

Quick Quiz

To rate yourself **Print** this page now and complete:

1. Do you suffer from any of these:

Symptom	Tick if Yes
Bloated stomach?	<input type="checkbox"/>
Yeast infection eg. Tinea or Candida?	<input type="checkbox"/>
Embarrassing flatulence?	<input type="checkbox"/>
Stomach pain?	<input type="checkbox"/>
Lacking in energy?	<input type="checkbox"/>
Nausea?	<input type="checkbox"/>
Diarrhea?	<input type="checkbox"/>
Chronic tiredness?	<input type="checkbox"/>
Persistent cough?	<input type="checkbox"/>
Hives, flaking skin or rash?	<input type="checkbox"/>
Cravings?	<input type="checkbox"/>
Moodiness?	<input type="checkbox"/>
Severe headache?	<input type="checkbox"/>
Mouth ulcer?	<input type="checkbox"/>
Fluid retention?	<input type="checkbox"/>
Low iron?	<input type="checkbox"/>
Asthma?	<input type="checkbox"/>
Sinus pain?	<input type="checkbox"/>

2. In a typical week how do these symptoms impact your lifestyle?

Effect of symptoms	Tick if Yes
Bring pain or discomfort?	<input type="checkbox"/>
Cause embarrassment?	<input type="checkbox"/>
Create inconvenience?	<input type="checkbox"/>
Cost you money? (e.g. medications)	<input type="checkbox"/>
Take up your time?	<input type="checkbox"/>
Limit your activities?	<input type="checkbox"/>
Stop you being your best?	<input type="checkbox"/>

Further questions

Tick if Yes

3. Are these chronic symptoms? (Have you had them for months or years?)
4. Do symptoms appear at certain times of the day eg. mornings or evenings?
5. Are you concerned about the effect on your health?
6. Do other family members also suffer with symptoms like these?
7. Are you concerned about the effect on their health?

Your score

- How many times did you answer 'Yes'?
- **Print** this page now. Then write your score out of **30** here: _____

Your score	Rating	Comments	References
< 5	Symptoms under control or not food intolerant	Already eating right for your condition, but need to remain aware of traps.	<input type="checkbox"/> For lifestyle tips look at the <u>Compleat Guides</u> and the <u>Recipe Collection</u> <input type="checkbox"/> Or pass this on to someone else. <input type="checkbox"/> <u>Refer a friend</u>
6 – 12	Probable food intolerance.	Food intolerance could be causing your symptoms. Find out how to get relief.	<input type="checkbox"/> See the <u>Symptoms Matrix</u> . <input type="checkbox"/> <u>Learn About</u> and the <u>Health risks</u> <input type="checkbox"/> <u>Difference Between</u> pages, then <input type="checkbox"/> <u>The Food Sensitive Life</u>
13 - 20	Very likely to have food intolerance.	Food intolerance is known to become worse with age. Avoid long-term health problems by exploring food intolerance.	<input type="checkbox"/> See the <u>Symptoms Matrix</u> . <input type="checkbox"/> <u>Health risks</u> <input type="checkbox"/> Then read <u>Food Allergy</u> and the <u>Learn About</u> and <u>Difference Between</u> pages. <input type="checkbox"/> Then <u>The Food Sensitive Life</u> and <u>The Tuesday Club titles</u>
21 - 30	Possible <i>multiple</i> food intolerances.	<i>Get control of your life!</i> Avoid serious possible health problems in later years. Consult your doctor. Then investigate food intolerance.	<input type="checkbox"/> <u>Health risks</u> <input type="checkbox"/> See the <u>Symptoms Matrix</u> . <input type="checkbox"/> Then read <u>Food Allergy</u> <input type="checkbox"/> <u>Learn About</u> and <u>Difference Between</u> pages. <input type="checkbox"/> Then <u>The Food Sensitive Life</u> and <u>The Tuesday Club titles</u>

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