

Responder RB1000 Symptom Checklist

If you think you could have allergies to foods you eat, complete this simple checklist, and assess your score.

Rate your symptoms on how you have been feeling during the past 30 days:

0 = never or almost never have the symptom

1 = occasionally have it, effect is not severe

2 = occasionally have it, effect is severe

3 = frequently have it, effect is not severe

4 = frequently have it, effect is severe

Assessing your score:

A Responder RB1000 test is indicated, if your total in any one category exceeds 10, or your grand total is higher than 50.

ARDEN LASER

DIGESTIVE TRACT

___ Nausea and vomiting
___ Diarrhoea
___ Constipation
___ Bloating feeling
___ Belching or passing gas
___ Stomach pains or cramps
___ Heartburn
___ Blood/mucus in stools

___ TOTAL

JOINTS AND MUSCLES

___ Pains or aches in joints
___ Arthritis
___ Stiffness or limitation of movement
___ Pain or aches in muscles
___ Feeling of weakness or tiredness
___ Swollen tender joints
___ Growing pains in legs

___ TOTAL

HEAD

___ Headaches
___ Faintness
___ Dizziness
___ Insomnia, sleep disorder
___ Facial flushing

___ TOTAL

MOUTH AND THROAT

___ Chronic coughing
___ Gagging, frequently clearing throat
___ Sore throat, hoarseness, loss of voice
___ Swollen or discoloured tongue, lips
___ Canker sores
___ Itching on roof of mouth

___ TOTAL

WEIGHT

___ Binge eating/drinking
___ Craving certain foods
___ Excessive weight
___ Compulsive eating
___ Water retention

___ TOTAL

EYES

___ Watery or itchy eyes
___ Red, swollen, or sticky eyelids
___ Bags, or dark circles under eyes
___ Blurred or tunnel vision

___ TOTAL

NOSE

___ Stuffy nose
___ Chronically red, inflamed nose
___ Sinus problems
___ Hay fever
___ Sneezing attacks
___ Excessive mucous formation

___ TOTAL

EMOTIONS

___ Mood swings
___ Anxiety, fear, nervousness
___ Anger, irritability, aggressiveness
___ Argumentative
___ Frustrated, cries often
___ Depression

___ TOTAL

MIND

___ Poor memory
___ Difficulty completing projects
___ Difficulty with mathematics
___ Underachiever in school
___ Poor/short attention span
___ Confusion
___ Easily distracted
___ Difficulty making decisions
___ Learning disabilities

___ TOTAL

LUNGS

___ Chest congestion
___ Asthma, bronchitis
___ Shortness of breath
___ Difficulty in breathing
___ Persistent cough
___ Wheezing

___ TOTAL

SKIN

___ Acne
___ Itching
___ Hives, rash, dry skin
___ Hair loss
___ Flushing or hot flushes

___ TOTAL

EARS

___ Itchy ears
___ Ear aches, ear infections
___ Drainage from ear
___ Ringing in ears
___ Hearing loss
___ Reddening of eardrums

___ TOTAL

HEART

___ Irregular or skipped heartbeat
___ Rapid or pounding heartbeat
___ Chest pain

___ TOTAL

ENERGY AND ACTIVITY

___ Apathy, lethargy
___ Attention deficient
___ Fatigue
___ Hyperactivity
___ Restlessness
___ Poor physical co-ordination
___ Stuttering or stammering
___ Slurred speech

___ TOTAL

OTHER

___ Frequent illness
___ Frequent or urgent urination
___ Genital itch or discharge
___ Anal itching

___ TOTAL

GRAND TOTAL _____