

Flare-Up #2			Date: ____ / ____ / ____
Pain (0–5)	Duration	Where on tongue?	Zinc lozenges used?
Possible triggers in the 24–48 hrs before (tick all that apply):			
<input type="checkbox"/> Acidic food (citrus, vinegar, tomato)	<input type="checkbox"/> SLS toothpaste	<input type="checkbox"/> Illness / immune dip	
<input type="checkbox"/> Rough / sharp food (crisps, toast, crackers, seeds)	<input type="checkbox"/> Alcohol mouthwash	<input type="checkbox"/> New product or food	
<input type="checkbox"/> Spicy food	<input type="checkbox"/> Chewing gum	<input type="checkbox"/> Antihistamines / medication	
<input type="checkbox"/> Salty food	<input type="checkbox"/> Stress / anxiety	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Poor sleep		
<input type="checkbox"/> Hot drinks	<input type="checkbox"/> Hormonal (period / cycle)		
Anything else you noticed? (foods, products, environment, mood, medications):			

Flare-Up #3			Date: ____ / ____ / ____
Pain (0–5)	Duration	Where on tongue?	Zinc lozenges used?
Possible triggers in the 24–48 hrs before (tick all that apply):			
<input type="checkbox"/> Acidic food (citrus, vinegar, tomato)	<input type="checkbox"/> SLS toothpaste	<input type="checkbox"/> Illness / immune dip	
<input type="checkbox"/> Rough / sharp food (crisps, toast, crackers, seeds)	<input type="checkbox"/> Alcohol mouthwash	<input type="checkbox"/> New product or food	
<input type="checkbox"/> Spicy food	<input type="checkbox"/> Chewing gum	<input type="checkbox"/> Antihistamines / medication	
<input type="checkbox"/> Salty food	<input type="checkbox"/> Stress / anxiety	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Poor sleep		
<input type="checkbox"/> Hot drinks	<input type="checkbox"/> Hormonal (period / cycle)		
Anything else you noticed? (foods, products, environment, mood, medications):			

Flare-Up #4			Date: ____ / ____ / ____
Pain (0–5)	Duration	Where on tongue?	Zinc lozenges used?
Possible triggers in the 24–48 hrs before (tick all that apply):			
<input type="checkbox"/> Acidic food (citrus, vinegar, tomato)	<input type="checkbox"/> SLS toothpaste	<input type="checkbox"/> Illness / immune dip	
<input type="checkbox"/> Rough / sharp food (crisps, toast, crackers, seeds)	<input type="checkbox"/> Alcohol mouthwash	<input type="checkbox"/> New product or food	
<input type="checkbox"/> Spicy food	<input type="checkbox"/> Chewing gum	<input type="checkbox"/> Antihistamines / medication	
<input type="checkbox"/> Salty food	<input type="checkbox"/> Stress / anxiety	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Poor sleep		
<input type="checkbox"/> Hot drinks	<input type="checkbox"/> Hormonal (period / cycle)		
Anything else you noticed? (foods, products, environment, mood, medications):			

Flare-Up #5			Date: ____ / ____ / ____
Pain (0–5)	Duration	Where on tongue?	Zinc lozenges used?
Possible triggers in the 24–48 hrs before (tick all that apply):			
<input type="checkbox"/> Acidic food (citrus, vinegar, tomato)	<input type="checkbox"/> SLS toothpaste	<input type="checkbox"/> Illness / immune dip	
<input type="checkbox"/> Rough / sharp food (crisps, toast, crackers, seeds)	<input type="checkbox"/> Alcohol mouthwash	<input type="checkbox"/> New product or food	
<input type="checkbox"/> Spicy food	<input type="checkbox"/> Chewing gum	<input type="checkbox"/> Antihistamines / medication	
<input type="checkbox"/> Salty food	<input type="checkbox"/> Stress / anxiety	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Poor sleep		
<input type="checkbox"/> Hot drinks	<input type="checkbox"/> Hormonal (period / cycle)		
Anything else you noticed? (foods, products, environment, mood, medications):			

Flare-Up #6			Date: ____ / ____ / ____
Pain (0–5)	Duration	Where on tongue?	Zinc lozenges used?
Possible triggers in the 24–48 hrs before (tick all that apply):			
<input type="checkbox"/> Acidic food (citrus, vinegar, tomato)	<input type="checkbox"/> SLS toothpaste	<input type="checkbox"/> Illness / immune dip	
<input type="checkbox"/> Rough / sharp food (crisps, toast, crackers, seeds)	<input type="checkbox"/> Alcohol mouthwash	<input type="checkbox"/> New product or food	
<input type="checkbox"/> Spicy food	<input type="checkbox"/> Chewing gum	<input type="checkbox"/> Antihistamines / medication	
<input type="checkbox"/> Salty food	<input type="checkbox"/> Stress / anxiety	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Poor sleep		
<input type="checkbox"/> Hot drinks	<input type="checkbox"/> Hormonal (period / cycle)		
Anything else you noticed? (foods, products, environment, mood, medications):			

Part 3 — Patterns I've Noticed review after 2–4 weeks

Look back at your logs after a few weeks. Do any triggers appear repeatedly before a flare? Use this space to summarise what you've spotted.

FOODS / DRINKS THAT SEEM TO TRIGGER A FLARE <i>e.g. salt and vinegar crisps, red wine, citrus fruit...</i>	PRODUCTS THAT SEEM TO IRRITATE <i>e.g. regular toothpaste (SLS), alcohol mouthwash, lip balm...</i>
LIFESTYLE FACTORS (STRESS, SLEEP, HORMONES) <i>e.g. flares worse before period, after poor sleep, during stressful weeks...</i>	THINGS THAT SEEM TO HELP OR REDUCE SYMPTOMS <i>e.g. zinc lozenges, switching toothpaste, avoiding crisps...</i>
MY BIGGEST SUSPECTED TRIGGER <i>The one thing that seems most consistently linked to a flare...</i>	NEXT THING TO TRY / ELIMINATE <i>e.g. try SLS-free toothpaste for 4 weeks, cut out citrus...</i>