

Digestive Health Questionnaire

Name: _____ Date: _____

Please list your 3 major health concerns in order of importance:

1. _____
2. _____
3. _____

Instructions:

Please circle the appropriate number for each symptom.

Questionnaire Scale

- 0 Never
- 1 Occasionally
- 2 Sometimes
- 3 Frequently
- 4 Always

Section 1

- Difficulty swallowing supplements 0 1 2 3 4
- Difficulty swallowing large bites of food 0 1 2 3 4
- Need to chew food excessively before swallowing 0 1 2 3 4
- Difficulty producing saliva when chewing 0 1 2 3 4
- Dry Mouth 0 1 2 3 4

Section 2

- Inconsistent regularity in bowel movements 0 1 2 3 4
- Constipation 0 1 2 3 4
- Straining with bowel movement 0 1 2 3 4
- Diarrhea or loose stools 0 1 2 3 4
- Need to use stool softeners, laxatives, or enemas 0 1 2 3 4

Section 3

- Difficulty digesting high-protein foods (meats, eggs, nuts, etc.) 0 1 2 3 4
- Excessive belching and burping 0 1 2 3 4
- Offensive breath 0 1 2 3 4
- Sense of fullness during and after meals 0 1 2 3 4
- Bloating within the first 30-60 minutes after meals 0 1 2 3 4

Section 4

- Stomach pain, burning, or aching 1-4 hours after eating 0 1 2 3 4
- Need to use antacids after meals 0 1 2 3 4
- Heartburn when lying down or bending forward 0 1 2 3 4
- Heartburn after spicy foods, alcohol, citrus, or caffeine 0 1 2 3 4

Section 5

- Difficulty digesting fibers and starches (vegetables, fruits, beans, rice, etc.) 0 1 2 3 4
- Bloating within the first 1-2 hours after meals 0 1 2 3 4
- Pain and tenderness on the left side of rib cage after meals 0 1 2 3 4

Section 6

- Abdominal bloating and distress after fatty, oily, or fried foods 0 1 2 3 4
- Burping; fishy taste after taking fish oils or eating fish 0 1 2 3 4
- Pain between shoulder blades or right rib cage after eating fatty foods 0 1 2 3 4
- Nausea or sensations of vomiting after meals 0 1 2 3 4

Section 7

- Undigested food found in stool 0 1 2 3 4
- Mucus found in stool 0 1 2 3 4
- Floating stool 0 1 2 3 4
- Excessively foul-smelling stool 0 1 2 3 4
- Clay-colored stool 0 1 2 3 4
- Blood in stool or black colored stool 0 1 2 3 4
- Blood on toilet paper after wiping 0 1 2 3 4

Section 8

- Increasing frequency of reactions to foods 0 1 2 3 4
- Inflammation, swelling, and pain throughout body 0 1 2 3 4
- Unpredictable bloating and swelling 0 1 2 3 4

Section 9

- Abdominal distention after any consumption of fibers, starches, and sugars 0 1 2 3 4
- Abdominal distention with probiotics or natural supplements 0 1 2 3 4

Section 10

- Feel like you are not absorbing your nutrients 0 1 2 3 4
- Losing weight and have difficulty gaining weight 0 1 2 3 4
- Losing muscle mass 0 1 2 3 4
- Bruise easily or have bleeding gums 0 1 2 3 4
- Muscle spasms 0 1 2 3 4
- Swelling of the tongue 0 1 2 3 4
- Deep muscle or bone pain 0 1 2 3 4