**The Food Intolerance Questionnaire**

Do you suffer on a regular basis (i.e.: 3 or more times per 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 |
| Stomach pain |  Yes  |  No |
| Burping after eating certain foods |  Yes  |  No |
| Difficulty losing weight |  Yes  |  No |
| Difficulty gaining weight |  Yes  |  No |
| Bed wetting |  Yes  |  No |
| Excess flatulence |  Yes  |  No |
| Gallbladder issues-difficulty digesting fats |  Yes  |  No |
| Reflux (GERD) |  Yes  |  No |
| Gritty feeling in eyes |  Yes  |  No |
| indigestion |  Yes  |  No |
| Inexplicable weight gain/loss |  Yes  |  No |
| Irregular bowels-diarrhea, constipation |  Yes  |  No |
| Irritable bowel syndrome |  Yes  |  No |
| Inflammatory bowel disease |  Yes  |  No |
| Itchy bottom |  Yes  |  No |
| Itchy red ears |  Yes  |  No |
| Metallic taste in mouth |  Yes  |  No |
| Mouth ulcers |  Yes  |  No |
| nausea |  Yes  |  No |
| Persistent need to clear throat  |  Yes  |  No |
| Chronic sore throat |  Yes  |  No |
| Post nasal drip/runny nose |  Yes  |  No |
| Chronic sinus congestion |  Yes  |  No |
| Sneezing-frequent |  Yes  |  No |
| Water retention |  Yes  |  No |
| Ear infections |  Yes  |  No |

**Section 2-mental, emotional, nervous system symptoms**

|  |  |  |
| --- | --- | --- |
|  **Symptom** |  **Yes-Have Symptoms** |  **No-Have no Symptoms** |
| Addictions  |  Yes  |  No  |
| Aggressive Outbursts |  Yes  |  No  |
| ADD/ADHD |  Yes  |  No  |
| Anxiety |  Yes  |  No  |
| Behavioral issues |  Yes  |  No  |
| Momentarily difficulty finding the right words |  Yes  |  No  |
| Blurred vision |  Yes  |  No  |
| Brain fog |  Yes  |  No  |
| Clumsiness  |  Yes  |  No  |
| Confusion  |  Yes  |  No  |
| Constant hunger  |  Yes  |  No  |
| Dark circles under eyes |  Yes  |  No  |
| Depression  |  Yes  |  No  |
| Dilated blood vessels in cheeks or nose |  Yes  |  No  |
| Dizziness  |  Yes  |  No  |
| Dyslexia  |  Yes  |  No  |
| Fidgeting  |  Yes  |  No  |
| Foggy head  |  Yes  |  No  |
| Food cravings  |  Yes  |  No  |
| Headaches  |  Yes  |  No  |
| Hyperactive  |  Yes  |  No  |
| Inability to think clearly  |  Yes  |  No  |
| insomnia |  Yes  |  No  |
| Irritability  |  Yes  |  No  |
| Lack of motivation  |  Yes  |  No  |
| Migraines  |  Yes  |  No  |
| Mood swing  |  Yes  |  No  |
| Palpitations  |  Yes  |  No  |
| Panic attacks  |  Yes  |  No  |
| Phobias  |  Yes  |  No  |
| Poor concentration  |  Yes  |  No  |
| Racing pulse  |  Yes  |  No  |
| Restless leg syndrome |  Yes  |  No  |
| Slurred speech |  Yes  |  No  |
| Spacey  |  Yes  |  No  |

**Section 3-Overt Physical Signs and Symptoms**

|  |  |  |
| --- | --- | --- |
|  **Symptoms** |  **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  |  Yes  |  No |
| Hives  |  Yes  |  No |
| Itching  |  Yes  |  No |
| Painful joints in which 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 |
| Acne  |  Yes  |  No |
| Wheezing  |  Yes  |  No |
|  |  Yes  |  No |