

## ECOLOGICAL QUESTIONNAIRE ALLERGY/SENSITIVITY, TOXICITY, DYSBIOSIS, INFECTIONS & EMF

NAME .....

DATE .....

This questionnaire is divided into three sections to assess both past and present:

1. Allergies, sensitivities, intolerances and adverse reactions that you may or *may not* be aware of
2. Your exposure to toxic substances & electromagnetic radiation
3. Possible or actual chronic infections and bowel flora imbalance (dysbiosis).

Please do not fill in this questionnaire in a rush - it's usefulness will depend on the time and consideration you give to answering the questions carefully. The task of identifying the factors that are contributing to your ill health usually requires a fair amount of detective work - and the clues are not always obvious and may be easily overlooked. From the point of view of allergy, it is possible to be sensitive to literally anything and regarding toxins, most of the time we are not aware of the toxins we are exposed to or their potential relevance - hence the lists below are long, but nevertheless restricted. This questionnaire does not replace the need for a careful medical history being taken by someone experienced in these fields. It is vital to have the details of all your symptoms, when they started, how and when they have changed and then view them together within the context of the whole picture. Please add anything, in the appropriate section, that may be relevant, but missing from the lists. Remember to record not only your current sensitivities and exposures, but also those in the past, indicating when they occurred.

### ALLERGIES, SENSITIVITIES & INTOLERANCES

#### INSTRUCTIONS

- Tick the check box and circle/highlight anything that you know you react (or have reacted) to, *however mild the reaction*.
- Add the name of anything else (in the relevant sections) that you do/have reacted to if they are not included in the lists.
- Detail what form the reaction takes, eg.:
  - Local redness, heat, swelling, pain, tenderness, blistering, discharge, pus
  - Fever, loss of appetite, rash, breathlessness, headache, nausea, dizziness, faintness, abdominal pain, diarrhoea, constipation, lymph gland swelling or pain, fluid retention (puffy face, hands, feet), etc.
  - Drowsiness, malaise, fatigue, insomnia, changes in mood (eg. depression, anxiety, irritability), behaviour (eg. restlessness, clumsiness) or mind (eg. confusion, forgetfulness, brain fog).
- If there is not enough room, and you react to a number of substances in a section in a different ways - put a number next to the substance and add numbered notes at the end.

- Indicate the degree of severity of reaction with 'pluses' above the substance:
  - 1.± Minimal/trivial - no effect on daily living
  - 2.+ Mild - minimal or no effect on daily living
  - 3.++ Moderate - substantial effect daily living
  - 4.+++ Severe - making normal daily living very difficult or impossible
  - 5.++++ Very severe - completely incapacitating

## DRUGS & OTHER MEDICATIONS

**Have you ever had any REACTION to any drugs, medications, herbs, supplements, remedies, etc?** *Tick each question to which your answer is 'yes'. Leave blank if your answer is 'no'. Circle or highlight those that apply and add any that are missing. Detail all effects/symptoms experienced.*

- Antibiotics: Penicillin, etc. ....
- Contraceptive pill, HRT, Progestogens, etc. (eg. mood changes, mental dullness, weight gain, fluid retention, breast discomfort/swelling, reduction in libido, headache, leg pains, etc. ....
- NSAIs: Aspirin, salicylates, ibuprofen, etc. ....
- Antimalarials: Larium, Chloroquine, etc. ....
- General anaesthetics .....
- Local anaesthetics: with/ without adrenaline .....
- Blood pressure (antihypertensives), statins, etc. ....
- Antidepressants, tranquillisers, etc. ....
- Other drugs .....
- Herbal/botanical remedies .....
- Nutritional supplements .....
- Homeopathic remedies .....
- Others .....
  
- Have you ever had any long lasting/persistent symptoms following any medications? Please detail: .....
- Have any of your problems started or worsened during or soon after any medications? Please detail: .....

## IMMUNISATIONS /VACCINATIONS

**Have you ever had any REACTION to any immunisations / vaccinations?** *Type of reactions vary widely, but include: Inflammation (redness, heat, swelling, tenderness, pain) at the injection site, fever, feeling generally unwell (malaise), tiredness, convulsions, onset or triggering of a problem, eg. eczema, asthma, other allergies, headaches. Tick each question to which your answer is 'yes'. Leave blank if your answer is 'no'. Circle or highlight those that apply and add any that are missing. Detail all effects/symptoms experienced.*

- Diphtheria, Whooping cough, Tetanus, DPT, Polio .....
- Measles, Mumps, Rubella, MMR .....
- HIB, Meningitis C, etc. ....
- BCG .....
- Smallpox .....
- Influenza .....
- Hepatitis A, Hepatitis B .....
- Typhoid, Cholera, Yellow fever, Rabies, Japanese encephalitis .....
- Others .....
- .....
- Have you ever had any long lasting / persistent symptoms following any immunisations? Please detail: .....
- .....
- Have any of your problems started or worsened during or soon after any immunisations? Please detail: .....
- .....

## FOODS & DRINKS

*Tick each question to which your answer is 'yes'. Leave blank if your answer is 'no'. Circle or highlight those that apply and add any that are missing. Detail all effects/symptoms experienced.*

### **Do you suffer from or have any of the following symptoms or features:**

- Undue fatigue, lethargy, malaise
- Fast beating heart / palpitations
- Bouts of sweating for no obvious reason (during day or night)
- Fluid retention: swelling / puffiness of ankles, fingers, eyes, face, abdomen, etc
- Rapid fluctuations in weight: Between ..... & .....
- Overweight Current weight ..... Height .....
- Food cravings of any sort (past or present)? Details .....
- .....
- Restless legs
- Headaches / migraines
- Symptoms or feeling particularly bad - first thing in the morning, details .....
- Symptoms or feeling much worse - if you miss or are late for a meal, details .....
- Symptoms that improve after eating, details .....
- Symptoms or feeling worse after eating, details .....
- Are there any foods that you avoid?
  - Because they upset you (please detail on food lists below)
  - Because you strongly dislike them .....
- Food allergies & sensitivities that you are aware of, now or in the past (please details on food lists below)
- Symptoms that have improved or disappeared or you felt a lot better in general, when you have tried special diets or fasted or stopped eating (eg. during gastroenteritis), details .....
- .....

**Do you REACT TO any foods, drinks or additives - in any way at all - produce symptoms or make you feel worse?** Tick each checkbox that applies and leave blank those that don't; circle or highlight those items to which you react and add any that are missing. Detail all effects/symptoms experienced. The food items are mostly listed in their natural botanical families because it is frequent to find sensitivities to more than one food in a food family - and therefore worth suspecting when it is not apparent.

- Wheat, rye, barley, oats, corn (maize), rice, millet, sugarcane sugar .....
- .....
- Milk, cheese, butter, cream, yogurt, ice cream .....
- Cow, goat, sheep, buffalo .....
- Beef, lamb, pork, veal, etc. ....
- Offal: liver, kidney, heart, brain, etc. ....
- Chicken, turkey, game .....
- Egg: white/yolk .....
- Fish .....
- Crustaceans: crab, lobster, shrimp, prawn, etc. ....
- Molluscs: mussels, oysters, cockles, winkles, etc. ....
- Pulses/beans: haricot (kidney, "baked beans"), flageolets, French, green, runner, snap, string .....
- .....
- Pea, soya, lima, lentil, chick pea (gram), mung, broad, butter, black-eye, mangetout, alfalfa, lupin .....
- .....
- Liquorice, carob, fenugreek, tamarind, Morton Bay chestnut .....
- .....
- Potato, tomato, aubergine, peppers (capsicum: red, yellow, green), chilli, cayenne, paprika, pimento, ground cherries, tomatillo (jamberry), Cape gooseberry, huckleberry .....
- .....
- Onion, garlic, shallot, spring onion, chive, leek. Asparagus .....
- .....
- Cucumber, pumpkin, melon, courgette, watermelon, squash, gherkin, marrow .....
- .....
- Spinach, swiss chard, sugarbeet (Silver Spoon sugar), beetroot, quinoa .....
- .....
- Cabbage, cauliflower, Brussel sprouts, broccoli, kale. Mustard, radish, turnip, horseradish, watercress, calabrese, cress, swede, seakale, rocket, rapeseed, rutabaga, chinese greens .....
- .....
- Carrot, parsnip, celery, anise, parsley, caraway, celeriac, dill, coriander, fennel, cumin, chervil, lovage, celery seed, angelica, samphire, sweet cicely .....
- .....
- Chicory, dandelion, tarragon, lettuce, alecost, sunflower, cardoon, wormwood, chamomile, Jerusalem artichoke, endive, globe artichoke, sesame, safflower, chinese leaves, salsify, scorzonera, feverfew .....
- .....
- Mushroom, edible toadstools, puffball, truffle, morel, chanterelle, mycoprotein, Quorn. ....
- .....
- Yeast: bakers/brewers .....

- Apple, pear, quince, japonica, medlar, loquat, crab apple, rowan, azarole, rosehip, salad burnet, service tree (sorbitol) .....
- Plum, prune, peach, cherry, apricot, almond, nectarine, sloe, damson, bullace, greengage .....
- .....
- Blackberry, boysenberry, cloudberry, dewberry, loganberry, raspberry, wineberry; strawberry, rose hip .....
- .....
- Lemon, grapefruit, tangerine, orange, satsuma, lime, mandarin, citron, kumquat, ugli fruit, clementine .....
- .....
- Blueberry, cranberry, bilberry .....
- Gooseberry, blackcurrant, red currant, white currant .....
- Grape, raisin, sultana, currant, cream of tartar .....
- Fig, mulberry, breadfruit, jackfruit, hops .....
- Banana, plantain .....
- Coconut, date, sago, palm oil .....
- Avocado, cinnamon, bay leaf .....
- Mint, peppermint, spearmint, thyme, marjoram, basil, oregano, sweet basil, summer savory, winter savory, sage, rosemary, lemon balm, bergamot, hyssop .....
- Comfrey, Borage .....
- Buckwheat, rhubarb, sorrel .....

#### MIXED FOOD / DRINK FAMILIES

- Alcohol: wine, beer, lager, cider, sherry, brandy, whiskey, rum, gin, vodka, etc. ....
- .....
- Nuts: Brazil, almond, peanut, hazel, walnut, pecan, coconut, macadamia, chestnut, pine nut, pistachio, cashew .....
- .....
- Seeds: sunflower, pumpkin, sesame, poppy, flax/linseed, etc. ....
- .....
- Sugars, sweet things, puddings, biscuits, cakes, chocolate, confection, etc. ....
- Starches, bread, cereals, pasta, grains, potato, etc. ....
- Sweet potato. Tapioca, manioc, cassava. Okra. ....
- Elderberry. Kiwi fruit. Pineapple. Pawpaw, papaya. Passion fruit. Rambutan, lychee. ....
- .....
- Olive. Peppercorn. Nutmeg, mace. Allspice, pimento, cloves, guava. Ginger, turmeric .....
- .....
- Salt, salty foods, savoury .....
- Acids, sour, vinegar, pickles, etc. ....
- Fats (meat fat, dripping, dairy, vegetable oils, fried foods, etc.) .....
- Spices (chilli, pepper, garlic, mustard, ginger, etc.) .....
- Hot food. Cold food. Salads. Soups. Slimy foods. ....
- Hot drinks: tea, coffee, cocoa, herb teas, etc. ....
- Cold drinks: water, juices, squashes, carbonated, coke, lemonade, etc. ....
- .....
- Food additives: monosodium glutamate (MSG), colourings, preservatives, etc. ....
- .....

- Others .....
- .....
- .....

**CRAVINGS & AVERSIONS**

This section is about whether you have any strong desire or aversion to any food and drinks. *Please indicate clearly in the food lists above, in different coloured pens or highlighters:*

- **CRAVINGS and strong desires**, eg. items that you would really miss if you couldn't have them - or would find really difficult to give up (also in the past). Pen colour: .....
- **AVERSIONS** - items that you would have difficulty consuming (also in the past). Pen colour: .....

**INHALANT/AIRBORNE SENSITIVITY - BIOLOGICAL**

*Tick each question to which your answer is 'yes'. Leave blank if your answer is 'no'. Circle or highlight those that apply and add any that are missing. Detail all effects/symptoms experienced.*

**Do you REACT TO any of the following - in any way at all - produce symptoms or make you feel worse? Please detail all symptoms experienced.**

- Household dust .....
- Pollens: grass, tree (blossom), rape, etc. ....
- Animals: cats, dogs, horses, rabbits, etc. ....
- Feathers .....
- Woollen clothes/ carpets .....
- Wood dust .....
- Moulds/ fungal spores .....
- Musty smelling places/ areas .....
- Mildew .....
- Marshy areas .....
- Wooded areas .....
- Potted plants .....
  
- Do you have any household pets? Please list .....
- .....
- Do you use feather bedding (pillows, duvets, etc)? Please detail .....
- Do you have any damp areas, fungi, mould or wet rot anywhere at home or at work? Please detail .....
- .....

**Do you REACT TO any of the following circumstances - in any way at all - produce symptoms or make you feel worse? Please detail all symptoms experienced.**

- Indoors .....
- Outdoors .....
- In certain buildings/ rooms .....

- When house cleaning/dusting .....
- In certain localities - where? .....
- When too hot .....
- When too cold .....
- Worse in the daytime .....
- Worse at night .....
- All year round .....
- When cutting grass .....
- When raking leaves .....
- In damp weather or damp places .....
- In humid weather .....
- In windy weather .....
- In spring .....
- In summer .....
- In autumn .....
- In winter .....

**Do any of your symptoms improve or disappear, or do you FEEL BETTER in general, in any of the following circumstances? Please detail the changes you notice.**

- Hot, dry weather or climates (eg. Spain, Mediterranean Islands, deserts, etc.)? .....
- Cold dry frosty weather .....
- At the coast/by the sea, esp. with onshore winds .....
- Up mountains/regions of high altitude .....
- In the countryside .....
- Outdoors .....
- Indoors .....
- Away from home - where? .....

**Do you have any history of:**

- Hay fever/seasonal rhinitis    Onset month .....    Finish month .....
- Asthma    If seasonal:    Onset month .....    Finish month .....
- All year round nasal catarrh/sneezing/runny nose/itch nose

**Have you been tested for allergies in the past? If 'yes', please detail the type of test, the dates & findings:** .....

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### INHALANT/AIRBORNE SENSITIVITIES - CHEMICAL FUMES

**Do you REACT TO (produce symptoms or make you feel worse) or STRONGLY DISLIKE any of the following - in any way at all? Please detail all symptoms experienced. Tick each question to which your answer is 'yes'. Leave**

blank if your answer is 'no'. Circle or highlight those that apply and add any that are missing, including specific products/items. Detail all effects/symptoms experienced.

- Perfumes/perfumeries .....
- Potpourri .....
- Incense .....
- Air fresheners/deodorisers .....
- Petrol .....
- Diesel .....
- Traffic/exhaust fumes .....
- Paints: gloss/cellulose; thinners/varnishes .....
- Floor/furniture polishes/waxes .....
- Adhesives/glues .....
- Particle board/MDF/ply woods .....
- Household gas cookers/boilers .....
- Tobacco/cigarette/cigar/pipe smoke .....
- Nail polish/remover .....
- Felt-tip markers .....
- Hairsprays .....
- New carpeting .....
- New car interiors .....
- New plastic shower curtains .....
- New tyres .....
- Poorly ventilated meeting rooms .....
- Detergents/detergent aisle in supermarkets .....
- Newspaper/printed materials .....
- Fresh asphalt/tar .....
- Fabric stores .....
- Enclosed shopping centers/supermarkets .....
- Hotel rooms .....
- Disinfectants .....
- Dry-cleaners/dry-cleaned clothes .....
- Cleaning products .....
- Insecticides .....
- Insect repellent .....
- Photocopiers .....
- Others .....

**Please put a big star/asterisk next to any of the above that you have much exposure to.**

### **SKIN/CONTACT SENSITIVITIES**

Tick each question to which your answer is 'yes'. Leave blank if your answer is 'no'. Circle or highlight those that apply and add any that are missing. Detail all effects/symptoms experienced.



- Cosmetics, make-up's, soaps, shampoos, conditioners, etc. ....
- Detergents, washing powders: biological / non-biological .....
- Fabrics: wool, synthetics, dyed clothing, leather, elastoplast, etc. ....
- Rubber (latex) .....
- Metals: earrings, cheaper jewellery, nickel, gold, silver, etc. ....
- Plants: grass, hay, chrysanthemum, etc. ....
- Animals: cat, dog, horse, rabbit, etc. ....
- House dust .....
- Insect bites/stings (more strongly than is usual): Bee, Wasp, Mosquito, Gnat .....
- Others .....

### EMF / ELECTROSENSITIVITY

Do you experience any symptoms/sensations when you are near or using any of the following? Please detail the symptoms/sensations you experience.

- Mobile phones .....
- Fluorescent lighting .....
- Bluetooth equipment     Digital hands-free (DECT) phones     Computers     WiFi
- Microwave ovens     TV or other electronic equipment     Charger/power/transformer units
- Mobile phone masts     High voltage electricity pylons     Electrical substations
- Symptoms .....
- .....
- .....

### TOXIC EXPOSURES

This section is to try and discover what toxins you have been exposed to that might possibly be affecting your health. Many toxins accumulate and are extremely persistent in the body, particularly if one's detoxification pathways do not work well. We now have superb tests that can demonstrate the levels of and sensitivities to many toxins - but the selection of a test is dependent on knowing what to look for.

When completing this section, please consider each question as it relates to *the whole of your life*, not just now. Please don't worry too much about fine detail - approximations are often good enough.

**Social Drugs:**

**Alcohol:** Current: ..... units/week, since: ....., Past high intake: ..... units/week, for how long: .....

**Tobacco:** Current: ...../day, since: ....., Past: ...../day, for how long: .....

**Passive Smoking** (extent and for how long/when):

**Other Recreational Drugs** (what and for how long):

**Medical, Dental, Surgical:**

**Immunisations:** Childhood ....., Travel ....., Influenza ....., HPV ....., Others .....

**Antibiotics** (how many courses approx):

**Oral Corticosteroids:**

**Contraceptive / Female Hormones** (when and for how long of each):

Oral ....., Pessary ....., Injection .....

Morning after pill ....., Mirena IUD ....., HRT .....

**Other Drugs** (names, approximate duration, when):

**Dental Restorations** (how many): Amalgams: ....., previously: ....., Other Metals: ....., Composites: ....., Porcelain: .....

**Dental Bridges, Dentures:** Containing Metals: ....., Plastic: .....

**Dental Implants** (how many): Titanium: ....., Other (eg. zirconium oxide): .....

**Dental Braces, Retainers** (past and present): Metallic: ....., Plastic: .....

**Dental Root Canal Treatments:** .....

**Metals - Orthopaedic, Surgical, Medical** (eg. pins, plates, screws, clips, IUDs, etc - what, where, when):

**Fluoride: Toothpastes ....., Dental sealants ....., Tablets ....., Fluoridated water supply .....**

**Cookware** (percentage of meals cooked in):

**Non-stick (Teflon and similar):**

**Stainless steel:**

**Aluminium cookware** (plain and uncoated on inside) and **foil:**

**Foods** (how often, how long, when):

**Artificial sweeteners** - aspartame, saccharin, "diet" drinks, etc:

**Plasticisers** - bottled water/ drinks, microwaved plastic convenience meal trays:

**Fish and Seafoods:**

- **On average, how often do you eat sea foods, and since when?** (eg. twice a week for 15 years)
- **Please list the times in your life that you have eaten seafoods two or more times a week:**
- **Have you ever eaten any of the following fish frequently** (please circle and indicate frequency, duration and when):
  - Mackerel (King), Marlin, Orange Roughy, Shark, Swordfish, Tilefish, Tuna (Bigeye, Ahi).
  - Bluefish, Grouper, Mackerel (Spanish, Gulf), Sea Bass (Chilean), Tuna (Canned Albacore), Tuna (Yellowfin).

- Bass (Striped, Black), Carp, Cod (Alaskan), Croaker (White Pacific), Halibut (Atlantic), Halibut (Pacific), Jacksmelt (Silverside), Lobster, Mahi Mahi, Monkfish, Perch (Freshwater), Sablefish, Skate, Snapper, Tuna (Canned chunk light), Tuna (Skipjack), Weakfish (Sea Trout).

**Personal Care Products:**

**Antiperspirants** (for how many years/since when):

**Hair dyes** (how often, how long, when):

**Moisturisers, creams, lotions, cosmetics, etc** (high / average / low user - those you have used the biggest quantity of):

**Antiseptic/ Antibacterial Soaps:** Current: ..... times a day, since when/how long .....,  
 Past: ..... times a day, when and for how long: .....

**Home (and workplace):**

**Housing:**

**When built:**

**Type of house:** Bungalow Flat (... floor) Terraced (end, middle) Semi-detached Detached

**Construction:** Timber framed, Brick, Other:

**Local environment:** Rural Village Town City

**When moved in:**

**Extensive renovation periods while living in the house:**

**Paints, varnishes, brush cleaners, paint strippers, glues/ adhesives** (any times when large amounts done or when very smelly):

**Urea formaldehyde cavity wall insulation** (ever lived in a house with):

**Antibacterial / antiseptic cleaners** (used regularly / frequently):

**Air fresheners** (how much / often, how long, when): Plug in ....., Sprays ....., Cards .....

**New carpets** (esp in bedroom / living room or when large areas of house carpeted):

**New mattresses** (make, type, when):

**Fungi/moulds - indoors** (ever lived / worked in places with mould or smell of mould):

**Fungi/moulds - outdoors** (ever lived / worked in very damp areas):

**Gas cooker (hob & oven) or heating:**  Yes  No

**Have you ever lived in a house with lead water pipes?** When, for how long and where?

**Local pollutants** (crematoriums, waste incinerators, landfill sites, factories, chemical plants, power stations, mines - what, how close, where in relation to you and prevailing wind, when, for how long):

**Biocides** (pesticides/insecticides, herbicides, fungicides, etc) - what, when, for how long:

**Insecticides** for: flies, moths, carpet beetle, ants, wasps/bees, termites, fleas (pets), mosquitoes, plant eating insects (gardening), etc:

**Weed killers, herbicides** (used, esp. spraying without mask):

**Timber treatments** (for dry/wet rot (fungi/moulds), woodworm, other boring insects - ever done while in or short time before moving into house) **or use of wood preservatives:**

**Local crop spraying** (live/lived near farmland which is sprayed or ever been close to crop spraying?):

**Traffic / Combustion Fumes** (how long, when):

**Urban living/working** - in towns/cities, esp next to busy roads:

**Driving** - frequent on busy roads, eg. commuting, occupational driving:

**Occupational or Hobby exposures** (eg. toxic metals, chemicals, poisons, fumes, pesticides, herbicides, radiation, radioactive materials, etc - what, how often, when):

**Maternal exposures** (*prior to your conception and birth*; eg. amalgams, smoking, occupational, and any of the above, etc):

## ELECTROMAGNETIC RADIATION EXPOSURES

**X-rays** (medical, dental, tomograms/CT - roughly how many, when):

**International Flights (not European)** - any times when you have made a lot .....

**Radioactivity exposure** (including contrast media for scans):

### Electromagnetic Radiation & Field Exposure

*Tick each question to which your answer is 'yes'. Leave blank if your answer is 'no'. Circle or highlight those that apply and add any that are missing. Detail any/all effects or symptoms experienced.*

Do you live/work within a few hundred yards of:

- High voltage electricity pylons? .....
- Electrical substations? .....
- Mobile phone masts? .....
- Urban wireless networks? .....

Do you have high voltage cables running close to your house/work? .....

Do you or your immediate neighbours have (and if so how many):

- Wireless computer networks: at home ..... at work ..... at school/ college/ university .....
- Digital hands-free (DECT) phone systems: at home ..... at work ..... at school/ college/ university .....

Do you sleep within two feet of any electrical equipment, *even if they are on the other side of a wall*:

- TV or mains powered clock/radio/CD/tape player .....
- Mobile or digital hands-free phone (DECT) .....
- Power/transformer/charger units .....
- Computer .....
- Microwave oven .....
- Other .....

How much time, on average, do you spend talking on mobile & cordless phones per day? .....

Do you use a bluetooth headset? How much time a day? .....

How much time, on average, do you spend using a computer *with it's wireless or bluetooth switched on* per day? .....

How often do you use a microwave oven? .....

How close are you to the microwave oven when it is switched on? .....

Have any of your problems or symptoms started, worsened or improved soon after moving house, bedroom, workplace, school, college, etc.? Please detail: .....

Have any of your symptoms started or worsened after installing or starting to use wireless computers/networks, hands-free phones, etc. ....

## INFECTIONS AND DYSBIOSIS

### INTESTINAL PARASITES

□ Have you never lived in, or travelled to, a tropical or subtropical country? If so, please give places, dates & durations - continue overleaf if necessary: .....

.....

.....

.....

.....

□ Have you ever had any **intestinal infections / food poisoning** (eg. diarrhoea, vomiting, abdominal pain or bloating, stools that were mucousy, bloody, frothy, explosive or urgent) while outside the UK or soon after your return? Please give details: .....

.....

.....

- Have you ever had **stool tests** that have shown parasites? If so please give details: .....
- .....
- .....

**OTHER INFECTIONS**

- **Persistent infections** - have you ever had any infections that have lasted for more than a week or two?  
Details: .....
- .....
- **Do you or have you had any pets:**  Dogs,  Cats,  Horses,  Birds,  Others .....
- **Fevers** - have you ever had (or still have) fevers with no obvious cause identified? Details .....
- .....
- **Dental infections** - have you ever had any dental abscesses or gumboils? If so, how many? .....
- What is the longest one lasted for? .....
- **Root canal fillings** - have you had any, if so, how many? .....
- **Tick bites** - have you ever been bitten by ticks? Please give details .....
- .....
- Did you experience any rash, illhealth or symptoms within 6 months? .....
- **Blood transfusions** - have you ever had any? If so, please give details .....
- .....
- Did you experience any illhealth or symptoms within 6 months? .....
- **Sexually transmitted diseases** - have you had any? If so, please give details .....
- .....
- **Unpasteurised milk & cheeses** - have you ever regularly consumed any? If so, please give details .....
- .....
- **Herpes simplex infections (cold sores)** - have you ever had any?    Face .....                      Genitals .....

**FUNGAL TYPE DYSBIOSIS - INTESTINAL CANDIDIASIS**

- Have you taken many antibiotics in the past?
  - Roughly how many courses in total .....
  - How many courses per year .....
  - Since when? .....
- Do antibiotics upset you in any way?
  - Give you thrush (candida, monilia), if so, where .....
  - Give you an allergic rash
  - Give you loose or frequent bowels or other change in bowel habit
  - Generally make you feel ill
  - Other .....
- Have you ever taken cortisone (steroid) tablets by mouth?
- Do you suffer from thrush? If so, how frequently? (Females: vaginal or oral; Males: penile or oral) .....
- Do you suffer from excessive wind or bloating?
- Do you have problems with indigestion (symptoms in the upper part of your abdomen)?
- Do you suffer from constipation?
- Do you suffer from diarrhoea?
- Do you have constipation alternating with diarrhoea?

- Do you have any irritation, soreness, rash in or around the anus at times?
- Do you suffer from an itching scalp?
- Do you suffer from itching inside your ear?
- Do you suffer from fungal infections (tinea) of the skin: athlete's foot, fungal nails, groin or armpits?
- Do you have problems with memory, concentration, muzzy / foggy head or lack of mental clarity?
- Are you clumsy or have problems with co-ordination?
- Do you crave sugar?
- Do/have any of the following upset you (in small or large amounts)? In what way?
  - Sugars or sweet foods .....
  - Sweet fruits .....
  - Alcoholic drinks (which ones?) .....
  - Marmite, yeast extracts, leavened (yeasted) breads / products, vinegar .....
  - Blue cheeses, camembert or brie .....
  - Mushrooms, truffles or other edible fungi, Quorn .....
- Are you worse (or get symptoms) when the weather is damp or humid?
- Are you worse (or get symptoms) in damp houses / rooms or those with mould problems
- Do you have amalgam dental fillings? How many .....
- Are you diabetic? If so, for how long .....
- Have you had any illness or drug treatment that is associated with immunosuppression? eg. HIV / AIDS, chemotherapy, transplant drugs

**Females:**

- Have you ever taken the contraceptive pill?
  - Combined oestrogen & progestogen: For how long? ..... Between what dates .....
  - Progestogen only: For how long? ..... Between what dates .....
  - Have any ever upset you when you in any way? eg. breast discomfort, tenderness or swelling, headaches or migraine, fluid retention, calf pain or tenderness, undue fatigue, mood changes, loss of confidence, reduced libido. Other effects .....
- Have you ever taken hormone replacement therapy (HRT)?
  - For how long? ..... Between what dates .....
  - Have any ever upset you when you in any way? eg. breast discomfort, tenderness or swelling, headaches or migraine, fluid retention, calf pain or tenderness, undue fatigue, mood changes, loss of confidence, reduced libido. Other effects .....
- Have you had cystitis? (ie. frequent passing of urine combined with a burning sensation), if so, how many times .....
- Do you / did you feel worse premenstrually (eg. tension, depression, headaches, fluid retention, breast swelling or tenderness)?

**BACTERIAL DYSBIOSIS**

- Do you crave starchy foods?
  - Which ones?: potato, bread, pasta, rice, biscuits, cake, crackers. Others .....
- Do/have any of the following upset you in any way?
  - Starchy foods: potato, bread, pasta, rice, biscuits, cake, crackers, others .....
  - In what way? Flatulence (gas), bloating, fatigue, other .....
  - Lactulose (used for constipation)

▫ In what way? Flatulence (gas), bloating, fatigue, other .....