

# Food and Chemical Sensitivity Survey



Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Gender: M / F

Height: Feet \_\_\_\_\_ Inches \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Please list all medications you are currently taking: \_\_\_\_\_

Please complete the following food and chemical sensitivity questionnaire. Score each symptom based upon your experiences over the last 60 days. This survey should be taken again after changes to a nutrition plan or ALCAT Test and prior to reintroduction of "reactive" foods. Typically 3-6 months after initial testing. This comparison will help to assess the success of the eating modification program.

## Symptom Scoring System:

- ○ ○ ○ = No Symptoms (Zero Points)
- ● ○ ○ = Experience Mild Symptoms (One Point)
- ○ ● ○ = Experience Moderate Symptoms (Two Point)
- ○ ○ ● = Severe Symptoms (Three Points)

### Digestive Symptoms

- ○ ○ ○ Stomach Pains or Cramping
- ○ ○ ○ Constipation
- ○ ○ ○ Diarrhea
- ○ ○ ○ Reflux or Heartburn
- ○ ○ ○ Bloating
- ○ ○ ○ Gas
- ○ ○ ○ Nausea or Vomiting

### Weight

- ○ ○ ○ Inability to Lose Weight
- ○ ○ ○ Food Cravings
- ○ ○ ○ Binge Eating
- ○ ○ ○ Water retention

### Sinus/Respiratory

- ○ ○ ○ Stuffy or Runny Nose
- ○ ○ ○ Asthma
- ○ ○ ○ Chest Congestion
- ○ ○ ○ Chronic Cough
- ○ ○ ○ Wheezing
- ○ ○ ○ Frequent Sneezing

### Head/Ears

- ○ ○ ○ Migraines
- ○ ○ ○ Headaches
- ○ ○ ○ Ear Infection
- ○ ○ ○ Ringing in Ears

### Eyes/Throat

- ○ ○ ○ Itchy Eyes
- ○ ○ ○ Watery Eyes
- ○ ○ ○ Sore Throat
- ○ ○ ○ Persistent Canker Sores

### Emotional/Mental

- ○ ○ ○ Depression
- ○ ○ ○ Anxiety
- ○ ○ ○ Mood Swings
- ○ ○ ○ Irritability
- ○ ○ ○ Poor Concentration

### Energy

- ○ ○ ○ Fatigue
- ○ ○ ○ Hyperactivity
- ○ ○ ○ Lethargy
- ○ ○ ○ Restlessness
- ○ ○ ○ Insomnia

### Skin Disorders

- ○ ○ ○ Eczema
- ○ ○ ○ Dermatitis
- ○ ○ ○ Excessive Sweating
- ○ ○ ○ Rashes
- ○ ○ ○ Hives

### Other Symptoms:

- ○ ○ ○ Joint Pain
- ○ ○ ○ Arthritis
- ○ ○ ○ Irregular Heartbeat
- ○ ○ ○ Chest Pains
- ○ ○ ○ Muscle Aches

Please list any symptoms not mentioned above:

\_\_\_\_\_

\_\_\_\_\_

**Total Score:** \_\_\_\_\_

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