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Allergy Self Assessment Test

Name: _____ **Date:** _____

This test will help to determine whether you have symptoms that commonly indicate food sensitivities or allergies. Please circle yes if you have the symptom.

As an infant did you have any problems tolerating formula or breast milk?	Yes
Did you have problems gaining weight, colic or spitting up during infancy?	Yes
Did you have problems gaining weight, colic or spitting up during infancy?	Yes
As an adult are you always tired, even though you get enough sleep?	Yes
As a child, were you often sick, plagued by ear infections, sinusitis, stomach aches, constipation, diarrhea or headaches?	Yes
Do you frequently have puffy eyes, wrinkles around the eyes, or dark circles under the eyes?	Yes
Do you have itchy, watery, burning, painful or light sensitive eyes?	Yes
Do you have blurred vision or baggy swollen eyelids?	Yes
Do you often have a stuffy, watery runny nose?	Yes
Do you sneeze several times in a row?	Yes
Do you rub your nose upwards or wiggle it?	Yes
Do you have one cold after another without feeling sick?	Yes
Do you have nose bleeds or excessive mucous?	Yes
Do you have skin rashes, eczema or atopic dermatitis?	Yes
Do you experience itchy rashes or hives especially in your arm or leg creases?	Yes
Do you have cracked finger or toenails? Do you have acne, dandruff or hair loss?	Yes
Do you have ears popping or ringing? Do you have red earlobes?	Yes
Do you have dizziness, itchy or drainage from your ears?	Yes
Are your stools surrounded by mucous or are your stools loose?	Yes
Do you suffer from digestive problems?	Yes
Do you have soreness or swelling of your face or lips?	Yes
Do you have itchy roof of your mouth?	Yes
Do you have canker sores?	Yes
Do you have bleeding gums?	Yes
Do you have bad Breath?	Yes
Do you have nausea or stomach aches?	Yes
Do you have excess gas?	Yes
Do you have diarrhea?	Yes

Do you have constipation?	Yes
Do you have belching and/or burping?	Yes
Do you have rectal itching?	Yes
Do you have ulcers?	Yes
Do you have colitis?	Yes
Are you a picky eater?	Yes
Do you have repeated bladder infections?	Yes
Do you have difficulty urinating?	Yes
Do you have water retention?	Yes
Is your pulse or heartbeat irregular, especially after eating?	Yes
Have you ever had seizures?	Yes
Do you have sinus problems?	Yes
Do you have eye pain?	Yes
Do you have conjunctivitis?	Yes
Do you have recurrent sore throats?	Yes
Do you have headaches or migraines?	Yes
Do you have dizziness or lightheadedness?	Yes
Do you have insomnia?	Yes
Do you have leg aches, muscle aches or back pain?	Yes
Do you have stiff, swollen joints?	Yes
Do you have arthritis?	Yes
Do you have a constant low grade fever?	Yes
Do you feel flushed or chilled?	Yes
Do you have excessive sweating?	Yes
Do you have fainting spells?	Yes
Do you have an unusually pale complexion?	Yes
Do you have a puffy bloated face?	Yes
Do certain foods seem to bring on headaches?	Yes
Have you been told you have bad breath?	Yes
Do you perspire excessively?	Yes
Do you experience abnormal body odor?	Yes
Do you experience restless leg syndrome?	Yes
Do you have cramping in your legs and/or feet?	Yes
Are you or have you ever experienced any type of eating disorder?	Yes
Are you hyperactive, overly nervous, frequently anxious and quick to anger?	Yes
Do any blood relatives suffer from allergy symptoms such as hay fever, asthma, skin rashes or severe reactions to drugs, foods or insect stings?	Yes
Does anyone in your family have diabetes, low blood sugar, arthritis or digestive disorders?	Yes
Were any blood relatives hyperactive, learning disabled or bedwetters as children?	Yes
Did your mother experience severe stress during her pregnancy with you?	Yes
Does anyone in your family suffer from addictive disorders such as alcohol, drug use or compulsive eating?	Yes
Do you feel as though you are high one moment and low the next moment, with bouts of depression for appearing for no reason?	Yes

How many of these symptoms did YOU circle?

If you circled even JUST ONE "yes" - that indicates that you are very likely to have a sensitivity or a hidden "allergy" that needs to be discovered and eliminated so you can actually start to **feel good** again.

And remember, for every known one allergy, there could be two hidden ones.

You should now **be thinking**... What do I do with these findings?

Call Dr. Hardy today to schedule your appointment.

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