

The Food Intolerance Questionnaire

Do you suffer on a regular basis (i.e. more than 3 times a week) from any of the following?

Section One - Digestive Symptoms

Symptom	YES-Have Symptoms	NO- Have no Symptoms
Abdominal bloating / distention	YES	NO
Abdominal cramps	YES	NO
Abdominal or stomach pain	YES	NO
Burping after eating certain foods	YES	NO
Difficulty losing weight	YES	NO
Difficulty gaining weight	YES	NO
Enuresis (bed wetting)	YES	NO
Excess wind (flatulence)	YES	NO
Gallbladder problems (difficulty digesting fats)	YES	NO
Gastro-Oesophageal Reflux Disease (GORD)	YES	NO
Glue Ear (Otitis Media)	YES	NO
Gritty feeling in the eyes	YES	NO
Haemorrhoids (piles)	YES	NO
Indigestion (recurring)	YES	NO
Inexplicable weight gain or weight loss	YES	NO
Irregular bowel motions (eg constipation or diarrhoea)	YES	NO
Irritable Bowel Syndrome (IBS)	YES	NO
Itchy bottom	YES	NO
Itchy, red ears	YES	NO
Metallic taste in the mouth	YES	NO
Mouth ulcers	YES	NO
Nausea	YES	NO
Persistent need to clear your throat / sore throat	YES	NO
Post-nasal drip	YES	NO
Rhinitis (runny nose)	YES	NO
Sinusitis	YES	NO
Sneezing – frequent	YES	NO
Water retention	YES	NO

Section Two - Mental, Emotional And Nervous System Symptoms

Symptom	YES-Have Symptoms	NO- Have no Symptoms
Addictions	YES	NO
Aggressive outbursts	YES	NO
Attention Deficit Disorder / ADHD	YES	NO
Anxiety	YES	NO
Behavioral Problems	YES	NO
Blankness or momentary difficulty in finding the right word/s	YES	NO
Blurred vision	YES	NO
Brain fog	YES	NO
Clumsiness	YES	NO
Confusion	YES	NO
Constant hunger	YES	NO
Dark circles under your eyes	YES	NO
Depression	YES	NO
Dilated blood vessels in your cheeks and nose	YES	NO
Dizziness	YES	NO
Dyslexia	YES	NO
Fidgeting	YES	NO
Foggy head	YES	NO
Food cravings	YES	NO
Headaches	YES	NO
Hyperactivity (esp. in children)	YES	NO
Inability to think clearly	YES	NO
Insomnia	YES	NO
Irritability	YES	NO
Lack of motivation / get up and go	YES	NO
Migraines	YES	NO
Mood swings	YES	NO
Palpitations	YES	NO
Panic attacks	YES	NO
Phobias	YES	NO
Poor concentration	YES	NO
Racing pulse	YES	NO
Restless legs syndrome	YES	NO
Slurred speech	YES	NO
Spacey	YES	NO

Section Three - Overt Physical Signs And Symptoms

Symptom	YES-Have Symptoms	NO- Have no Symptoms
Abnormal physical weakness or tiredness	YES	NO
Aching muscles and joints for no good reason	YES	NO
Arthritis	YES	NO
Asthma	YES	NO
Chronic Infections	YES	NO
Eczema	YES	NO
Fibromyalgia (diagnosed by a physical therapist or doctor)	YES	NO
Hives (urticaria)	YES	NO
Itching	YES	NO
Painful joints in which the pain moves from one joint to another	YES	NO
Painful joint that is not associated with excessive use	YES	NO
Psoriasis	YES	NO
Rheumatoid Arthritis	YES	NO
Rough dry skin	YES	NO
Spots or acne (that is not hormonally related)	YES	NO
Skin rashes (for no other known reason)	YES	NO
Wheezing	YES	NO