

## Symptoms Inventory for Food Allergy-Sensitivity

Date Wellness Program started:

Followed Wellness Program: Exactly Mostly Hardly Never

Enter Total Score (total of all totals) and use to compare with future inventory:

| Symptom (Sx) Scale: 1=Never 2=Occasionally 3=Occasionally w/ severe Sx 4=Frequently 5=Frequently w/ severe Sx |                            |  |                      |  |                       |  |                              |
|---|----------------------------|--|----------------------|--|-----------------------|--|------------------------------|
|   | <b>HEAD</b>                |  | <b>EARS</b>          |  | <b>NOSE</b>           |  | <b>EYES</b>                  |
|   | Headaches                  |  | Itchy                |  | Stuffy                |  | Watery                       |
|   | Dizziness                  |  | Earaches/Infections  |  | Red/Inflamed          |  | Itchy                        |
|   | Sleep disorders            |  | Ringing in ears      |  | Sinus problems        |  | Red/Swollen                  |
|   | Face flushing              |  | Hearing loss         |  | Hay fever             |  | Dark circles                 |
|   |                            |  | Reddening of ears    |  | Sneezing              |  | Blurry vision                |
|   | <b>TOTAL</b>               |  | <b>TOTAL</b>         |  | <b>TOTAL</b>          |  | <b>TOTAL</b>                 |
|   |                            |  |                      |  |                       |  |                              |
|   | <b>MOUTH &amp; THROAT</b>  |  | <b>SKIN</b>          |  | <b>DIGESTION</b>      |  | <b>ENERGY</b>                |
|   | Chronic cough              |  | Acne                 |  | Nausea                |  | Lethargic                    |
|   | Clear throat often         |  | Itching              |  | Diarrhea              |  | Fatigue                      |
|   | Sore throat                |  | Hives/Rash           |  | Constipation          |  | Hyperactive                  |
|   | Swollen Lips               |  | Dry skin             |  | Bloated feeling       |  | Restlessness                 |
|   | Canker sores               |  | Hot flashes          |  | Stomach               |  |                              |
|   | Itching                    |  |                      |  | Vomiting              |  |                              |
|   | Hoarse/Loss voice          |  |                      |  | Blood/Mucus in stool  |  |                              |
|   | <b>TOTAL</b>               |  | <b>TOTAL</b>         |  | <b>TOTAL</b>          |  | <b>TOTAL</b>                 |
|   |                            |  |                      |  |                       |  |                              |
|   | <b>MUSCLE &amp; JOINTS</b> |  | <b>EMOTIONS</b>      |  | <b>WEIGHT</b>         |  | <b>MIND</b>                  |
|   | Arthritis                  |  | Mood swings          |  | Underweight           |  | Poor memory                  |
|   | Stiffness                  |  | Anxiety/fear         |  | Binge eating          |  | Learning disabilities        |
|   | Pain/Ache in joints        |  | Irritable/aggressive |  | Craving certain foods |  | Difficulty completing a task |
|   | Pain/Ache in muscles       |  | Cries easily         |  | Compulsive eating     |  | Short attention span         |
|   | Weak or tired              |  | Depressed            |  | Overweight            |  | Confusion                    |
|   | Growing pains              |  |                      |  | Water retention       |  |                              |
|   | <b>TOTAL</b>               |  | <b>TOTAL</b>         |  | <b>TOTAL</b>          |  | <b>TOTAL</b>                 |
|   |                            |  |                      |  |                       |  |                              |
|   | <b>HEART</b>               |  | <b>LUNGS</b>         |  |                       |  |                              |
|   | Irregular                  |  | Congestion           |  |                       |  |                              |
|   | Rapid                      |  | Persistent cough     |  |                       |  |                              |
|   | Chest pain                 |  | Asthma/Bronchitis    |  |                       |  |                              |
|   | Chest pounding             |  | Shortness of breath  |  |                       |  |                              |
|   |                            |  | Wheezing             |  |                       |  |                              |
|   | <b>TOTAL</b>               |  | <b>TOTAL</b>         |  |                       |  |                              |