

Food Intolerance Questionnaire

Do you suffer on a regular basis (i.e. more than 3 times a week) from any of the following? Score 1 point or (2) for those indicated.

Section One - Digestive Symptoms

- Abdominal bloating / distention (2)
- Abdominal cramps (2)
- Abdominal or stomach pain (2)
- Burping after eating certain foods
- Catarrh (mucus) (2)
- Difficulty losing weight
- Difficulty gaining weight
- Enuresis (bed wetting) (2)
- Excess wind (flatulence)
- Gallbladder problems (difficulty digesting fats)
- Gastro-Oesophageal Reflux Disease (GORD) (2)
- Glue Ear (Otitis Media) (2)
- Gritty feeling in the eyes (2)
- Haemorrhoids (piles) (2)
- Indigestion (recurring) (2)
- Inexplicable weight gain or weight loss
- Irregular bowel motions (eg constipation or diarrhoea) (2)
- Irritable Bowel Syndrome (IBS) (2)
- Itchy bottom
- Itchy, red ears (2)
- Metallic taste in the mouth (2)
- Mouth ulcers (2)
- Nausea
- Persistent need to clear your throat / sore throat (2)
- Post-nasal drip (2)
- Rhinitis (runny nose) (2)
- Sinusitis (2)
- Sneezing - frequent (2)
- Water retention

Sub-total/ maximum = /49

Section Two - Mental, Emotional and Nervous System Symptoms

- Addictions
- Aggressive outbursts
- Attention Deficit Disorder / ADHD (2)
- Anxiety
- Behavioural Problems (2)
- Blankness or momentary difficulty in finding the right word/s (2)
- Blurred vision (2)
- Brain fag (2)
- Changes in handwriting (2)
- Clumsiness (2)
- Confusion
- Constant hunger (2)
- Dark circles under your eyes(2)
- Depression
- Dilated blood vessels in your cheeks and nose (2)
- Dizziness
- Dyslexia (2)
- Fidgeting
- Foggy head (2)
- Food cravings (2)
- Headaches
- Hyperactivity (esp. in children) (2)
- Inability to think clearly (2)
- Insomnia
- Irritability
- Lack of motivation / get up and go
- Migraines (2)
- Mood swings
- Palpitations
- Panic attacks
- Phobias
- Poor concentration
- Racing pulse
- Restless legs syndrome
- Slurred speech
- Spacey (2)
- Tenseness
- Tinnitus (ringing in the ears) (2)
- Uncharacteristic inability to make decisions

Sub-total /maximum = /57

Section Three - Overt Physical Signs and Symptoms

- Abnormal physical weakness or tiredness
- Aching muscles and joints for no good reason (2)
- Arthritis
- Asthma
- Chronic Infections
- Eczema
- Fibromyalgia (diagnosed by a physical therapist or doctor) (2)
- Hives (urticaria) (2)
- Itching (2)
- Painful joints in which the pain moves from one joint to another (2)
- Painful joint that is not associated with excessive use (2)
- Psoriasis (2)
- Rheumatoid Arthritis
- Rough dry skin
- Spots or acne (that is not hormonally related)
- Skin rashes (for no other known reason) (2)
- Wheezing

Sub-total /maximum = /25

WHAT IS YOUR TOTAL SCORE?

Overall Total ____ /131 (Contact Tess on 0410 476984 for an appointment to discuss your score)