

Name _____ Birthdate _____ Today's Date _____

Digestive Health Assessment Questionnaire

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Natural Health Products: Circle any of the following products you have tried for intestinal health. (Include if they helped or not)

DGL (Licorice)	Aloe Vera Juice	Slippery Elm
D-Limonene	Raw Green Cabbage Juice	Grapefruit Seed Extract
Digestive Enzymes	Papaya Enzymes	Peppermint
Betaine HCL acid with Pepsin tablets	Probiotics	Prebiotics (FOS, Inulin)
Parasite Treatments _____	Cultured Foods: (Yogurt, Kefir, Kevita, Kraut, Pickles, Miso)	
Yeast Treatments _____	Other _____	

How many bowel movements a day do you normally experience ____day/week

Consistency of bowel movements (check all that apply):

<input type="checkbox"/> Hard	<input type="checkbox"/> Oily/Greasy
<input type="checkbox"/> Like Toothpaste	<input type="checkbox"/> Sinks quickly/leaves marks after flush
<input type="checkbox"/> Watery/Diarrhea	<input type="checkbox"/> Mucous
<input type="checkbox"/> Floats	<input type="checkbox"/> Putrid smell
<input type="checkbox"/> Blood	<input type="checkbox"/> Very Dark in Color

Gut Time Transit Test: Eat something identifiable like corn or beets and document how long it takes to come out by identifiable corn or red/blood colored stool. _____ Hours

Food Intolerance Questions (Check All that Apply):

- Do you feel bloated or belly inflamed after eating? Is your stomach distended beyond the quantity of food eaten? (Also can be yeast overgrowth).
- Does your pulse increase by at least 10 beats per minute when you eat something you are intolerant to. Strength of the pulse increases on palpitation. Often seen visually below sternum, felt in chest, or felt in the neck.
- Are you exhausted the next day (as if you ran a marathon)?
- Do you feel tightness in your chest area, which does not necessarily affect breathing?
- Do you experience wheezing?
- Do you have undigested food in your stool the next day (floaters, putrid smells, oil/fat in stool, or putrid).
- Do you have mucous-y gas (wet gas) that is often difficult to determine if you need to have a bowel movement or just gas?
- Do you have dark circles under your eyes (especially the next day).
- Do you have acne, especially a day or two after eating dairy?
- Do you develop a slight rash or itchiness to your skin, especially a day or two afterwards.
- Does your tongue, top of your mouth, or throat itch after eating suspected foods?
- Do you have mood changes or unexplained depression the next few days?
- Do you experience food cravings? Binge eating?
- Do you experience unexplained headaches?
- Do you feel clumsy or uncoordinated?

Answer ALL the questions in the following charts with a score of:

- 0= Symptoms not present or rarely present
- 1= Mild or Sometimes
- 2= Moderate or often
- 3= Severe or almost always

BEGIN SECTION A	
Burping	
Fullness for extended time after meals.	
Bloating	
Poor Appetite	
Stomach Upsets Easily	
History of Constipation	
Known Food Allergies	
SECTION A TOTAL (Hypoacidity)	=
BEGIN SECTION B	
0=Rare 1=Mild/Sometimes 2=Moderate/Often 3=Severe/Almost Always	
Abdominal Cramps	
Indigestion one to three hours after eating	
Fatigue after eating	
Lower bowel gas	
Alternating constipation and diarrhea	
Diarrhea	
Roughage and fiber cause constipation	
Mucous in stool	
Stool poorly formed	
Shiny Stool	
Three or more large bowel movements daily	
Dry, flaky skin, and/or dry brittle hair	
Pain in left side under rib cage or chronic stomach pain	
Acne	
Food allergies	
Difficulty gaining weight	
Foul-smelling stool	
Gallstones or a history of gallbladder disease	
Undigested food in stool	
Nausea	
Acid reflux/heartburn	
Connective tissue disease: lupus, rheumatoid arthritis, Sjogren's syndrome.	
Alcoholism, diabetes, osteoporosis	
SECTION B TOTAL (Small Intestine/Pancreas Function)	=

BEGIN SECTION C	
0=Rare 1=Mile/Sometimes 2=Moderate/Often 3=Severe/Almost Always	
Stomach Pains	
Stomach pains just before or after meals	
Dependency on antacids for heartburn or acid reflux	
Chronic abdominal pain	
Butterfly sensations in stomach	
Burping or bloating	
Stomach pain while emotionally upset	
Sudden, acute indigestion	
Relief of symptoms by carbonated drinks	
Relief of stomach pain by drinking cream or milk	
History or family history of ulcer or gastritis	
Current ulcer	
Black stool (and not taking iron supplements)	
Use or previous use of pain medications, such as aspirin, ibuprofen, Motrin, Aleve, steroids, or prescription anti-inflammatories.	
SECTION C TOTAL (Ulcers/Hyperacidity)	=
BEGIN SECTION D	
0=Rare 1=Mile/Sometimes 2=Moderate/Often 3=Severe/Almost Always	
Seasonal or recurring diarrhea	
Frequent and recurrent infections or colds	
Bladder and kidney infections	
Vaginal or Jock Itch Yeast Infections	
Abdominal Cramps	
Toe and Fingernail Fungus	
Alternating diarrhea and constipation	
Constipation	
History of antibiotic use	
Meat eater	
Rapidly failing vision	
Recurrent Stomach Pain	
Blood or pus in stool	
Family history of irritable bowel disease	
SECTION D TOTAL (Colon/Large Intestine)	=
BEGIN SECTION E	
0=Rare 1=Mile/Sometimes 2=Moderate/Often 3=Severe/Almost Always	
Intolerance to greasy foods	
Headaches after eating	
Light-colored stool	
Foul Smelling Stool	

Less than one bowel movement daily	
Constipation	
Hard stool	
Sour taste in mouth	
Gray-colored skin	
Yellow in white of eyes	
Bad breath	
Body odor	
Fatigue and sleepiness after eating	
Pain in right side under rib cage	
Painful to pass stool	
Retain water	
Pain in big toe	
Pain radiates along outside of leg	
Dry skin/hair	
Red blood in stool	Yes/No
Have had jaundice or hepatitis	Yes/No
High blood cholesterol and low HDL cholesterol	Yes/No
Cholesterol level above 200	Yes/No
SECTION E TOTAL (Liver/Gallbladder)	=
BEGIN SECTION F	
0=Rare 1=Mild/Sometimes 2=Moderate/Often 3=Severe/Almost Always	
Constipation and/or Diarrhea	
Abdominal pain or bloating	
Mucous or blood in stool	
Joint pain, joint swelling, or arthritis	
Chronic or frequent fatigue or tiredness	
Food allergy or food sensitivities or intolerance	
Sinus or nasal congestion	
Chronic or frequent inflammations	
Eczema, skin rashes, or hives	
Asthma, hay fever, or airborne allergies	
Confusion, poor memory, or mood swings	
Use of anti-inflammatory drugs (Motrin, Advil, Aleve, Ibuprofen, or steroids)	
History of antibiotic use	
Alcohol consumption	
Alcohol makes you feel sick	
Ulcerative colitis, Crohn's disease, or celiac disease	
Headaches or migraine headaches	
Chronic nasal congestion	
SECTION F TOTAL (Intestinal perm., Leaky Gut, Dysbiosis)	=

BEGIN SECTION G	
0=Rare 1=Mild/Sometimes 2=Moderate/Often 3=Severe/Almost Always	
Sour taste in mouth	
Regurgitate undigested food into mouth	
Frequent nocturnal coughing	
Burning sensation from citrus on way down stomach	
Heartburn	
Burping	
Difficulty swallowing solids or liquids	
SECTION G TOTAL (Gastric Reflux)	=

Other Questions	
0=Rare 1=Mild/Sometimes 2=Moderate/Often 3=Severe/Almost Always	
Bloating/Abdominal Gas	
Burping After meals	
Abdominal Pain or Cramps	
Heartburn/reflux/GERD	
Irritable Bowel Syndrome	
Constipation before onset of issues or currently	
History of partial or complete bowel blockage	
Opioid use prior to symptoms	
Leaky Gut or Intestinal Permeability	
Food Sensitivities	
Gluten sensitive	
Are symptoms relieved on a low sugar/starch/grain/carbohydrate diet?	
Are symptoms relieved on a gluten free diet?	
I have brain fog, memory problems	
I have unabsorbed fat in my stool	
I am underweight	
I have symptoms or trouble with Vitamin B12 absorption	
Restless leg syndrome/leg cramps	
I graze/nibble throughout the day instead of 3 square meals a day	
Abdominal Surgery before onset of issues	
Probiotics make me feel worse (especially with FOS, Inulin)	
I had gastroenteritis (gut bug by virus, bacteria, or food poisoning) before onset of symptoms	
I used antacids, especially Proton Pump Inhibitors (PPI's) like Prilosec	
I have problems with my ileocecal valve?	
SECTION H TOTAL (Small Intestine/Other)	=

SECTION A SCORING (0-4 Low, 5-8 Moderate, 9+ High Priority)	
SECTION B SCORING (0-6 Low, 6-9 Moderate, 10+ High Priority)	
SECTION C SCORING (0-4 Low, 5-8 Moderate, 9+ High Priority)	
SECTION D SCORING (0-5 Low, 6-9 Moderate, 10+ High Priority)	
SECTION E SCORING (0-2 Low, 3-5 Moderate, 6+ High Priority)	
F SCORING (1-5 Low, 6-10 Moderate, 7-19 High, 20+ Very High Priority)	
SECTION G SCORING (0-3 Low, 4-6 Moderate, 7+ High Priority)	
SECTION H SCORING (0-4 Low, 5-8 Moderate, 9+ High Priority)	