

# What is *your* Celiac Score?

## Health Questionnaire

### SECTION I: SYMPTOMS

- |  |   |
|--|---|
| <input type="checkbox"/> Bloating                    | <input type="checkbox"/> Joint pain                               |
| <input type="checkbox"/> Gas and/or stomach cramping | <input type="checkbox"/> Numbness or tingling in your extremities |
| <input type="checkbox"/> Diarrhea or runny stools    | <input type="checkbox"/> Itchy skin lesions                       |
| <input type="checkbox"/> Constipation                | <input type="checkbox"/> Constant unexplained fatigue             |
|  | <input type="checkbox"/> Frequent headaches or migraines          |

Check each of the symptoms that you have experienced at **least once a week** during the past three months:

MY SYMPTOM  
SCORE

### SECTION II: DIAGNOSES

- |   |  |
|---|--|
| <input type="checkbox"/> Irritable bowel syndrome                 | <input type="checkbox"/> Fibromyalgia                          |
| <input type="checkbox"/> Eczema or unexplained contact dermatitis | <input type="checkbox"/> Chronic fatigue syndrome              |
|   | <input type="checkbox"/> Nervous stomach (non-ulcer dyspepsia) |

Check if you **have had or been diagnosed** with any of the above:

MY DIAGNOSES  
SCORE

### SECTION III: ASSOCIATED ILLNESSES

- |  |   |
|--|---|
| <input type="checkbox"/> Anemia  | <input type="checkbox"/> Peripheral neuropathy        |
| <input type="checkbox"/> Infertility/multiple miscarriage  | <input type="checkbox"/> Autoimmune disorders         |
| <input type="checkbox"/> Lactose intolerance   | <input type="checkbox"/> Thyroid disease (hyper/hypo) |
| <input type="checkbox"/> Psychiatric disorders or depression                                       | <input type="checkbox"/> Diabetes mellitus (Type 1)   |
| <input type="checkbox"/> Osteopenia and/or osteoporosis  | <input type="checkbox"/> Sjögren's syndrome           |
| <input type="checkbox"/> An immediate family member with an autoimmune condition or celiac disease | <input type="checkbox"/> Chronic liver disease        |
|  | <input type="checkbox"/> Non-Hodgkin's lymphoma       |
|  | <input type="checkbox"/> Small intestinal cancer      |

Check if you have **any** of the above:

MY RELATED  
ILLNESS SCORE

### SCORING

If you have checked one or more lines in **either Section I or II** and have **any** of the illnesses in **Section III** (especially males or women under age 45 with osteopenia and/or osteoporosis) you should consider testing for celiac disease. If you have checks in all three sections, you and your doctor(s) should definitely explore a diagnosis of

celiac disease.

All of the symptoms in Section I all of the diagnoses in Section II and all of the associated illnesses in Section III are intimately related to celiac disease. One in every 100 people in the United States is affected by celiac disease – **and 97% of them are undiagnosed!**



Adapted by permission from *Celiac Disease—A Hidden Epidemic* by Peter H.R. Green, M.D., Director of the Celiac Disease Center at Columbia University. Get more information about celiac disease from our website at: [www.SouthernArizonaCeliacSupport.org](http://www.SouthernArizonaCeliacSupport.org) and download printable copies of this questionnaire. Printed by: **Southern AZ Celiac Support Group, CSA Chapter 15**