

1. For the past 2 months, have you/your child consumed bread, crackers, or pasta made from wheat flour? Yes No

2. a. Have you / your child consumed a normal diet? Yes No

b. If avoiding any foods, which ones?

3. Do you/your child have any of the following symptoms? Yes No

If yes, for each of the symptoms or illnesses below, please indicate how often it occurred and how bothersome it was, in the last year.

How Often?	How bothersome?
1 Occurs about once a month	1 Slightly bothersome when occurs
2 Occurs about once a week	2 Moderately bothersome when occurs
3 Occurs several times a week	3 Severely bothersome when occurs
4 Occurs daily	4 Extremely bothersome when occurs

Symptoms	N/Y	How Often	How bothersome
1. Diarrhea	No Yes	1 2 3 4	1 2 3 4
2. Abdominal Pain	No Yes	1 2 3 4	1 2 3 4
3. Constipation	No Yes	1 2 3 4	1 2 3 4
4. Vomiting	No Yes	1 2 3 4	1 2 3 4
5. Irritability	No Yes	1 2 3 4	1 2 3 4
6. Decreased energy	No Yes	1 2 3 4	1 2 3 4
7. Gassy or burpy or abdominal distension	No Yes	1 2 3 4	1 2 3 4
8. Itching and or rash	No Yes	1 2 3 4	1 2 3 4
9. Edema (swelling)	No Yes	1 2 3 4	1 2 3 4
10. Easy bleeding or bruising	No Yes	1 2 3 4	1 2 3 4
11. Pubertal delay	No Yes	Not Applicable	Not Applicable
12. Problems gaining weight	No Yes	Not Applicable	Not Applicable
13. Short stature	No Yes	Not Applicable	Not Applicable
14. Bone Fractures	No Yes	Not Applicable	Not Applicable
15. Anemia	No Yes	Not Applicable	Not Applicable

CLINIC VITAMIN SUPPLEMENT FORM

1. In the past **24 hours**, has your child taken any vitamin supplements? Yes No

If yes, continue to questions 2-4. Record all brands/ types of vitamins separately.

2. What type of vitamin? (please include mg/IU of the vitamin, do not list number of pills)							
Multiple Vitamin <input type="checkbox"/>		Multiple vitamin <input type="checkbox"/>		Multiple vitamin <input type="checkbox"/>		Multiple vitamin <input type="checkbox"/>	
Vit A <input type="checkbox"/>	IU	Vit A <input type="checkbox"/>	IU	Vit A <input type="checkbox"/>	IU	Vit A <input type="checkbox"/>	IU
Vit C <input type="checkbox"/>	mg	Vit C <input type="checkbox"/>	mg	Vit C <input type="checkbox"/>	mg	Vit C <input type="checkbox"/>	mg
Vit D <input type="checkbox"/>	IU	Vit D <input type="checkbox"/>	IU	Vit D <input type="checkbox"/>	IU	Vit D <input type="checkbox"/>	IU
Vit E <input type="checkbox"/>	IU	Vit E <input type="checkbox"/>	IU	Vit E <input type="checkbox"/>	IU	Vit E <input type="checkbox"/>	IU
Vit B or B-Complex <input type="checkbox"/>	mg	Vit B or B-Complex <input type="checkbox"/>	mg	Vit B or B-Complex <input type="checkbox"/>	mg	Vit B or B-Complex <input type="checkbox"/>	mg
Iron <input type="checkbox"/>	IU	Iron <input type="checkbox"/>	IU	Iron <input type="checkbox"/>	IU	Iron <input type="checkbox"/>	IU
Other Specify: <input type="checkbox"/>	mg/IU	Other Specify: <input type="checkbox"/>	mg/IU	Other Specify: <input type="checkbox"/>	mg/IU	Other Specify: <input type="checkbox"/>	mg/IU
3. What brand of vitamin has your child taken?							
Brand 1		Brand 2		Brand 3		Brand 4	
4. How many droppers-full or pills do you usually give?							
Droppers:		Droppers:		Droppers:		Droppers:	
Pills:		Pills:		Pills:		Pills:	

