

GASTROINTESTINAL SYMPTOM QUESTIONNAIRE

Please tick any of the following you currently eat or drink more than once per week (or if you have changed your diet since diagnosis, tick what you had PRIOR to diagnosis, when symptoms were worse):

- | | | | |
|------------------------------------|---|---|--|
| <input type="radio"/> Dried Fruit | <input type="radio"/> Cauliflower / Broccoli | <input type="radio"/> Milk Powder | <input type="radio"/> Wheat Pasta |
| <input type="radio"/> Honey | <input type="radio"/> Nuts | <input type="radio"/> Yoghurt – Regular | <input type="radio"/> Wheat Biscuits / Crackers |
| <input type="radio"/> Apples | <input type="radio"/> Tomato | <input type="radio"/> Yoghurt – Soy | <input type="radio"/> Wheat Muesli |
| <input type="radio"/> Pears | <input type="radio"/> Olives | <input type="radio"/> Hard Cheese (cheddar or parmesan) | <input type="radio"/> Gluten Free Bread |
| <input type="radio"/> Peaches | <input type="radio"/> Vinegar | <input type="radio"/> Ricotta or Cottage Cheese | <input type="radio"/> Wheat Free Rye Bread |
| <input type="radio"/> Apricots | <input type="radio"/> Sauerkraut | <input type="radio"/> Ice-cream | <input type="radio"/> Wheat Free Muesli |
| <input type="radio"/> Strawberries | <input type="radio"/> Baked Beans | <input type="radio"/> Sorbet | <input type="radio"/> Eggs |
| <input type="radio"/> Fruit Juice | <input type="radio"/> Chickpeas | <input type="radio"/> Potato Crisps | <input type="radio"/> Sausages – regular |
| <input type="radio"/> Canned Fruit | <input type="radio"/> Lentils | <input type="radio"/> Hot Potato Chips/Fries | <input type="radio"/> Sausages – gluten free |
| <input type="radio"/> Avocado | <input type="radio"/> Legumes (canned or dried) | <input type="radio"/> “Extra” Chewing Gum | <input type="radio"/> Ham / Bacon |
| <input type="radio"/> Onion | <input type="radio"/> Curry powder or paste | <input type="radio"/> “Diet” Confectionery or Choc | <input type="radio"/> Fish or shellfish |
| <input type="radio"/> Leeks | <input type="radio"/> Coconut milk/cream | <input type="radio"/> Confectionery | <input type="radio"/> Coffee |
| <input type="radio"/> Spring Onion | <input type="radio"/> Cow’s Milk | <input type="radio"/> Chocolate | <input type="radio"/> Black Tea / Green Tea |
| <input type="radio"/> Garlic | <input type="radio"/> Lactose Free Milk | <input type="radio"/> Soy sauce | <input type="radio"/> Chocolate drink |
| <input type="radio"/> Green Beans | <input type="radio"/> Soy Milk | <input type="radio"/> Wheat Bread or Flour | <input type="radio"/> Diet soft drink or cordial |
| <input type="radio"/> Cabbage | <input type="radio"/> Sheep or Goat Milk | | <input type="radio"/> Alcohol (specify) _____ |

Please list any foods that you have already identified cause you symptoms, or may be triggers:
