

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 |



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|-----------------|------------|-----------|
| 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 |