

FOOD ALLERGY WORKSHEET

Please place a check in the box that applies to you

Finding, symptom, or sign	Never	Rarely	Sometimes, severe	Often, <i>not</i> severe	Often, severe
Nausea & Vomiting					
Diarrhea					
Constipation					
Bloated Feeling					
Belching or passing gas					
Stomach pains or cramps					
Heartburn					
Blood or mucous in stools					
Pains or aches in joints					
Arthritis					
Stiffness, limited movement					
Pains or aches in muscles					
Feeling weak or tired					
Swollen, tender joints					
Growing pains in legs					
Binge eating/drinking					
Craving certain foods					
Excessive weight					
Compulsive eating					
Water retention					
Apathy, lethargy					
Attention deficit					
Fatigue					
Hyperactivity					
Restlessness					
Poor physical coordination					
Stuttering or stammering					
Slurred speech					
Frequent illness					
Frequent or urgent urination					
Genital itch or discharge					
Anal itching					
Mood swings					
Anxiety, fear, nervousness					
Angry, irritable, aggressive					
Argumentative					
Frustrated, often cry					
Depression					
Poor memory					
Difficulty completing projects					
Difficulty with mathematics					
Underachiever in school					
Poor/short attention span					
Confusion					
Easily distracted					
Difficulty making decisions					
Irritable, jittery, moody					
Depressed					
Chronically tired					
Headaches					
Dizziness					
Rashes					
Indigestion					
Mucous in stools					
Foul smelling gas					
Cold sores					
Bad breath					
Burning of eyes					
Post-nasal drip					
Cough					
Nasal itching					
Pressure in ears					
Cravings for candy, sweets					
(Women) Vaginitis, discharge					
(Women) Irregular menses					
(Women) PMS					
Loss of sex drive					