Name:_____ Date:_____

**FOOD ALLERGY QUESTIONNAIRE – LESS SEVERE SYMPTOMS**

| | | |
|---|---|---|
| Past___ | Now___ | Headaches |
| Past___ | Now___ | Arthritis |
| Past___ | Now___ | Auto-Immune Disorder_____ |
| Past___ | Now___ | Joint Pain |
| Past___ | Now___ | Eczema |
| Past___ | Now___ | Skin Rash or other disorder of the skin_____ |
| Past___ | Now___ | Asthma |
| Past___ | Now___ | Water retention |
| Past___ | Now___ | Anxiety |
| Past___ | Now___ | Depression |
| Past___ | Now___ | Weight gain |
| Past___ | Now___ | Weight loss |
| Past___ | Now___ | Constipation |
| Past___ | Now___ | Diarrhea |
| Past___ | Now___ | Stomach or abdominal pain |
| Past___ | Now___ | Gas (Flatulence) |
| Past___ | Now___ | Other GastroIntestinal problems_____ |
| Past___ | Now___ | Chronic Infections |
| Past___ | Now___ | Chromic Fatigue |
| Past___ | Now___ | Chronic Runny nose |
| Past___ | Now___ | Chronic Congestion |
| Past___ | Now___ | Ear Infections |
| Past___ | Now___ | Sinus Infections |
| Past___ | Now___ | Mood or Behavioral problems |
| Past___ | Now___ | Bedwetting |