

The FIT(Food Inflammation Test) Test: Symptoms Checklist

Patient's Name _____

Date _____

If you have one or more chronic symptoms, you'll probably benefit from a food sensitivity test. Place a score next to each symptom that applies to you & include symptoms that you've "learned to live with". The score is on a range from 1 to 10 with one being least severe & 10 most severe.

TOTAL NUMBER OF SYMPTOMS _____

Digestive Tract

- Belching
- Bloating feeling
- Constipation
- Diarrhea
- Nausea
- Passing gas
- Stomach pains
- Vomiting

- Itchy eyes
- Sticky eyelids
- Swollen eyelids
- Watery eyes

- Often clear throat
- Sore throat
- Swollen tongue
- Swollen lips/gums

Head

- Dizziness
- Faintness
- Headaches
- Insomnia
- Lightheadedness

Nose

- Excessive mucous
- Hay fever
- Sinus problems
- Sneezing attacks
- Stuffy nose

Ears

- Drainage
- Ear aches
- Ear infections
- Hearing loss
- Itchy ears
- Ringing

Joint & Muscles

- Aches in muscles
- Arthritis
- Feeling of weakness
- Limited movement
- Pain in joints
- Stiffness

Skin

- Acne
- Dermatitis
- Eczema
- Excessive sweating
- Flushing/hot flashes
- Hair loss
- Hives/rashes
- Itching

Emotions

- Aggressiveness
- Anxiety/fear
- Depression
- Irritability/anger
- Mood swings
- Nervousness
- Energy & Activity
- Apathy
- Fatigue
- Hyperactivity
- Lethargy
- Restlessness
- Sluggishness

Lungs

- Asthma/bronchitis
- Chest congestion
- Difficulty breathing
- Shortness of breath
- Wheezing

Weight

- Binge eating
- Compulsive eating
- Cravings
- Excessive weight
- Underweight
- Water retention

Mind

- Confusion
- Learning disability
- Poor concentration
- Poor memory
- Stuttering

Other

- Anaphylactic reaction
- Chest pains
- Frequent illness
- Genital itch
- Irregular heartbeat
- Rapid heartbeat
- Urgent urination

Eyes

- Blurred vision
- Dark circles

Mouth & Throat

- Canker sores
- Chronic coughing
- Gagging