

## **IBS Food Avoidance Questionnaire**

## **INSTRUCTIONS:**

Please complete this questionnaire (where appropriate, circle your answers) one month after you start avoiding the foods identified by the IBS-80 Skin Patch Test, and mail it in the enclosed stamped, addressed envelope at your earliest convenience. The questionnaire will enable us to learn whether the food patch testing and avoidance of the food(s) identified by the testing helped your Irritable Bowel Syndrome (IBS). We will send a copy of the completed questionnaire to your other medical providers.

Your full name:		Age:								
Date this questionnaire was completed:										
Foods/food additives to which you had a positive skin test:										
1										
2										
3										
4										
5										
6										
7										
1. How well have you been able to avoid the foods/food additives listed above?										
Completely	Partially	Not at all	Not sure							
Please explain if necess	arv:									

2. On a scale of 0 to 10, before you had the food patch testing done, how severe, on average, was your belly pain/discomfort? (0 = no symptoms and 10 = very severe):												
		0	1	2	3	4	5	6	7	8	9	10
<ol> <li>Now that it has been at least one month since you completed the patch testing, on a scale of 0 to 10, how severe, on average, has your belly pain/discomfort been? (0 being no symptoms and 10 being very severe)</li> </ol>												
		0	1	2	3	4	5	6	7	8	9	10
4. On a scale of 0 to 10, before you had the food patch testing, how severe were your overall IBS symptoms (diarrhea and/or constipation and belly pain/discomfort)? (0 being no symptoms and 10 being very severe overall symptoms)												
	(	0	1	2	3	4	5	6	7	8	9	10
5. Now that it has been at least one month since you completed the patch testing, on a scale of 0 to 10, how severe have your overall IBS symptoms (diarrhea and/or constipation and belly pain/discomfort) been? (0 being no symptoms and 10 being very severe overall symptoms)												
		0	1	2	3	4	5	6	7	8	9	10
Please write any comments about the food patch testing or your experience that you feel are relevant:												
Return your completed questionnaire in the accompanying addressed envelope.												