

IBS-80 Food Avoidance Questionnaire

Name _____

Age _____ Gender: Male Female

Race (optional): Caucasian African-American Hispanic

Asian Mixed Other

Name, city and state of the medical provider who performed your IBS-80 food allergy testing.

About how many years have you had IBS? _____ (answer to the nearest number of years; leave blank if you do not have IBS)

How long (in months) have you been avoiding eating the foods to which the patch testing showed you are allergic? _____

Which type of IBS do you have?

- IBS-D (diarrhea-predominant)
- IBS-C (constipation-predominant)
- IBS-M (mixed type)
- Not sure
- Not applicable; I don't have IBS

Which patch test was used for your testing?

- IBS-80 Basic (80 foods)
- IBS-80 Plus (110+ foods)
- Not sure

How well have you been able to avoid eating the foods to which the testing showed you are allergic?

- Not very well**
- Some of the time**
- Most of the time**
- Always or almost always**

Compared to before you started the avoidance diet, how severe are your overall IBS symptoms?

- Worse**
- No change**
- Slightly better**
- Moderately better**
- Much better**

Now that you have been on the avoidance diet, overall, how is your quality of life compared to before the testing?

- No change**
- Slightly better**
- Moderately better**
- Much better**

Please add any comments you may have about your experience with the IBS-80 food allergy skin testing.
