# COULD IT REALLY BE SOMETHING YOU ATE?

## IDENTIFYING FOOD SENSITIVITIES

Based on the book
*"Could It Really Be Something They Ate?"*
by Margaret Evans, RN, BScN, CPCC

**HOPE** IS THE ANCHOR OF THE SOUL

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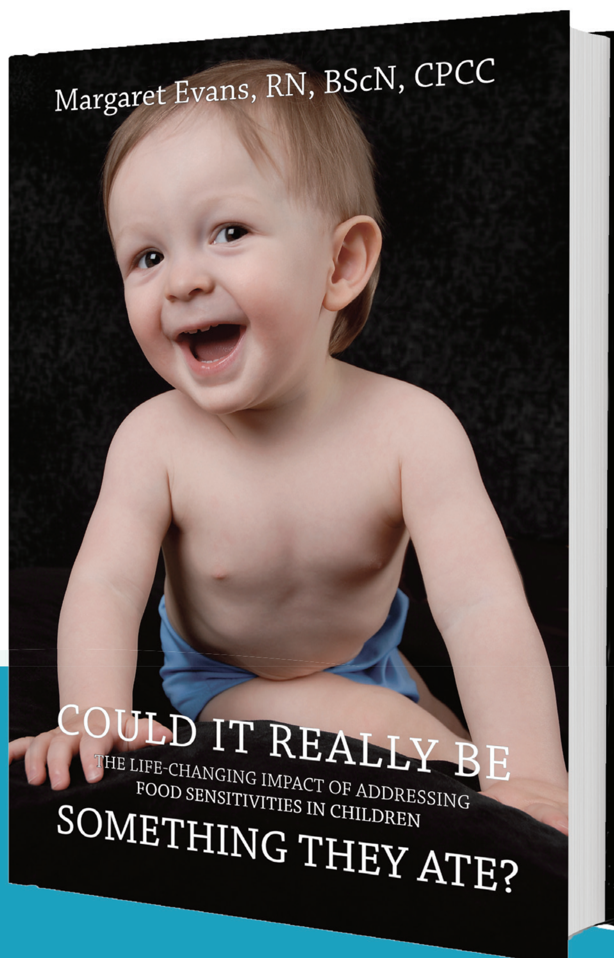
*"Almost 30 years ago, my husband and I were parents of four young children who exhibited health, learning and behavioural symptoms. We were at our wit's end and the medical community seemed unable to help us. Despite my experience as a pediatric nurse and my husband's training as a physician, we felt overwhelmed and frustrated.*




*When our oldest child was 5, we were fortunate to come across a book that talked about food sensitivities. This information transformed the health and the future potential of our children. In the last 30 years I have expanded my knowledge and have had the privilege of working with many families and offering them the same hope that our own family found.*

*While this workbook is not intended to be a substitute for the comprehensive information contained in my book "Could It Really Be Something They Ate? The Life Changing Impact of Addressing Food sensitivities in Children", it will help you determine if food might be the cause of the symptoms you or your family are facing and help you identify the offending trigger food."*

*- Margaret Evans*

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*foodsensitivechildren.com*

# A few important concepts before you begin:

- Food sensitivities are defined as any adverse reaction to food. The two types of reactions that can occur are food allergies and food intolerances.
- Food allergies occur in only about 8% of the population and are usually responsible for immediate, generalized reactions such as hives or difficulty breathing. There are a number of different skin and blood tests that can be used to help identify the offender.
- Food intolerances are a far more common cause of symptoms and can occur in any part of the body. They may take 24 or 48 hours to appear and there is no accurate test to identify the cause other than an extensive health and diet history.
- Food intolerances cause inflammation in the digestive tract and result in a condition known as "leaky gut". The leaky bowel walls allow incompletely digested food to enter the circulation and produce symptoms in many parts of body.
- Some incompletely digested foods behave like members of the opiate family such as morphine and heroin when they enter the body. These substances are responsible for the cravings and the addiction to certain foods that often occurs.

- There is usually an underlying trigger food that is the major cause of food intolerance symptoms. If this food is identified accurately and removed 100% from the diet, symptoms often disappear quite quickly. This avoids the necessity of removing many foods in an effort to find the cause.

## In this booklet there are 3 steps to complete:

1. A signs and symptom questionnaire to help you determine whether or not food might be the cause of your symptoms.
2. A questionnaire that asks you about your diet, and that of your family, to help you identify the offending trigger food.
3. A section to help you begin to develop a plan for successfully removing this food from your diet.

If you are completing this form for a child, mark the columns that relate to their health to date. If your child is old enough, please seek their input as you complete these questions.

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# Step 1:
# Signs & Symptoms Questionnaire

Symptoms related to diet can be found in almost every part of the body. This questionnaire will help you determine whether or not your symptoms. or that of your family, have a significant chance of being related to something in your diet. Many of the symptoms listed may seem unusual as they are not commonly associated with food but this is why food intolerances are often misdiagnosed. In addition, symptoms morph and change as a child grows so don't be surprised if you notice that when one symptom disappears, it is replaced by something new. Food intolerance symptoms are not outgrown but the pattern of challenges changes over the years. There is a place at the end to tally your results to determine the likelihood that your symptoms are related to a food sensitivity.

| Current Symptoms | Past Symptoms | Immediate Family | Extended Family | |
|---|---|---|---|---|
| | | | | **A. Skin** |
| ☐ | ☐ | ☐ | ☐ | itching – any body part |
| ☐ | ☐ | ☐ | ☐ | eczema |
| ☐ | ☐ | ☐ | ☐ | recurrent episodes of hives |
| ☐ | ☐ | ☐ | ☐ | fungal infections (athlete's foot or genital infections) |
| ☐ | ☐ | ☐ | ☐ | psoriasis |
| ☐ | ☐ | ☐ | ☐ | excessive sweating, particularly at night |
| ☐ | ☐ | ☐ | ☐ | acne |
| ☐ | ☐ | ☐ | ☐ | taking long term antibiotics to treat a skin condition |
| ☐ | ☐ | ☐ | ☐ | recurrent unusual skin rashes and irritations |
| ☐ | ☐ | ☐ | ☐ | recurrent red or flushed cheeks |
| ☐ | ☐ | ☐ | ☐ | bright red buttocks as a baby or young child |
| ☐ | ☐ | ☐ | ☐ | small pimples on buttocks |
| ☐ | ☐ | ☐ | ☐ | brittle nails |
| ☐ | ☐ | ☐ | ☐ | excessive hair loss prior to old age |
| | | | | **B. Nervous System and Behavior** |
| ☐ | ☐ | ☐ | ☐ | headaches |
| ☐ | ☐ | ☐ | ☐ | migraines |
| ☐ | ☐ | ☐ | ☐ | difficulty falling asleep at night |
| ☐ | ☐ | ☐ | ☐ | difficulty staying sleep at night |
| ☐ | ☐ | ☐ | ☐ | takes regular medication to improve sleep |
| ☐ | ☐ | ☐ | ☐ | excessive daytime tiredness |
| ☐ | ☐ | ☐ | ☐ | drinking large amount of coffee or coke daily |
| ☐ | ☐ | ☐ | ☐ | sensitivity to cold or heat |
| ☐ | ☐ | ☐ | ☐ | nightmares |
| ☐ | ☐ | ☐ | ☐ | mood swings |
| ☐ | ☐ | ☐ | ☐ | negative, apathetic attitude |
| ☐ | ☐ | ☐ | ☐ | difficulty following or remembering sequential directions |
| ☐ | ☐ | ☐ | ☐ | poor memory |
| ☐ | ☐ | ☐ | ☐ | weak organizational skills |
| ☐ | ☐ | ☐ | ☐ | unexplained crying spells |
| ☐ | ☐ | ☐ | ☐ | angry outbursts |
| ☐ | ☐ | ☐ | ☐ | restlessness |
| ☐ | ☐ | ☐ | ☐ | short attention span |
| ☐ | ☐ | ☐ | ☐ | unusual twitches or tics |
| ☐ | ☐ | ☐ | ☐ | diagnosis of Tourettes syndrome |
| ☐ | ☐ | ☐ | ☐ | outbursts of foul language |
| ☐ | ☐ | ☐ | ☐ | unusual repetitive behaviors such as cracking knuckles, blinking eyes |
| ☐ | ☐ | ☐ | ☐ | learning disabilities |
| ☐ | ☐ | ☐ | ☐ | hyperactive behavior |

| Current Symptoms | Past Symptoms | Immediate Family | Extended Family | |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ADD or ADHD |
| ☐ | ☐ | ☐ | ☐ | taking medications for behavior or learning difficulties |
| ☐ | ☐ | ☐ | ☐ | excessive sensitivity to being touched |
| ☐ | ☐ | ☐ | ☐ | diagnosis of autism by a physician |
| ☐ | ☐ | ☐ | ☐ | restless legs |
| ☐ | ☐ | ☐ | ☐ | accident prone |
| ☐ | ☐ | ☐ | ☐ | stumbles and trips often and seems uncoordinated |
| ☐ | ☐ | ☐ | ☐ | excessively clingy as a child |
| ☐ | ☐ | ☐ | ☐ | craves a particular food excessively |
| ☐ | ☐ | ☐ | ☐ | limited diet consisting of only 4 or 5 foods |
| ☐ | ☐ | ☐ | ☐ | anxiety |
| ☐ | ☐ | ☐ | ☐ | desire to crouch or hide in small corners or under furniture |
| ☐ | ☐ | ☐ | ☐ | noticeable decrease in writing or reading ability after eating a specific food |
| ☐ | ☐ | ☐ | ☐ | alcoholism |
| ☐ | ☐ | ☐ | ☐ | reluctance to keep clothing on as a child |
| ☐ | ☐ | ☐ | ☐ | extremely active during pregnancy prior to delivery |
| ☐ | ☐ | ☐ | ☐ | repetitive behaviors as an infant such a crib sharking, head banging |
| ☐ | ☐ | ☐ | ☐ | Parkinson's disease |
| ☐ | ☐ | ☐ | ☐ | Multiple Sclerosis |
| ☐ | ☐ | ☐ | ☐ | other degenerative neurological disease |
| | | | | **C. Eyes and Vision** |
| ☐ | ☐ | ☐ | ☐ | increased sensitivity to light |
| ☐ | ☐ | ☐ | ☐ | excessive blinking |
| ☐ | ☐ | ☐ | ☐ | excessive rubbing of eyes |
| ☐ | ☐ | ☐ | ☐ | tired, watery eyes |
| ☐ | ☐ | ☐ | ☐ | itchy or red eyes |
| ☐ | ☐ | ☐ | ☐ | dark circles under eyes |
| ☐ | ☐ | ☐ | ☐ | bags under eyes |
| ☐ | ☐ | ☐ | ☐ | wrinkles under the eye |
| ☐ | ☐ | ☐ | ☐ | difficulty following moving objects with both eyes |
| ☐ | ☐ | ☐ | ☐ | difficulty keeping place when reading |
| ☐ | ☐ | ☐ | ☐ | crossed eyes (strabismus) |

| Current Symptoms | Past Symptoms | Immediate Family | Extended Family | |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | stares blankly and appears disconnected from surroundings often |
| | | | | **D. Ears and Hearing** |
| ☐ | ☐ | ☐ | ☐ | recurrent ear infections |
| ☐ | ☐ | ☐ | ☐ | decreased ability to hear |
| ☐ | ☐ | ☐ | ☐ | increased sensitivity to noise |
| ☐ | ☐ | ☐ | ☐ | ringing in the ears |
| ☐ | ☐ | ☐ | ☐ | repeated courses of antibiotics for ear infections |
| ☐ | ☐ | ☐ | ☐ | redness on the outside of one or both ears |
| | | | | **E. Nose** |
| ☐ | ☐ | ☐ | ☐ | chronic stuffy nose |
| ☐ | ☐ | ☐ | ☐ | chronic runny nose |
| ☐ | ☐ | ☐ | ☐ | repeated rubbing and itching of nose |
| ☐ | ☐ | ☐ | ☐ | excessive sneezing |
| ☐ | ☐ | ☐ | ☐ | recurrent sinus infections |
| ☐ | ☐ | ☐ | ☐ | repeated antibiotics for sinus infections |
| ☐ | ☐ | ☐ | ☐ | reduced or heightened sense of smell |
| ☐ | ☐ | ☐ | ☐ | recurrent nose bleeds |
| ☐ | ☐ | ☐ | ☐ | chronic pain from blocked sinuses |
| ☐ | ☐ | ☐ | ☐ | hay fever |
| ☐ | ☐ | ☐ | ☐ | recurrent use of antihistamines |
| | | | | **F. Mouth and Throat** |
| ☐ | ☐ | ☐ | ☐ | bad taste in mouth |
| ☐ | ☐ | ☐ | ☐ | bad breath |
| ☐ | ☐ | ☐ | ☐ | recurrent tonsillitis or strep throat |
| ☐ | ☐ | ☐ | ☐ | hoarse voice |
| ☐ | ☐ | ☐ | ☐ | persistent and recurrent canker sores |
| ☐ | ☐ | ☐ | ☐ | constant clearing of throat |
| ☐ | ☐ | ☐ | ☐ | swollen, red, cracked lips |
| ☐ | ☐ | ☐ | ☐ | excessive thirst, particularly for carbonated drinks |
| ☐ | ☐ | ☐ | ☐ | sucking on fingers or clothes |
| ☐ | ☐ | ☐ | ☐ | recurrent cold sores |
| ☐ | ☐ | ☐ | ☐ | thick white coating on tongue or inside of cheek |
| ☐ | ☐ | ☐ | ☐ | stuttering |
| | | | | SUBTOTAL EACH COLUMN |

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| Current Symptoms | Past Symptoms | Immediate Family | Extended Family | SUBTOTALS FROM PREVIOUS PAGE |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | excessive drooling as an infant |
| ☐ | ☐ | ☐ | ☐ | unusual moans, groans, or strange sounds repeated often |
| ☐ | ☐ | ☐ | ☐ | history of mouth infections such as Thrush |
| ☐ | ☐ | ☐ | ☐ | history of recurrent dental disease |
| ☐ | ☐ | ☐ | ☐ | feeling of having a lump in your throat |
| ☐ | ☐ | ☐ | ☐ | enlarged or underactive thyroid |
| | | | | **G. Lungs** |
| ☐ | ☐ | ☐ | ☐ | persistent cough during the day |
| ☐ | ☐ | ☐ | ☐ | persistent cough at night |
| ☐ | ☐ | ☐ | ☐ | asthma (diagnosed by a doctor) |
| ☐ | ☐ | ☐ | ☐ | recurrent asthma attacks |
| ☐ | ☐ | ☐ | ☐ | taking asthma medications |
| ☐ | ☐ | ☐ | ☐ | croup |
| ☐ | ☐ | ☐ | ☐ | recurrent bronchitis |
| ☐ | ☐ | ☐ | ☐ | recurrent pneumonia |
| ☐ | ☐ | ☐ | ☐ | recurrent antibiotics for lung related infections |
| ☐ | ☐ | ☐ | ☐ | wheezing when exercising |
| ☐ | ☐ | ☐ | ☐ | wheezing in cold weather |
| ☐ | ☐ | ☐ | ☐ | shortness of breath when exercising or climbing stairs |
| ☐ | ☐ | ☐ | ☐ | lung cancer |
| | | | | **H. Digestive Tract** |
| ☐ | ☐ | ☐ | ☐ | episodes of green stool |
| ☐ | ☐ | ☐ | ☐ | recurrent bloating and excessive gas |
| ☐ | ☐ | ☐ | ☐ | recurrent hiccups |
| ☐ | ☐ | ☐ | ☐ | increased or decreased appetite |
| ☐ | ☐ | ☐ | ☐ | itchy, red, area around anus |
| ☐ | ☐ | ☐ | ☐ | recurrent diarrhea |
| ☐ | ☐ | ☐ | ☐ | recurrent constipation |
| ☐ | ☐ | ☐ | ☐ | chronic stomach aches |
| ☐ | ☐ | ☐ | ☐ | tendency to become overweight easily |
| ☐ | ☐ | ☐ | ☐ | underweight for age |
| ☐ | ☐ | ☐ | ☐ | soiling of underwear with stool |
| ☐ | ☐ | ☐ | ☐ | hemorrhoids |
| ☐ | ☐ | ☐ | ☐ | colic as an infant |

| Current Symptoms | Past Symptoms | Immediate Family | Extended Family | |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | chronic heartburn |
| ☐ | ☐ | ☐ | ☐ | repeated choking |
| ☐ | ☐ | ☐ | ☐ | low blood sugar symptoms such as afternoon fatigue, sugar cravings |
| ☐ | ☐ | ☐ | ☐ | excessive spitting up as an infant |
| ☐ | ☐ | ☐ | ☐ | repeated vomiting as an infant or child |
| ☐ | ☐ | ☐ | ☐ | recurrent hiccups while baby in uterus of mother |
| ☐ | ☐ | ☐ | ☐ | stomach ulcers |
| ☐ | ☐ | ☐ | ☐ | gall bladder disease or removal of gall bladder |
| ☐ | ☐ | ☐ | ☐ | anorexia |
| ☐ | ☐ | ☐ | ☐ | bulimia |
| ☐ | ☐ | ☐ | ☐ | eating disorders |
| ☐ | ☐ | ☐ | ☐ | IBS |
| ☐ | ☐ | ☐ | ☐ | Crohn's disease |
| ☐ | ☐ | ☐ | ☐ | Ulcerative colitis |
| ☐ | ☐ | ☐ | ☐ | other inflammatory bowel disease |
| ☐ | ☐ | ☐ | ☐ | cancer of the bowel |
| | | | | **I. Muscles and Joints** |
| ☐ | ☐ | ☐ | ☐ | swollen feet and legs |
| ☐ | ☐ | ☐ | ☐ | cold hands and feet |
| ☐ | ☐ | ☐ | ☐ | muscles cramps and spasms during the day |
| ☐ | ☐ | ☐ | ☐ | muscle cramps at night |
| ☐ | ☐ | ☐ | ☐ | growing pains as a child |
| ☐ | ☐ | ☐ | ☐ | muscle stiffness, particularly in the morning |
| ☐ | ☐ | ☐ | ☐ | sore, aching muscles |
| ☐ | ☐ | ☐ | ☐ | sore, stiff joints |
| ☐ | ☐ | ☐ | ☐ | muscle weakness on exertion |
| ☐ | ☐ | ☐ | ☐ | numbness in fingers or toes |
| ☐ | ☐ | ☐ | ☐ | arthritis |
| ☐ | ☐ | ☐ | ☐ | autoimmune disease such as Systemic Lupus, Ankylosing Spondylitis, spondyloarthritis |
| ☐ | ☐ | ☐ | ☐ | slouches often and falls over if pushed even slightly |
| ☐ | ☐ | ☐ | ☐ | difficulty performing exercises that require bilateral coordination such as jumping jacks |

| Current Symptoms | Past Symptoms | Immediate Family | Extended Family | |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | walking by seven to ten months |
| | | | | **J. Urinary and Genital Tract** |
| ☐ | ☐ | ☐ | ☐ | frequent need to urinate |
| ☐ | ☐ | ☐ | ☐ | bed wetting at night past age three |
| ☐ | ☐ | ☐ | ☐ | wetting during the day past age of three |
| ☐ | ☐ | ☐ | ☐ | urgent need to urinate |
| ☐ | ☐ | ☐ | ☐ | history of recurrent bladder infections |
| ☐ | ☐ | ☐ | ☐ | incontinence |
| ☐ | ☐ | ☐ | ☐ | diabetes |
| ☐ | ☐ | ☐ | ☐ | red, inflamed genital area |
| ☐ | ☐ | ☐ | ☐ | itchy genital area |
| ☐ | ☐ | ☐ | ☐ | heavy or irregular menstrual periods |
| ☐ | ☐ | ☐ | ☐ | increase or decrease in sex drive |
| ☐ | ☐ | ☐ | ☐ | genital sores |
| ☐ | ☐ | ☐ | ☐ | recurrent vaginal yeast infections |
| ☐ | ☐ | ☐ | ☐ | excessive pulling or rubbing of their genitals in infants or children |
| ☐ | ☐ | ☐ | ☐ | painful menstruation |
| ☐ | ☐ | ☐ | ☐ | urine retention in men |

| Current Symptoms | Past Symptoms | Immediate Family | Extended Family | |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | prostate infections in men |
| ☐ | ☐ | ☐ | ☐ | HIV positive |
| | | | | **K. Cardiovascular System** |
| ☐ | ☐ | ☐ | ☐ | high blood pressure as an adult |
| ☐ | ☐ | ☐ | ☐ | higher than normal blood pressure as a child |
| ☐ | ☐ | ☐ | ☐ | rapid pulse |
| ☐ | ☐ | ☐ | ☐ | abnormally slow pulse without strong physical fitness |
| ☐ | ☐ | ☐ | ☐ | bruising easily |
| ☐ | ☐ | ☐ | ☐ | taking heart or blood pressure medication |
| ☐ | ☐ | ☐ | ☐ | irregular heartbeat |
| ☐ | ☐ | ☐ | ☐ | cardiac pacemaker |
| ☐ | ☐ | ☐ | ☐ | fluid retention and puffiness in hands and feet |
| ☐ | ☐ | ☐ | ☐ | heart attack |
| ☐ | ☐ | ☐ | ☐ | stroke |
| ☐ | ☐ | ☐ | ☐ | heart surgery |
| | | | | TOTALS |

# Method of Tallying Results

1. Add each of the columns up, starting on the previous pages; see Step 1 below
2. Add the total number of current symptoms in each body system; see Step 2 below.

## Step 1: Total Symptoms

___ Total Current Symptoms
___ Total Past Symptoms
___ Total Immediate Family Symptoms
___ Total Extended Family Symptoms

## Step 2: Current Symptoms by Body System

___ Skin
___ Nervous System & Behaviour
___ Eyes & Vision
___ Ears & Hearing
___ Nose
___ Mouth & Throat
___ Lungs
___ Digestive Tract
___ Muscles & Joints
___ Urinary & Genital Tract
___ Cardiovascular System

*Your symptoms are likely related to a food sensitivity if:*

- You have more than 4 symptoms marked in the current symptoms column
- You have more than 3 symptoms marked in one body system
- You have symptoms marked that began in infancy or childhood
- You had symptoms as a child that disappeared but were replaced by new ones
- You have two or more severe symptoms on the list
- You are suffering from the same symptoms as a number of other family members

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# Step 2:
# Identifying the Trigger Food

*This section asks about your diet habits throughout the various stages of your life as well as the eating habits of your immediate and extended family. Food sensitivity symptoms often begin early in life and are significantly influenced by the foods we are fed by our parents.*

The foods that you crave, even as a young child, can still be the trigger many years later. In addition, because food sensitivities often occur in many members of a family, collecting information about their diet may offer important clues regarding your own trigger food.

Answer as many of the questions as you can as this will increase the accuracy of identifying the offending food. There is always a major offending food and one that has been the long standing cause of your symptoms. Removal of the main trigger most often results in elimination of most symptoms and allows the digestive tract to heal. However, as your health declines, additional foods may become a problem. This questionnaire also helps you identify any of the secondary foods that might be an issue. Total removal of these foods is rarely necessary but decreasing their consumption until your digestive tract heals may be helpful.

At the end, you will tally your answers and determine which food is the likely cause of your symptoms.

***Identify the food that best answers each of the following questions and write it in the space beneath the question:***

1. Any food that was consumed by your mother during breastfeeding that resulted in symptoms for you such as colic, eczema, or ear infections.

........................................................................

2. Any type of infant formula that you were given that was poorly tolerated and resulted in symptoms. Identify the main ingredient such as cow's milk, soy, corn etc.

........................................................................

3. The food that was introduced into your diet when you were young that you believe may have coincided with the beginning of some of your symptoms.

........................................................................

4. The food that you craved and ate almost daily during your childhood that you would have found difficult to give up.

........................................................................

5. The food that you craved and ate almost daily during your adolescence that you would have found difficult to give up.

........................................................................

6. The food you currently crave, eat almost daily, and would find very difficult to eliminate permanently from your diet.

........................................................................

7. The food that you believe may have caused an increase in your symptoms following several courses of antibiotics or other medication.

8. The food that you suspect has been a problem in some form for most of your life, even when consumed by your mother during breastfeeding or pregnancy.

9. The food that you tried, at some time, to remove from your diet that provided some improvement in your symptoms.

10. The food that your mother currently craves and would find the most difficult to give up.

11. The food that your father currently craves and would find the most difficult to give up.

12. The food that you reach for when you are tired and stressed or when your blood sugar is low.

13. The food you eat every day in some form or other unless you are sick.

14. The food you crave after you are sick as soon as you are feeling better.

15. The food that produces symptoms of withdrawal such as fatigue and brain fog when you have not eaten it for several hours.

16. The food you may love in one form and hate in another - for example, you may crave cheese desperately but hate to drink milk or love fries but hate any other type of potato.

17. The food that is present in most things you eat. For example, your favorite crackers may be loaded with milk, the bread you love may be cheese bread, you may love cereal as a bedtime snack, the only chips you like are sour cream, you won't eat potatoes unless they are mashed with milk, or you won't eat veggies unless they have a cream-based dip. The common item in all of these foods is dairy.

18. The food that seems to consistently produce symptoms each time you eat it particularly in large quantity. This is the food that you intuitively have "wondered" over the years if it was a problem and often seems to be the one you have eaten when you notice you aren't feeling unwell.

19. The food that you feel you can tolerate when eaten occasionally or in small quantities but that produces symptoms when eaten several days in a row or in a large portion.

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20. The food that is craved by some members of your extended family and eaten very often.

21. The food that some members of your extended family reach for when they are stressed or over tired.

22. The food that you feel may be a potential cause of symptoms or chronic illness for some members of your extended family. If there is more than one food, list them all.

23. The food that is known to produce symptoms in members of your family that are similar to the symptoms you are experiencing.

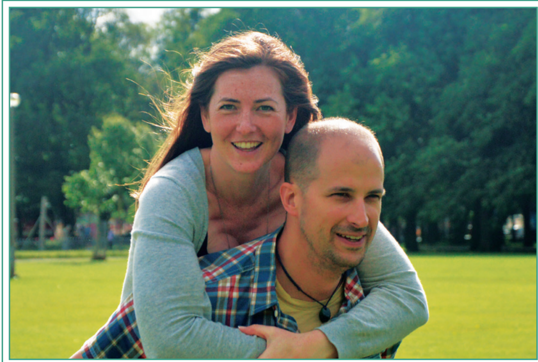
24. The food you are hoping desperately not to have to remove from your family's diet. This may be because you crave it and can't bear the thought of not having it in the house or because it is the only food your child will eat and you are sure they will starve without it.

## Tallying the Results From the Questionnaire

The food that has the greatest chance of being the offending trigger causing most of your symptoms is the one that has been identified most often as you answered the previous questions. From the column where you have written your answers, total up the number of times a food has been mentioned and place the top three foods in the boxes below.

| Food Most Commonly Answered | Food Mentioned Second On The List | Food Mentioned Third On The List |
|---|---|---|
| | | |

# Step 3:
# Planning for Successful Dietary Changes



*My book, 'Could It Really Be Something They Ate?' contains all the information that you will need to adjust your diet successfully. It contains a list of the alternative foods, suggested meals, things to do before you begin and hints to stay committed and on track. My book can be purchased at www.foodsensitivechildren.com or on Amazon.*

Here are a few of the most important things to remember:

- When you identify and remove the trigger food you may experience an increase in your symptoms for a few days. This is a normal period of withdrawal and will pass in 2 or 3 days.
- You must remove the food completely from your diet. This means you must read all the labels on packaged foods such as bread, processed meats etc. If you do not remove the food 100%, you will not experience the full benefit of your efforts. My book contains a complete list of words that indicate the presence of gluten, dairy, soy and egg in foods.
- Once you have been off the food for even a few days, your body will become more sensitive and if you consume the food again, you may experience a more dramatic reaction. My book has information on food substitutions as well as many menu ideas.
- Plan ahead before you begin. Shop for the appropriate foods and alternatives so you have delicious and healthy foods to eat to replace the ones you have removed. Try to find alternatives that match the foods in your normal diet as much as possible.
- Vary the remainder of your diet and do not replace the food you have removed with another over consumed alternative. If you replace milk, for example, with large amounts of soy products, within a few weeks your symptoms will likely return and soy will now be a problem.
- Look for ways to stay motivated. Find a compelling reason to make the changes as this will help you stay on track. For children, help them identify some significant benefit they will receive by cooperating.
- Commit to making the changes for only a month. This allows time to notice improvement and then you can decide from there what you want to do.
- If you do not get a significant improvement in most of your symptoms after a month, consider removing the second and third most commonly mentioned food from section 2.

For more information on Food Sensitivities, visit www.foodsensitivechildren.com

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***This workbook contains two questionnaires: one to help you determine whether or not the symptoms you are experiencing are likely related to something in your diet and another one to help you identify the trigger food causing these symptoms. In addition, it offers practical suggestions on where to begin to successfully change your diet in order to improve your health and well being. For additional support and information please purchase the book, "Could it Really Be Something They Ate" at www.foodsensitivechildren.com***

*" What we have learned from Margaret about the impact of food sensitivities has dramatically improved the overall health of our two young sons and our entire family. Every parent would benefit from this information. We will be forever grateful for her support."*

Johanna & Henrik Sedin
(captain of the Vancouver Canucks)

*" Marg has created the most effective approach to identifying food sensitivities I have ever seen. She taught me to ask the necessary questions to complete some of the missing pieces of the puzzle in my own health journey, as well as the lives of many others I know. I am so grateful to Marg for the wonderful work that she does! Not only is her expertise in this area unsurpassed, she is also one of the most kind and generous people I know. She has been like an angel in my life!"*

Heather Mowat, BA, RHN,
Registered Holistic Nutritionist
Holistic Nutrition Consulting

*" After a year of consulting with numerous medical doctor's regarding my son's digestive issues with no resolve, I finally found the answers that I as looking for with Margaret Evans. Margaret immediately asked the right questions, identified the root cause of my son's digestive upset, and recommended specific dietary interventions. Most importantly, she validated my concerns and instilled a sense of hope. I can't thank Margaret enough for initiating our journey of healing. "*

Emily O'Loughlin RN, BSN
Balancedbiome.ca

*Margaret Evans, RN, BScN, CPCC, is a nurse and life coach who helps families find solutions to the physical and behavioral challenges of their children. She successfully addressed food sensitivities in her own four children and has witnessed the life-changing impact it had on their lives and those of the hundreds of families she has worked with over the past twenty-five years. She lives with her husband of forty years in Vancouver, British Columbia.*

$8.99 CDN/US

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