

Food and Chemical Sensitivity Questionnaire

This questionnaire is to help ascertain your relative **sensitivity** to foods, food additives, and spices; prescription medications; over-the-counter medications and cosmetics; nutritional supplements and herbs; and environmental allergens and pollutants.

Sensitivities and intolerances are not necessarily allergies but are simply any undesirable reaction that you may have to the chemicals you ingest or are exposed to. Sensitivity reactions may include any of the following symptoms or reactions or any identifiable undesirable effect, including: gastrointestinal upset, gas, bloating, acid reflux, constipation, diarrhea, cramping, nausea, vomiting, dry mouth, urinary difficulty or changes in urine color or smell; runny nose, nasal congestion, difficulty breathing, wheezing, sneezing, coughing, scratchy throat, watery eyes; headache, muscle or joint aches or weakness or stiffness, fatigue, hyperactivity, difficulty sleeping, anxiety or depression, brain fog or loss of attention or concentration, vision or vision perception changes or increased light sensitivity, other sensory perception changes (auditory, taste, smell, tactile), tingling or heat or burning sensations, heat intolerance, dizziness, changes in heart rate; skin rashes or bumps, itching, acne, redness, swelling, dark circles around the eyes, changes in body odor or perspiration.

In each of the categories below, list all the known or suspected items that you believe you are sensitive to using the above symptoms and reactions as a guide. Be as specific as you can, but if you are not sure, note the general type of food or drug that you believe may be a culprit.

After identifying the specific items, please rank your total perceived sensitivity to each category, *even if you did not list any specific items*, as follows:

- **Sensitive** (You **frequently** have undesirable reactions to this category of substances when exposed.)
- **Average** (You **occasionally** have undesirable reactions to this category of substances when exposed.)
- **Tolerant** (You **rarely** have undesirable reactions to this category of substances when exposed.)

Categories: (List all known or suspected sensitivities and rank each category)

1. Foods/Food Additives/Spices

Foods: (Common sensitivities include: Dairy, Gluten, Soy, Eggs, Nuts, Shellfish)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Your total perceived sensitivity to **foods** (circle):
Sensitive/Average/Tolerant

Food Additives: (Natural food components like oxalate *or* added preservatives, sulfites, nitrites, dyes, MSG, artificial sweeteners, etc.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Your total perceived sensitivity to **food additives** (circle):
Sensitive/Average/Tolerant

Spices: (Salt, pepper, garlic, basil, curry, mustard, or any suspected spice)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Your total perceived sensitivity to **spices** (circle):
Sensitive/Average/Tolerant

2. Prescription Medications (List all with experienced or perceived reactions or undesirable side effects or known allergic reactions.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Your total perceived sensitivity to **medications** (circle):
Sensitive/Average/Tolerant

**3. OTC Medications (Aspirin, Advil, Aleve, cold remedies, stomach acid reducers, antihistamines, decongestants, topical creams, cosmetic ingredients, cleansers, deodorants, etc.)
&
Cosmetics**

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Your total perceived sensitivity to **OTC meds/cosmetics** (circle):
Sensitive/Average/Tolerant

4. Nutritional Supplements (Vitamins, Minerals, Amino Acids, Phytochemicals, Nutraceuticals, Herbs)
Vitamins/Minerals/Amino Acids/Phytochemicals (Antioxidants, Lutein, etc.)/Nutraceuticals (CoQ10, Enzymes, etc.): do not include herbs here

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Your total perceived sensitivity to **nutritional supplements**, excluding herbs (circle): **Sensitive/Average/Tolerant**

Herbs (Ginger, Turmeric, Ginseng, St. John's Wort, Black Cohosh, etc.):

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Your total perceived sensitivity to **herbs** (circle):
Sensitive/Average/Tolerant

5. Environmental Substances (Dust, pollen, pet dander, ozone, insect bites, smoke or smog or fumes, etc.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Your total perceived sensitivity to **environmental substances** (circle):
Sensitive/Average/Tolerant