

QUEEN CITY EAR, NOSE & THROAT ASSOCIATES, INC.

MARK D. DEUTSCH, M.D.

ERIC L. SCHWETSCHENAU, M.D.

S. GEORGE LESINSKI, M.D.

ROBERT MALTZ, M.D.

(513) 793-9600

800-582-0031

Fax (513) 793-4928

FOOD ALLERGY NUTRITIONAL QUESTIONNAIRE

NAME _____ DATE _____

Please read each question carefully. Then circle YES OR NO to indicate your answer. If yes, explain.

- YES NO 1. Are there any foods or beverages that you (a) crave or (b) eat frequently
List: (a) _____ (b) _____

- YES NO 2. Are there any foods or beverages that you dislike?
List: _____
- YES NO 3. Are you awakened between the hours of 1:00 AM and 5:00 AM with the following symptoms: headache, dizziness, stomach cramps, bloating, or dry cough? (Circle which.)
- YES NO 4. Do you or any member of your family have hay fever, asthma, hives, chronic skin condition, migraine headaches or colitis? (Circle which.)
- YES NO 5. During childhood did you have any of the following: eczema, hay fever, asthma, food feeding problems? (Circle which.)
- YES NO 6. Do you ever have itching of the skin, palate, or roof of your mouth, or skin rash? (Circle which.)
- YES NO 7. Do you frequently notice swelling of your ankles, feet, hands, or face? (Circle which.)
- YES NO 8. Do you have marked fatigue two to three hours after meals?
- YES NO 9. Do you eat snacks frequently between meals? List examples.

- YES NO 10. Do you have excessive chilling when a sudden change in temperature occurs?
- YES NO 11. Do you have frequent headaches or "migraine"?
- YES NO 12. Do you experience belching, abdominal distention, bloating, or cramps following meals?
- YES NO 13. Have you noticed numbness of the face, arms, or legs at periodic intervals for no apparent cause?
- YES NO 14. Do you have drowsiness, headache, or bloating following the ingestion of a cocktail, glass of beer, or glass of wine? (Circle which.)
- YES NO 15. Do you have alternating constipation or diarrhea?
- YES NO 16. Do you have joint or muscle pain or stiffness?
- YES NO 17. Do you have fluctuating vision?
- YES NO 18. Do you have recurring fungal infections (vaginitis, athlete's foot, jock itch, or ringworm)?