

Private & Confidential

# Diet-Symptom Questionnaire

Reference number

Name Mrs Doe

Male  Female

Address

11 Acacia Avenue

Telephone

Physician's name and address

Date of birth 11-Jan-1970

Weight in kilos 68.0

Height in metres 1.7

- Lifestyle risk factors
- I work in a sealed building
  - I work with chemicals
  - I suffer high stress levels
  - I rarely go outdoors
  - I rarely get much exercise

Daily smoking habits 1-10

Amalgam (silver) tooth fillings 1-4

Current medications  Beta-blockers

(If in doubt, check with your doctor)  Contraceptive pill or HRT

- Pain-killers
- Anti-inflammatory steroids
- Others (specify)

Antibiotics history Occasional past use

Have you had surgery to remove gall-bladder, stomach or intestines?

YES  NO

What illnesses run in the family?

Current health problems 1) Fatigue

2) IBS

3)

4)

What helps these problems?

What makes them worse?

## Women Only

Number of pregnancies 1-2

Are you pregnant now?

Breastfeeding?

Are you prone to miscarriages?

## Your Eating Habits (everyone)

Honesty is essential. Please complete this section carefully.

Alcoholic drinks per week 8-14

Portions of red meat per week 4-7

Portions of white meat per week 1-3

Portions of fish or seafood per week 0

Portions of dairy items per week 4-7

Number of eggs per week 1-3

Portions vegetable protein per week 1-3

Portions deep-fried food per week 1-3

Pre-cooked reheated meals/week 1-3

Portions canned or instant food/week 1-3

Sweet flour or cereal items/week 4-7

Portions of ice cream per week 1-3

Portions of other desserts/week 1-3

Chocolate or candy bars/week 4-7

Bags of crispy snacks per week 1-3

Tbsps of oil per week 4-7

Use of margarine per week 1-7

Use of butter per week 1-7

Glasses of water per day 0

Soft drinks per day 1-2

Cups of tea or coffee per day 4-6

Spoons of sugar per day 5-10

Artificial sweeteners per day 0

Portions fresh vegetables per day 1-2

Portions fresh fruit per day 1

Portions whole-grain items per day 0

Portions white flour items per day 3

Salt consumption Medium

Additional information, including use of supplements

Please tick any symptoms below which seem *particularly* to apply to you in recent times

### Eyes

- Focussing problem in bad light   
 Always sore, dry or bloodshot   
 Very sensitive to bright lights

### Ears

- Persistent itching in ears   
 Deafness

### Skin and Fingernails

- Spotty skin (acne)   
 Dry, flaky skin   
 Persistent dandruff   
 Pale skin   
 Itchy red patches   
 Eczema   
 Sore, raw tongue   
 Cracked lips   
 Sores that won't heal   
 Split or brittle fingernails   
 White-spotted fingernails   
 Easy bruising   
 Burning sensations

### Immune System

- Frequent colds or infections   
 Persistent thrush (yeast)

### Muscles

- Cramps, twitching or spasms   
 Weakness   
 Pain   
 Muscles knotted—won't relax

### Circulation

- Tendency to high cholesterol   
 Irregular heartbeats   
 Palpitations   
 Feet or hands always cold   
 Hot flushes   
 Bleeding gums

### Hormones

- Premenstrual symptoms   
 Painful menstrual periods   
 Heavy periods   
 Absence of periods  (before menopause)  
 Breast tenderness   
 Enlarged prostate   
 Dizzy, shaky or headache if you miss a meal   
 Disproportionate weight gain

### Brain & Nervous System

- "Spaced-out" feeling   
 Deteriorating co-ordination   
 Deteriorating memory

- Increasing confusion   
 Mood swings   
 Poor concentration   
 Tremors   
 Easily startled   
 Nervousness   
 Panic or anxiety attacks   
 Insomnia   
 Depression   
 Irritability   
 Psychiatric problems   
 Hyperactivity

### Bones

- Pain and tenderness   
 Brittleness (osteoporosis)

### Miscellaneous

- Easy exhaustion   
 Breathlessness   
 Poor appetite   
 Poor sense of taste or smell   
 Constipation   
 Gall bladder problems   
 Great thirst   
 Heartburn

### Food Intolerance Symptoms

- Chronic fatigue or drowsiness   
 Head feels "foggy"   
 Sudden unprovoked aggression   
 Skin rashes   
 Frequent severe headaches   
 Chronic diarrhoea   
 Tummy griping or mucus discharge   
 Painful or tender joints   
 Frequently congested sinuses   
 Fluid retention   
 Chronic catarrh   
 Wheezing   
 Dark colour under eyes   
 Tummy discomfort gas & bloating

### Detoxification Issues

- Feels "hung-over" despite no alcohol   
 Often slightly nauseous   
 Psoriasis   
 Yellowish skin or eyes   
 Great lethargy   
 Bad reactions to chemicals   
 Unwell after coffee or a little alcohol   
 Tenderness under right-hand ribs   
 Premenstrual mood changes   
 History of breast or uterus cysts, tumours, fibroids, endometriosis   
 Ever abused drugs or alcohol?