

WINE REACTIONS QUESTIONNAIRE

Date: _____ Participant: _____

WINE INFORMATION

Producer: _____ Variety: _____

Vintage: _____ Malolactic? Y ____ / N ____ / Partial ____

Dry? Y ____ / N ____ Organic? Y ____ / N ____

Price point: \$0 - \$10 ____ / \$11 - \$19 ____ / \$20 and up ____

PHYSICAL EFFECTS

I. After one glass of this wine, what (if any) symptoms occur, and to what degree of severity?
(1 = mild, 5 = severe)

_____ Congestion	1	2	3	4	5
_____ Sneezing	1	2	3	4	5
_____ Sore throat	1	2	3	4	5
_____ Itchy eyes	1	2	3	4	5
_____ Headache	1	2	3	4	5
_____ Migraine	1	2	3	4	5
_____ Rash or itchy skin	1	2	3	4	5
_____ Wheezing or difficulty breathing	1	2	3	4	5
_____ Nausea	1	2	3	4	5
_____ Stomach cramps	1	2	3	4	5
_____ Constriction of throat	1	2	3	4	5
_____ Other: _____	1	2	3	4	5

II. Before going to bed, please answer the following:

1) Approximately how much of the wine did you personally consume?

2) Have you developed any additional symptoms not noted earlier? If so, which? Have any previously listed symptoms changed in intensity?

___ Congestion	1	2	3	4	5
___ Sneezing	1	2	3	4	5
___ Sore throat	1	2	3	4	5
___ Itchy eyes	1	2	3	4	5
___ Headache	1	2	3	4	5
___ Migraine	1	2	3	4	5
___ Rash or itchy skin	1	2	3	4	5
___ Wheezing or difficulty breathing	1	2	3	4	5
___ Nausea	1	2	3	4	5
___ Stomach cramps	1	2	3	4	5
___ Constriction of throat	1	2	3	4	5
___ Other: _____	1	2	3	4	5

III. Upon getting up the next morning, please answer the following:

1) Do you have a general feeling of being "hung over" (headache, "fuzzy" head, stuffy, irritable)?

2) Which symptoms still persist, and how acute are they?

3) Did you suffer from sleeplessness during the night?

*Thank you for your participation! To discuss your results with us, please call
(530) 621-1696 or e-mail info@cantigawine.com.*