

Celiac Disease Symptom Checklist

Your Name \_\_\_\_\_

Appointment Date \_\_\_\_\_

Fill out this sheet and take it to your appointment with the doctor. It's important to discuss your symptoms – how often you experience them, and when you first noticed them – in order to learn more about what's causing them.

Please place a check mark next to any symptoms you are now having or have had in the past.

— Intestinal gas, bloating, or abdominal cramps

How often? \_\_\_\_\_

— Diarrhea or bloody diarrhea

How often? \_\_\_\_\_

— Fatty stools

— Constipation

How often? \_\_\_\_\_

— Weight loss

How much? \_\_\_\_\_

— Anemia

Diagnosed or suspected? \_\_\_\_\_ When? \_\_\_\_\_

— Slowed growth (in children)

— Osteoporosis (brittle bones)

— Itchy, bumpy rash

How often? \_\_\_\_\_

— Infertility

When was it discovered or noticed? \_\_\_\_\_

— Anorexia

- Vitamin deficiencies
- Delayed puberty
- Inflammatory bowel disease
- Irritable bowel disorder
- Other

Explain here \_\_\_\_\_

### Notes

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