

Histamine: Symptom, Food, & Supplement Tracker

A 7-day workbook for connecting what you eat and what you take to the symptoms you actually feel, helping you to stop guessing and start seeing the patterns. This is not a clinically validated tool for diagnosing histamine intolerance. It's simply a way for you to track, make connections, and learn to feel good.

WHAT'S INSIDE

- How to use this tracker
- High-histamine quick reference
- Baseline snapshot (Day 0)
- Seven daily tracking pages
- Weekly pattern review

WHAT IT TRACKS

- Meals, drinks & histamine load
- Supplements, doses & timing
- Symptoms across nine body systems
- Sleep, alcohol, pollen & stress
- A daily score you can compare

Print tip: print pages 5–11 as many times as you need. Most people see a usable pattern after one to three weeks of tracking, but make this your own system and use it however fits your needs.

How to Use This Tracker

Five minutes a day; track for a week or more to see the patterns.

GETTING STARTED

Histamine intolerance is a **bucket problem**, not an allergy. Your body handles histamine fine until intake plus production overflows your ability to break it down. That is why a food you tolerated last Tuesday can flatten you this Friday, and why single-day observations can be insufficient. Tracking across a week can help to reveal your threshold.

FILLING IN A DAILY PAGE

- 1. Print a week at a time** and keep the pages somewhere you actually eat, like on the counter, on the fridge, or in your bag.
- 2. Log food as you eat it.** Include drinks, condiments, and anything that was a leftover. Note the time.
- 3. Rate the histamine load** of each entry **L / M / H** using the quick reference on the next page as best you can. For example, if it was a low histamine food that was leftover in the refrigerator, it may become a medium (M) or high (H), depending on how long it was left.
- 4. Record supplements and medications with timing.** DAO enzyme taken 15 minutes before a meal may affect you differently from DAO taken after. Some medications reduce your own DAO production.
- 5. Score symptoms once in the evening** for the whole day, using **0 = none, 1 = mild, 2 = moderate, 3 = severe.**
- 5. Add the day's total** in the box at the bottom. That number is what you will compare if you track for several weeks.

AFTER SEVEN DAYS

Move your daily scores onto the **Weekly Pattern Review** at the back. See which body systems score highest, which days spiked, and what those days had in common. Again, this isn't a clinical test score; it's a way to see patterns or changes in how you feel.

EXAMPLE OF WHAT A PATTERN LOOKS LIKE

An example week. Scores sat around 4–6 most days, then jumped to 17 on Thursday and stayed at 12 on Friday. Thursday was leftover chili reheated for lunch, a glass of red wine at dinner, and five hours of sleep. Friday was ordinary food, but the histamine bucket was still full.

The takeaway here is not that chili is always bad. It is that *three histamine inputs were stacked together in one day, and the effect carried into the next.* The test for the following week is to see what you can change, such as freeze leftovers instead of refrigerating them for days. See whether the spike in histamine is still a problem.

Four things to note:

Reactions are often delayed. Symptoms can appear 30 minutes to several hours after eating, so it may not be the very last thing you ate.

It's cumulative. Three medium-histamine meals in a row can do what one high-histamine meal may not.

Several systems. Histamine intolerance usually shows up in several of the nine systems at once, such as gut plus skin plus head.

Food is not the only input. Pollen season, alcohol, poor sleep, stress, certain medications, and some probiotic strains all add to the same bucket.

NINE BODY SYSTEMS

HEAD	Headaches, migraines
MOOD / BRAIN	Anxiety, irritability, brain fog
STOMACH	Acid reflux, nausea, stomach pain
INTESTINES	Bloating, diarrhea, constipation
HEART	Arrhythmia, dizziness
SINUSES	Drainage, congestion
SKIN	Hives, itching, flushing
SLEEP	Insomnia, early waking
BLADDER	Urgency, frequency, leakage

TAKE IT TO YOUR PRACTITIONER

A complete tracking page can be far more useful in an appointment than telling your doctor "I feel bad after some foods." Take this with you.

Please talk with a healthcare provider rather than self-managing if symptoms are severe. Seek help immediately if you have any breathing difficulty, swelling, or fainting.

Be sure to talk with your doctor if you are losing weight without meaning to, or if you are pregnant or managing another diagnosed condition. Several conditions look like histamine intolerance and may need ruling out first.

RATE THESE H — HIGH HISTAMINE / HISTAMINE-RELEASING

Aged & hard cheeses, blue cheese	Avocados, hot peppers
Processed & cured meats, cured ham	Strawberries, citrus, pineapple
Smoked meat, BBQ, brisket	Kiwi, guava, very ripe bananas
Dried meat, jerky • organ meats	Chocolate • walnuts, pecans
Fish or seafood that is not very fresh	Soybeans, edamame, chickpeas, lentils
Anchovies • anything pickled	Raw egg whites • buckwheat, malted barley
Vinegar, soy sauce, mustard seeds	Nori, algae • cumin
Wine, beer, sake, all alcohol	Leftovers; fermented foods & drinks
Tomatoes, spinach, eggplant	

USUALLY SAFER — RATE L

Freshly cooked meat & poultry	Apples, pears, blueberries, melon
Fish frozen at sea, cooked from frozen	Broccoli, cauliflower, cabbage, carrots
Whole cooked eggs (not raw whites)	Onion, garlic, fresh herbs
Farmer cheese, ricotta, mozzarella	Olive oil, coconut oil, butter

FOOD PREPARATION TIPS:

THIS RAISES HISTAMINE	THIS KEEPS IT LOWER
Frying and grilling	Boiling, steaming, poaching
Slow cooking (crockpot, low and slow)	Quick cooking, fresh off the heat
Leftovers kept in the fridge	Leftovers frozen, thawed same day
Meat aging in the fridge	Meat frozen the day you buy it
Fish handled warm or shipped fresh	Seafood labeled “frozen at sea”
Fermenting, curing, drying	Fresh, plainly cooked, eaten promptly

NON-FOOD INPUTS TO THE SAME BUCKET

Note these in **Other Factors** on your daily page:

- Alcohol — triggers mast cells to release histamine
- Pollen season and exposure to known allergens
- Poor or short sleep; stress
- Sodium benzoate and polysorbate 80 (check labels)
- Aspirin and other salicylates
- Metformin; niacin/niacinamide at 100 mg or more
- New carpet, fragrances, non-stick cookware

PROBIOTIC STRAIN CHECK

STRAIN	EFFECT
<i>L. casei</i>	Produces histamine
<i>L. reuteri</i>	Produces histamine
<i>L. bulgaricus</i>	Produces histamine
<i>L. diolivorans</i>	Produces histamine
<i>L. saerimneri</i>	Produces histamine
<i>S. thermophilus</i>	Produces histamine
<i>B. infantis</i>	Lowers histamine
<i>B. longum</i>	Lowers histamine
<i>L. rhamnosus</i>	Lowers histamine
<i>L. plantarum</i>	Neutral
<i>L. lactis</i>	Neutral

Use this as a tool:
A low-histamine diet is great as a *diagnostic tool* in the short term, but it cuts out many genuinely healthy foods. Tolerance is also individual and not static. You may find that some foods are worse than others for you, and you may find that histamine intolerance symptoms eventually go away.

DATE STARTED	WHAT MADE ME SUSPECT HISTAMINE	HOW LONG I'VE HAD SYMPTOMS
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TYPICAL SEVERITY OVER THE PAST MONTH

WHAT I'M ALREADY DOING

SYSTEM	SYMPTOM	DAY 0 • 0–3
HEAD	Headaches, migraines	0 1 2 3
MOOD / BRAIN	Anxiety, irritability	0 1 2 3
	Brain fog, poor focus	0 1 2 3
STOMACH	Acid reflux, heartburn	0 1 2 3
	Nausea, stomach pain	0 1 2 3
INTESTINES	Bloating, gas	0 1 2 3
	Diarrhea or constipation	0 1 2 3
HEART	Racing or skipped beats	0 1 2 3
	Dizziness, lightheaded	0 1 2 3
SINUSES	Drainage, congestion	0 1 2 3
SKIN	Hives, itching	0 1 2 3
	Flushing, redness	0 1 2 3
SLEEP	Trouble falling asleep	0 1 2 3
	Waking 2–4 a.m. / early	0 1 2 3
BLADDER	Urgency, frequency	0 1 2 3

SUPPLEMENT OR MEDICATION	DOSE	TIMING

Baseline total (0–45): _____

Count how many **different systems** scored 1 or higher: _____ of 9

RELATED CONDITIONS I HAVE

MY HISTAMINE GENES

Tick any that apply — several of these involve elevated histamine.

☐ Migraines	☐ Asthma	☐ IBS
☐ Eczema / dermatitis	☐ Chronic hives	☐ Reflux / GERD
☐ ADHD	☐ Anxiety	☐ Fibromyalgia
☐ ME/CFS	☐ Hypermobility / EDS	☐ MCAS
☐ Tinnitus / Meniere’s	☐ Atrial fibrillation	☐ Seasonal allergies
☐ Gluten sensitivity	☐ Chronic sinus issues	☐ Hives after meals

Re-score dates.

Day 14 _____ total _____

Day 21 _____ total _____

WHAT I MOST WANT TO CHANGE

TO BED	WOKE UP	WOKE IN THE NIGHT? WHEN	SLEEP QUALITY 1–5 1 2 3 4 5	HOW I FELT ON WAKING
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FOOD & DRINK

TIME	WHAT I ATE OR DRANK — INCLUDE CONDIMENTS, SAUCES, DRINKS	LOAD	L/A	RX <4H
		L M H	☐	0 1 2 3
		L M H	☐	0 1 2 3
		L M H	☐	0 1 2 3
		L M H	☐	0 1 2 3
		L M H	☐	0 1 2 3
		L M H	☐	0 1 2 3
		L M H	☐	0 1 2 3
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Load = circle L / M / H from the quick reference • L/A = tick if leftover, aged, cured, fermented or slow-cooked • Rx <4h = strength of any reaction within four hours

SUPPLEMENTS & MEDICATIONS

TIME	SUPPLEMENT OR MEDICATION	DOSE	MEAL TIMING
			before ☐ with ☐
			before ☐ with ☐
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Timing matters — DAO enzyme taken 15 minutes before a meal works differently from DAO taken with or after it.

WHAT I NOTICED TODAY

TODAY'S SYMPTOMS

SYSTEM	SYMPTOM	SCORE
HEAD	Headaches, migraines	0 1 2 3
MOOD / BRAIN	Anxiety, irritability	0 1 2 3
	Brain fog, poor focus	0 1 2 3
STOMACH	Acid reflux, heartburn	0 1 2 3
	Nausea, stomach pain	0 1 2 3
INTESTINES	Bloating, gas	0 1 2 3
	Diarrhea or constipation	0 1 2 3
HEART	Racing or skipped beats	0 1 2 3
	Dizziness, lightheaded	0 1 2 3
SINUSES	Drainage, congestion	0 1 2 3
SKIN	Hives, itching	0 1 2 3
	Flushing, redness	0 1 2 3
SLEEP	Trouble falling asleep	0 1 2 3
	Waking 2–4 a.m. / early	0 1 2 3
BLADDER	Urgency, frequency	0 1 2 3

Today's total: _____

Systems affected today: _____ of 9

OTHER FACTORS

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☐ Ate out	☐ Ate leftovers
☐ New chemical exposure	☐ Unwell / infection
☐ Intense exercise	☐ Missed a supplement
Stress today 1–5:	1 2 3 4 5
Cycle day (if applicable):	

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	Dizziness, lightheaded	0 1 2 3
SINUSES	Drainage, congestion	0 1 2 3
SKIN	Hives, itching	0 1 2 3
	Flushing, redness	0 1 2 3
SLEEP	Trouble falling asleep	0 1 2 3
	Waking 2–4 a.m. / early	0 1 2 3
BLADDER	Urgency, frequency	0 1 2 3

Today's total: _____

Systems affected today: _____ of 9

OTHER FACTORS

☐ Alcohol	☐ High pollen day
☐ Ate out	☐ Ate leftovers
☐ New chemical exposure	☐ Unwell / infection
☐ Intense exercise	☐ Missed a supplement
Stress today 1–5:	1 2 3 4 5
Cycle day (if applicable):	

MOVE YOUR DAILY SCORES ACROSS

BODY SYSTEM	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	WEEK
Head								
Mood / Brain								
Stomach								
Intestines								
Heart								
Sinuses								
Skin								
Sleep								
Bladder								
Daily total								
Alcohol? Pollen? Poor sleep?								

MY HIGHEST-SCORING DAYS

DAY	WHAT THOSE DAYS HAD IN COMMON

SUSPECT FOODS & DRINKS

FOOD OR DRINK	TIMES	SYMPTOMS AFTER & HOW SOON

WHAT SURPRISED ME THIS WEEK

SUPPLEMENTS THIS WEEK

SUPPLEMENT	DAYS ON	DIFFERENCE?

Change one thing at a time. If you start three supplements and change your diet in the same week, you may not know which one worked. Pick a single change, and hold everything else steady if possible.

NEXT WEEK I WILL TEST

QUESTIONS FOR MY DOCTOR
