APPENDIX 1: DIARY

Table 1 Diary for diagnosis of histamine intolerance

HISTAMINE INTOLERANCE DIARY

Log your symptoms, food, medicines, blood pressure and pulse in this diary.

Name:

Day	**Date & time**	**Food**	**Suspicious food**	**Medicines**	**Suspicious medicines**	**Symptoms**	**Blood pressure** Syst (mmHg)	Dia (mmHg)	Pulse

Excel file is available on:
http://www.histamine-intolerance.info/