

APPENDIX II

SYMPTOMS THAT MAY BE ATTRIBUTABLE TO ALLERGY

Name _____ Date _____

Circle the extent to which you experience the following symptoms, leaving blank any that you do not experience, with 1 indicating that you seldom experience it and 5 indicating that it is troublesome to you most of the time.

Head

- | | | | | | |
|---|---|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 | Headache |
| 1 | 2 | 3 | 4 | 5 | Migraine |
| 1 | 2 | 3 | 4 | 5 | Sick headaches |
| 1 | 2 | 3 | 4 | 5 | Pressure |
| 1 | 2 | 3 | 4 | 5 | Throbbing |
| 1 | 2 | 3 | 4 | 5 | Stiff neck |
| 1 | 2 | 3 | 4 | 5 | Stabbing |

Eyes

- | | | | | | |
|---|---|---|---|---|--------------------------------|
| 1 | 2 | 3 | 4 | 5 | Redness, itching |
| 1 | 2 | 3 | 4 | 5 | Blurred vision |
| 1 | 2 | 3 | 4 | 5 | Sandy or gritty feeling |
| 1 | 2 | 3 | 4 | 5 | Seeing spots or lights |
| 1 | 2 | 3 | 4 | 5 | Dark rings under the eyes |
| 1 | 2 | 3 | 4 | 5 | Double vision (comes and goes) |
| 1 | 2 | 3 | 4 | 5 | Watering of eyes |

Ears

- | | | | | | |
|---|---|---|---|---|--------------------------------------|
| 1 | 2 | 3 | 4 | 5 | ringing in the ears |
| 1 | 2 | 3 | 4 | 5 | Hearing loss |
| 1 | 2 | 3 | 4 | 5 | Itching and redness of the outer ear |
| 1 | 2 | 3 | 4 | 5 | Recurrent ear infections |
| 1 | 2 | 3 | 4 | 5 | Earache |

Nose, throat and mouth

- | | | | | | |
|---|---|---|---|---|-------------------------|
| 1 | 2 | 3 | 4 | 5 | Metallic taste in mouth |
| 1 | 2 | 3 | 4 | 5 | Mouth ulcers |
| 1 | 2 | 3 | 4 | 5 | Frequent sore throats |
| 1 | 2 | 3 | 4 | 5 | Post-nasal drip |
| 1 | 2 | 3 | 4 | 5 | Stuffy nose |

Nose, throat and mouth (cont'd)

	2	3	4	5	Sinusitis
	2	3	4	5	Swelling of mouth, lips or eyes
	2	3	4	5	Stiffness of throat or tongue
	2	3	4	5	Sneezing

Skin

	2	3	4	5	Eczema
	2	3	4	5	Hives (urticaria)
	2	3	4	5	Rash
	2	3	4	5	Itching, dryness
	2	3	4	5	Blotches
	2	3	4	5	Excessive perspiration unrelated to exercise
	2	3	4	5	Chilblains

Cardiovascular

	2	3	4	5	Rapid or irregular pulse
	2	3	4	5	Chest pain
	2	3	4	5	Palpitations, especially after eating
	2	3	4	5	Tight chest
	2	3	4	5	Pain on exercise (angina)
	2	3	4	5	Elevated blood pressure

Lungs

	2	3	4	5	Tightness in chest
	2	3	4	5	Wheezing
	2	3	4	5	Hyperventilation
	2	3	4	5	Coughing
	2	3	4	5	Poor respiratory function

Musculoskeletal

	2	3	4	5	Swollen, painful joints
	2	3	4	5	Aching muscles
	2	3	4	5	Muscular spasm
	2	3	4	5	Shaking (especially on waking)
	2	3	4	5	Cramps
	2	3	4	5	Fibromyalgia
	2	3	4	5	Restless legs

Gastrointestinal

1	2	3	4	5	Nausea
1	2	3	4	5	Diarrhoea
1	2	3	4	5	Constipation
1	2	3	4	5	Variability of bowel function
1	2	3	4	5	Abdominal bloating
1	2	3	4	5	Flatulence
1	2	3	4	5	Burping
1	2	3	4	5	Gastric reflux
1	2	3	4	5	Abdominal distress

Genito-urinary

1	2	3	4	5	Premenstrual tension (for women)
1	2	3	4	5	Menstrual difficulties (for women)
1	2	3	4	5	Frequency of urination
1	2	3	4	5	Urgency of urination
1	2	3	4	5	Burning urination
1	2	3	4	5	Genital itch
1	2	3	4	5	Bedwetting

Nervous system

1	2	3	4	5	Difficulty thinking clearly
1	2	3	4	5	Memory loss
1	2	3	4	5	Insomnia
1	2	3	4	5	Difficulty waking up
1	2	3	4	5	Cranky on waking

Overactive mental state

1	2	3	4	5	Irritability
1	2	3	4	5	Tenseness
1	2	3	4	5	Anxiety
1	2	3	4	5	Panic attacks
1	2	3	4	5	Overactivity
1	2	3	4	5	Restlessness
1	2	3	4	5	Destructiveness
1	2	3	4	5	Uncontrollable rage

Depressed mental state

- I 2 3 4 5 Melancholy or low mood
- I 2 3 4 5 Depression
- I 2 3 4 5 Tearfulness
- I 2 3 4 5 Feeling withdrawn
- I 2 3 4 5 Lack of confidence
- I 2 3 4 5 Confusion

Other symptoms

- I 2 3 4 5 Being over- or under-weight
- I 2 3 4 5 Fluctuating weight
- I 2 3 4 5 Sudden tiredness after eating
- I 2 3 4 5 Sudden chills after eating
- I 2 3 4 5 Vertigo
- I 2 3 4 5 Suddenly feeling unwell
- I 2 3 4 5 Feeling unwell all over
- I 2 3 4 5 Feeling totally drained and exhausted
- I 2 3 4 5 Swelling around eyes, hands, abdomen or ankles

Additional questions

Are there any particular foods or drinks that you would find it difficult not to have every day?

Do you have any strong favourites as foods or drinks or foods that you crave?

Are there any particular foods or drinks that you would find it difficult not to have every day?

Are there any particular foods or drinks that you would say you are sensitive to?
