DIGESTIVE HEALTH CENTER
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DIGESTIVE AND LIFESTYLE QUESTIONNAIRE

Date: _____

PART 1

This questionnaire will help you assess your lifestyle and digestive status. It is not meant as a replacement for a physician's care. The answers will help you focus your attention on specific areas of need.

MEDICATIONS CURRENTLY USED

Circle ant of the following medications you are taking. Add to this list any other medications that you take.

☐ Antacids	☐ Aspirin	☐ Prednisone
☐ Antibiotic	☐ Cortisone	☐ Stool softeners
☐ Antifungals	☐ Laxatives	☐ Tylenol
☐ Anti-inflammatories	☐ Oral contraceptives	☐ Ulcer medications

Others: _____

FOOD, NUTRITION, AND LIFESTYLE

Check if you eat, drink, or use:

☐ Alcohol	☐ Coffee	☐ Margarine
☐ Candy	☐ Fast foods	☐ Soft drinks
☐ Chewing tobacco	☐ Friend foods	☐ Sweets or pastries
☐ Cigarettes	☐ Luncheon meats	

Check if you:

☐ Diet often	☐ Do not exercise regularly
☐ Are under excessive stress	☐ Are exposed to cigarette smoke
☐ Are exposed to chemicals at work	

How often do you cook meals from scratch? _____

How often do you eat meals at home? _____

How often do you eat meals out? _____

ADAPTED FROM:

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PART 2

This part of the questionnaire will help you discover where your digestive system is having problems. It is a screening tool and does not constitute and exact diagnosis of your problem. However, it can point you in the right direction in determining where the highest priorities lie in your healing process. ***Select the number that best describes the intensity of your symptoms. If you do not know the answer to a question, leave it blank. Add the totals for each section to assess which areas need your attention.***

0 = Symptom is not present/rarely present
1 = Mild/sometimes
2 = Moderate/often
3 = Severe/almost always

SECTION A: HYPOACIDITY OF THE STOMACH

1.	Burping	○0	○1	○2	○3
2.	Fullness for extended	○0	○1	○2	○3
3.	Bloating	○0	○1	○2	○3
4.	Poor appetite	○0	○1	○2	○3
5.	Stomach upsets easily	○0	○1	○2	○3
6.	History of constipation	○0	○1	○2	○3
7.	Known food allergies	○0	○1	○2	○3
8.	Iron-deficiency anemia	○0	○1	○2	○3
9.	Nausea after taking supplements	○0	○1	○2	○3

Total: _____

Score 0-4: Low priority Score 5-9: Moderate priority Score 10 or above: High priority

SECTION B: HYPOFUNCTION OF SMALL INTESTINES AND/OR PANCREAS

1.	Abdominal cramps	○0	○1	○2	○3
2.	Indigestion one to three hours after eating	○0	○1	○2	○3
3.	Fatigue after eating	○0	○1	○2	○3
4.	Lower bowel gas	○0	○1	○2	○3
5.	Alternating constipation and diarrhea	○0	○1	○2	○3
6.	Diarrhea	○0	○1	○2	○3
7.	Roughage and fiber cause constipation	○0	○1	○2	○3
8.	Mucus in stools	○0	○1	○2	○3
9.	Stool poorly formed	○0	○1	○2	○3
10.	Shiny stool	○0	○1	○2	○3
11.	Three or more large bowel movements daily	○0	○1	○2	○3
12.	Dry, flaky skin and/or dry, brittle hair	○0	○1	○2	○3
13.	Pain in left side under rib cage or chronic stomach pain	○0	○1	○2	○3

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14. Acne	○0	○1	○2	○3
15. Food allergies	○0	○1	○2	○3
16. Difficulty gaining weight	○0	○1	○2	○3
17. Foul-smelling stool	○0	○1	○2	○3
18. Gallstones/history of gallbladder disease	○0	○1	○2	○3
19. Undigested food in stool	○0	○1	○2	○3
20. Nausea	○0	○1	○2	○3
21. Acid reflux/heartburn	○0	○1	○2	○3
22. Connective tissue disease: lupus, rheumatoid arthritis, Sjogren's	○0	○1	○2	○3
23. Alcoholism, diabetes, osteoporosis	○0	○1	○2	○3

Total: _____

Score 0-6: Low priority Score 7-9: Moderate priority Score 10 or above: High priority

SECTION C: GASTRIC REFLUX

1. Sour taste in mouth	○0	○1	○2	○3
2. Regurgitate undigested food into mouth	○0	○1	○2	○3
3. Frequent nocturnal coughing	○0	○1	○2	○3
4. Burning sensation from citrus on way to stomach	○0	○1	○2	○3
5. Heartburn	○0	○1	○2	○3
6. Burping	○0	○1	○2	○3
7. Difficulty swallowing solids or liquids	○0	○1	○2	○3

Total: _____

Score 0-3: Low priority Score 4-6: Moderate priority Score 7 or above: High priority

SECTION D: ULCERS OR TOO MUCH STOMACH ACID IN THE WRONG PLACE

1. Stomach pains	○0	○1	○2	○3
2. Stomach pains before after meals	○0	○1	○2	○3
3. Dependency on antacids for heartburn/acid reflux	○0	○1	○2	○3
4. Chronic abdominal pain	○0	○1	○2	○3
5. Butterfly sensations in stomach	○0	○1	○2	○3
6. Burping or bloating	○0	○1	○2	○3
7. Stomach pain when emotionally upset	○0	○1	○2	○3
8. Sudden, acute indigestion	○0	○1	○2	○3
9. Relief of symptoms by carbonated drinks	○0	○1	○2	○3
10. Relief of stomach pain by drinking cream or milk	○0	○1	○2	○3
11. History or family history of ulcer or gastritis	○0	○1	○2	○3
12. Current ulcer	○0	○1	○2	○3
13. Black stool when not taking iron supplements	○0	○1	○2	○3

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14. Use or previous use of pain medications: aspirin, ibuprofen ○0 ○1 ○2 ○3

Total: _____

Score 0-4: Low priority Score 5-8: Moderate priority Score 9 or above: High priority

SECTION E: LIVER AND GALLBLADDER

1. Intolerance to greasy foods ○0 ○1 ○2 ○3
2. Headaches after eating ○0 ○1 ○2 ○3
3. Light-colored stool ○0 ○1 ○2 ○3
4. Foul-smelling stool ○0 ○1 ○2 ○3
5. Less than one bowel movement daily ○0 ○1 ○2 ○3
6. Constipation ○0 ○1 ○2 ○3
7. Hard stool ○0 ○1 ○2 ○3
8. Sour taste in mouth ○0 ○1 ○2 ○3
9. Gray-colored skin ○0 ○1 ○2 ○3
10. Yellow in whites of eyes ○0 ○1 ○2 ○3
11. Bad breath ○0 ○1 ○2 ○3
12. Bad odor ○0 ○1 ○2 ○3
13. Fatigue and sleepiness after eating ○0 ○1 ○2 ○3
14. Pain in right side under rib cage ○0 ○1 ○2 ○3
15. Pain when passing stool ○0 ○1 ○2 ○3
16. Water retention ○0 ○1 ○2 ○3
17. Painful big toe ○0 ○1 ○2 ○3
18. Pain radiates along outside of leg ○0 ○1 ○2 ○3
19. Dry skin or hair ○0 ○1 ○2 ○3

20. Red blood in stool
○No = 0 ○More than two years age = 1 ○Current = 2 ○Chronic = 3

21. Have had jaundice or hepatitis
○No = 0 ○More than two years age = 1 ○Current = 2 ○Chronic = 3

22. High blood cholesterol and low HDL cholesterol ○No = 0 Unknown ○Yes = 2
23. Cholesterol level above 200 ○No = 0 Unknown ○Yes = 2
24. Triglyceride level above 115 ○No = 0 Unknown ○Yes = 2

Total: _____

Score 0-2: Low priority Score 3-5: Moderate priority Score 6 or above: High priority

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SECTION F: SMALL INTESTINAL BACTERIAL OVERGROWTH

1. Excessive gas/flatulence	○0	○1	○2	○3
2. Abdominal bloating and distension, especially with sugar, fiber, or carbohydrates	○0	○1	○2	○3
3. Diarrhea	○0	○1	○2	○3
4. Abdominal pain	○0	○1	○2	○3
5. Irritable bowel syndrome	○0	○1	○2	○3
6. Fibromyalgia	○0	○1	○2	○3
7. Restless leg syndrome	○0	○1	○2	○3
8. Intolerance to probiotic supplements	○0	○1	○2	○3
9. Scored 9 or more on Section A	○0	○1	○2	○3
10. Are taking antacid or proton pump inhibitors for heartburn/GERD	○0	○1	○2	○3

Total: _____

Score 0-4: Low priority Score 5-9: Moderate priority Score 10 or above: High priority

SECTION G: INTESTINAL PERMEABILITY/LEAKY GUT SYNDROME SYSBIOSIS

1. Constipation add/or diarrhea	○0	○1	○2	○3
2. Abdominal pain or bloating	○0	○1	○2	○3
3. Mucus or blood in stool	○0	○1	○2	○3
4. Joint pain or swelling, or arthritis	○0	○1	○2	○3
5. Chronic or frequent fatigue or tiredness	○0	○1	○2	○3
6. Food allergy or food sensitivities or intolerance	○0	○1	○2	○3
7. Sinus or nasal congestion	○0	○1	○2	○3
8. Chronic or frequent inflammations	○0	○1	○2	○3
9. Eczema, skin rashes, or hives (urticaria)	○0	○1	○2	○3
10. Asthma, hay fever, or airborne allergies	○0	○1	○2	○3
11. Confusion, poor memory, or mood swings	○0	○1	○2	○3
12. Use of nonsteroidal anti-inflammatory drugs (aspirin, Tylenol, Motrin)	○0	○1	○2	○3
13. History of antibiotic use	○0	○1	○2	○3
14. Alcohol consumption, or alcohol makes you feel sick	○0	○1	○2	○3
15. Ulcerative colitis, Crohn's disease, or celiac disease	○0	○1	○2	○3
16. Headaches or migraine headaches	○0	○1	○2	○3
17. Chronic nasal congestion	○0	○1	○2	○3

Total: _____

Score 1-5: Low priority Score 6-10: Moderate priority Score 20 or above: High priority

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SECTION H: GLUTEN SENSITIVITY

Digestive

1. Bloating and/or gas	○0	○1	○2	○3
2. Constipation and/or diarrhea	○0	○1	○2	○3
3. Nausea	○0	○1	○2	○3
4. Weight trouble	○0	○1	○2	○3
5. Iron-deficiency anemia	○0	○1	○2	○3

Hormonal

6. Fatigue	○0	○1	○2	○3
7. Sleep problems	○0	○1	○2	○3
8. Depression, anxiety, and/or mood swings	○0	○1	○2	○3
9. Menstrual problems	○0	○1	○2	○3
10. Infertility	○0	○1	○2	○3
11. Thyroid problems	○0	○1	○2	○3
12. Osteoporosis or osteopenia	○0	○1	○2	○3

Neurological

13. Headaches and/or migraines	○0	○1	○2	○3
14. Memory problems	○0	○1	○2	○3
15. Joint pains or aches	○0	○1	○2	○3
16. Fibromyalgia	○0	○1	○2	○3
17. Brain fog	○0	○1	○2	○3

Immune System

18. Get infections easily	○0	○1	○2	○3
19. History or family history of arthritis, any type	○0	○1	○2	○3
20. History or family history of cancer	○0	○1	○2	○3
21. History or family history of autoimmune disease	○0	○1	○2	○3
22. History or family history of celiac disease	○0	○1	○2	○3

Total: _____

Score 0-6: Low priority Score 6-10: Moderate priority Score 10 or above: High priority

The section on gluten intolerance was adapted with permission from: Drs. Vikki and Richard Petersen, DC, CCN, The Gluten Effect, True Health Publishing, 2009; http://www.healthnowmediacal.com.sunny-vale, CA.

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SECTION I: COLON/LARGE INTESTINE

1.	Seasonal or recurring diarrhea	○0	○1	○2	○3
2.	Frequent and recurrent infections (colds)	○0	○1	○2	○3
3.	Bladder and kidney infections	○0	○1	○2	○3
4.	Vaginal yeast infection	○0	○1	○2	○3
5.	Abdominal cramps	○0	○1	○2	○3
6.	Toe and fingernail fungus	○0	○1	○2	○3
7.	Alternating diarrhea and constipation	○0	○1	○2	○3
8.	Constipation	○0	○1	○2	○3
9.	History of antibiotic use	○0	○1	○2	○3
10.	Meat eater	○0	○1	○2	○3

○Never = 0 ○Rarely = 1 ○Often = 2 ○Daily = 3

11.	Rapidly failing vision	○0	○1	○2	○3
12.	Recurrent stomach pain	○0	○1	○2	○3
13.	Blood or pus in stool	○0	○1	○2	○3
14.	Family history of inflammatory bowel disease	○0	○1	○2	○3

Total: _____

Score 0-5: Low priority Score 6-9: Moderate priority Score 10 or above: High priority

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