a symptom-free future for you and your family. Your comments and feedback are important to us via **CONTACT US** on the website.

Live well, love well, be well . . .

My best regards

*Deborah*

Deborah Manners B.Sc.(Hons) Dip.Ed.  
Creator of foodintol®