

A. FAMILY HISTORY

Does a member of your family (father, mother, brother or sister) suffer from any of the following?
(Tick if "yes")

- Allergy
- Diabetes
- Crohn's disease
- Celiac disease
- Rheumatoid arthritis
- Psoriasis

TOTAL A
(Number of boxes ticked) =

B. MEDICAL HISTORY

Have you ever suffered from any of the following?
(Tick if "yes")

- Allergy
- Lactose intolerance
- Eczema
- Urticaria
- Asthma
- Digestive disorders

TOTAL B
(Number of boxes ticked) =

C. ARE YOU CURRENTLY SUFFERING FROM ANY OF THE FOLLOWING?

- Frequent digestive problems
- Regularly tired
- Mood disorders
- Recurring infections
- Skin problems
- Persistent joint pain
- Recurring headache

TOTAL C
(Number of boxes ticked) =

D. AT THE MOMENT, DO YOU HAVE...?

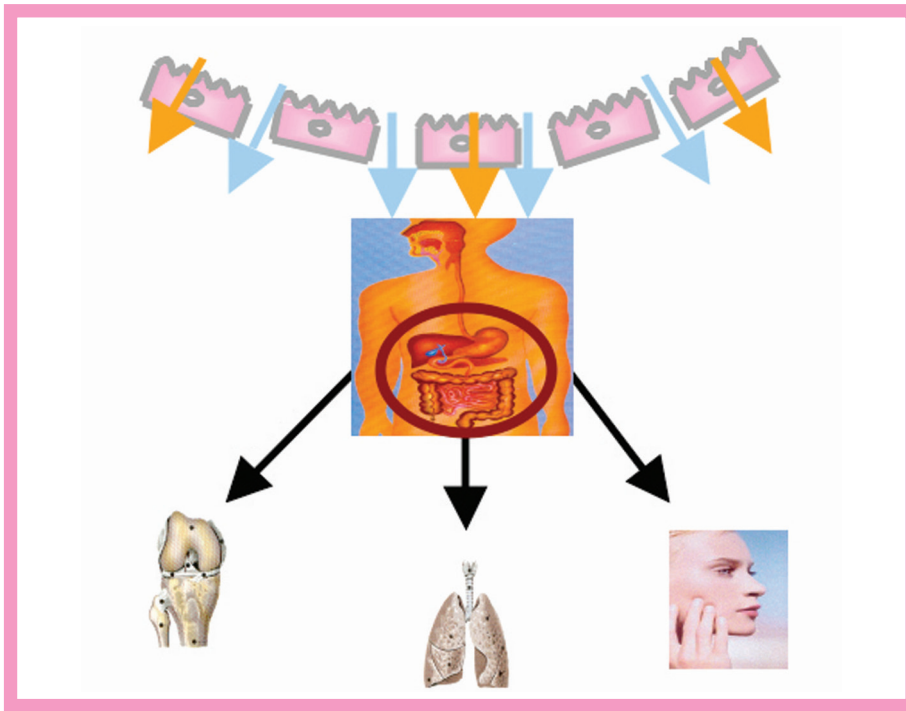
- A food intolerance
- A gluten intolerance
- Rheumatoid arthritis
- Diabetes
- A digestive disorder
- Asthma
- A skin disease

TOTAL D
(Number of boxes ticked) =

TOTAL DVQ SCORE (A+B+C+D) =



Intestinal hyperpermeability



YQVDANGLAIS-RV01

ADDITIONAL INFORMATION

Surname: First name: Date of birth:
 Height: Weight: No. of hours of physical exercise per week:
 Profession: Tel: E-mail:

IEDM

Work out your D.V.Q. score...



Are you troubled by digestive problems?...
 Do you have food intolerances?...
 Do you suffer from infectious conditions,
 skin problems or joint pain?...

Do you have a digestive vulnerability?

To find out, fill in this questionnaire:

Your micronutritionist
 will be able to advise you!

Show this D.V.Q. to your micronutritionist

Digestive Vulnerability Questionnaire D.V.Q.



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