



DIGESTIVE AND LIFESTYLE QUESTIONNAIRE

Name:

Date:

PART I

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

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Aspirin | <input type="checkbox"/> Prednisone |
| <input type="checkbox"/> Antibiotic | <input type="checkbox"/> Cortisone | <input type="checkbox"/> Stool softeners |
| <input type="checkbox"/> Antifungals | <input type="checkbox"/> Laxatives | <input type="checkbox"/> Tylenol |
| <input type="checkbox"/> Anti-inflammatories | <input type="checkbox"/> Oral contraceptives | <input type="checkbox"/> Ulcer medications |

Other:

FOOD, NUTRITION AND LIFESTYLE

Check off if you eat, drink or use:

- | | | |
|--|---|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Coffee | <input type="checkbox"/> Margarine |
| <input type="checkbox"/> Candy | <input type="checkbox"/> Fast foods | <input type="checkbox"/> Soft drinks |
| <input type="checkbox"/> Chewing tobacco | <input type="checkbox"/> Fried foods | <input type="checkbox"/> Sweets or pastries |
| <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Luncheon meats | |

Check off if you:

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

How often do you cook meals from scratch?

How often do you eat meals at home?

How often do you eat meals out?

INTERPRETATION OF QUESTIONNAIRE PART I

MEDICATIONS:

Medications are good indicators that your body is in some sort of imbalance.

Medications have drug/nutrient interactions. Some nutrient needs may be increased, some decreased; some nutrients may block absorption of usefulness of the drug. You may want to read a book, ask your pharmacist, or look online for drug-nutrient interactions to see if there are specific nutrients or herbs that you *should* or *should not* be taking with your medications.

FOODS, DRINKS, TOBACCO:

Candy, alcohol, sweets and soft drinks: these "empty-calorie foods" contain few nutrients; however, nutrients are needed to metabolize them, and they replace healthy foods in our diets. These foods have a detrimental effect on most digestive problems; for instance, simple sugars feed yeasts, bacteria and parasites.

Cigarettes and chewing tobacco: make sure to take a good antioxidant supplement and lots of vitamin C to compensate for the stress the tobacco causes. Tobacco has a negative effect on the digestive system, it ages you and it increases your risk to lung cancer.

Luncheon meats, pastries, fast foods and margarine: if you eat these foods you are probably getting too much of the wrong kinds of fat: restructured, nutrient-depleted fats. Margarine and most pastries also contain hydrogenated oils, which are absorbed into our cells but are detrimental to our health. They make the cell membranes stiff and stifle the intake of nutrients and outgo of wastes, promote free radical activity, and contribute to atherosclerosis and inflammatory diseases.

The oils used in deep-frying are used over and over. This creates a breakdown of the oil and increases inflammation throughout your body. Eating fried foods on occasion won't hurt you, but as part of your general diet, it's not recommended.

Coffee, tea, energy drinks and soft drinks that contain caffeine are a mixed bag. On one hand, coffee and tea provide polyphenols and antioxidant nutrients. If you like drinking coffee or tea, that's fine. If you need to drink coffee or tea to maintain your energy throughout the day, that's an issue. Try snacking on healthful foods every few hours to see if that works as effectively. Take naps if you are tired, rather than pushing on.

As far as energy drinks and soft drinks, my opinion is that these are chemical soups, food-like substances that have no place in our diet. Live on the energy that you have. Paying attention to what your body needs, rather than what your mind wants is one of the keys to enduring health.

LIFESTYLE:

Diet often: Weight problems can be caused by a hypoactive thyroid, food sensitivities, poor food choices, sedentary lifestyle and emotional and social overeating. Chronic dieting leads to further metabolic slowdown. A wellness-centered approach works best for the overweight person.

Lack of routine exercise: Exercise is the great stress reducer and enhances the health of our whole body, including our digestive system. Regular exercise at least three times a week for 20 to 30 minutes can significantly reduce the risk of cardiovascular disease, help your bowels to move more regularly and increase your total sense of well-being.

High stress level: This indicates the need for a good exercise program, ways of nurturing oneself, and training to increase emotional heartiness. Food choices usually suffer during stressful periods, while nutrient needs are increased. Supplementation may be indicated.

Exposure to chemicals: Prolonged exposure to chemicals can cause environmental illness, which can manifest as obvious illness or as nondiagnosable complaints of confusion, chronic fatigue, headaches or just not feeling right. Many women with breast cancer have had prolonged exposure to chemicals. Metabolic clearing and low-temperature saunas are important.

Exposure to cigarette smoke: Research indicates that secondhand smoke is detrimental to a healthy respiratory system. If you cannot get away from smokers, buy them "smokeless" ashtrays, open windows whenever possible and take antioxidant supplements.

Cooking meals from scratch: Cooking is self-love. Home-cooked meals are generally less expensive and depending on what you cook they can be more nutrient dense. A simple meal can be made from scratch in 20-30 minutes.

Eating meals out: If you eat out for most of your meals, make healthful selections. Choose restaurants that serve salads, vegetables and high-quality food whenever possible.

PART II

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 an 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.

Enter 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..... | <input type="text"/> | 6. History of constipation..... | <input type="text"/> |
| 2. Fullness for extended time after meals.... | <input type="text"/> | 7. Known food allergies..... | <input type="text"/> |
| 3. Bloating..... | <input type="text"/> | 8. Iron-deficiency anemia..... | <input type="text"/> |
| 4. Poor appetite..... | <input type="text"/> | 9. Nausea after taking supplements.. | <input type="text"/> |
| 5. Stomach upsets easily..... | <input type="text"/> | TOTAL: | <input type="text"/> |

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..... | <input type="text"/> | 9. Stool poorly formed..... | <input type="text"/> |
| 2. Indigestion one to three hours after eating.. | <input type="text"/> | 10. Shiny stool..... | <input type="text"/> |
| 3. Fatigue after eating..... | <input type="text"/> | 11. Three or more large bowel movements daily..... | <input type="text"/> |
| 4. Lower bowel gas..... | <input type="text"/> | 12. Dry, flaky skin and/or dry, brittle hair..... | <input type="text"/> |
| 5. Alternating constipation and diarrhea..... | <input type="text"/> | 13. Pain in left side under rib cage or chronic stomach pain.. | <input type="text"/> |
| 6. Diarrhea..... | <input type="text"/> | 14. Acne..... | <input type="text"/> |
| 7. Roughage and fiber causes constipation..... | <input type="text"/> | 15. Food allergies..... | <input type="text"/> |
| 8. Mucus in stools..... | <input type="text"/> | 16. Difficulty gaining weight..... | <input type="text"/> |

- | | | | |
|--|----------------------|--|----------------------|
| 17. Foul-smelling stool..... | <input type="text"/> | 21. Acid reflux/heartburn..... | <input type="text"/> |
| 18. Gallstones/history of gallbladder disease..... | <input type="text"/> | 22. Connective tissue disease: lupus, rheumatoid arthritis, Sjogren's..... | <input type="text"/> |
| 19. Undigested food in stool..... | <input type="text"/> | 23. Alcoholism, diabetes, osteoporosis..... | <input type="text"/> |
| 20. Nausea..... | <input type="text"/> | TOTAL: | <input type="text"/> |

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

SECTION C: GASTRIC REFLUX

- | | |
|---|----------------------|
| 1. Sour taste in mouth..... | <input type="text"/> |
| 2. Regurgitate undigested food into mouth..... | <input type="text"/> |
| 3. Frequent nocturnal coughing..... | <input type="text"/> |
| 4. Burning sensation from citrus on way to stomach..... | <input type="text"/> |
| 5. Heartburn..... | <input type="text"/> |
| 6. Burping..... | <input type="text"/> |
| 7. Difficulty swallowing solids or liquids..... | <input type="text"/> |
| TOTAL: | <input type="text"/> |

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..... | <input type="text"/> | 9. Relief of symptoms by carbonated drinks..... | <input type="text"/> |
| 2. Stomach pains before or after meals..... | <input type="text"/> | 10. Relief of stomach pain by drinking cream or milk..... | <input type="text"/> |
| 3. Dependency on antacids for heartburn/acid reflux..... | <input type="text"/> | 11. History or family history of ulcer or gastritis..... | <input type="text"/> |
| 4. Chronic abdominal pain..... | <input type="text"/> | 12. Current ulcer..... | <input type="text"/> |
| 5. Butterfly sensations in stomach..... | <input type="text"/> | 13. Black stool when not taking iron supplements..... | <input type="text"/> |
| 6. Burping or bloating..... | <input type="text"/> | 14. Use or previous use of pain medications: aspirin, ibuprofen, etc..... | <input type="text"/> |
| 7. Stomach pain when emotionally upset..... | <input type="text"/> | TOTAL: | <input type="text"/> |
| 8. Sudden, acute indigestion..... | <input type="text"/> | | |

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.....
- 2. Headaches after eating.....
- 3. Light-colored stool.....
- 4. Foul-smelling stool.....
- 5. Less than one bowel movement daily.....
- 6. Constipation.....
- 7. Hard stool.....
- 8. Sour taste in mouth.....
- 9. Gray-colored skin.....
- 10. Yellow in whites of eyes.....
- 11. Bad breath.....
- 12. Body odor.....
- 13. Fatigue and sleepiness after eating.....
- 14. Pain in right side under rib cage.....

- 15. Pain when passing stool.....
- 16. Water retention.....
- 17. Painful big toe.....
- 18. Pain radiates along outside of leg.....
- 19. Dry skin or hair.....
- 20. Red blood in stool.....
(No = 0 More than two years ago = 1 Current = 2 Chronic = 3)
- 21. Have had jaundice or hepatitis.....
(No = 0 More than two years ago = 1 Current = 2 Chronic = 3)
- 22. High blood cholesterol and low HDL cholesterol
(No = 0 Unknown (blank) Yes = 2)
- 23 Cholesterol level above 200.....
(No = 0 Unknown (blank) Yes = 2)
- 24. Triglyceride level above 115.....
(No = 0 Unknown (blank) Yes = 2-3)

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

TOTAL:

SECTION F: SMALL INTESTINAL BACTERIAL OVERGROWTH

- 1. Excessive gas/flatulence.....
- 2. Abdominal bloating and distension, especially with sugar, fiber or carbohydrates.....
- 3. Diarrhea.....
- 4. Abdominal pain.....
- 5. Irritable bowel syndrome.....
- 6. Fibromyalgia.....

- 7. Restless leg syndrome.....
- 8. Intolerance to probiotic supplements.....
- 9. Scored 9 or more on Section A.....
- 10. Are taking antacids or proton pump inhibitors for heartburn/GERD.....

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

TOTAL:

SECTION G: INTESTINAL PERMEABILITY/LEAKY GUT SYNDROME DYSBIOSIS

- 1. Constipation and/or diarrhea.....
- 2. Abdominal pain or bloating.....
- 3. Mucus or blood in stool.....
- 4. Joint pain or swelling, or arthritis.....
- 5. Chronic or frequent fatigue or tiredness.....
- 6. Food allergy or food sensitivities or intolerance...
- 7. Sinus or nasal congestion.....
- 8. Chronic or frequent inflammations.....
- 10. Asthma, hay fever or airborne allergies.....

- 11. Confusion, poor memory or mood swings.....
- 12. Use of nonsteroidal anti-inflammatory drugs (aspirin, Tylenol, Motrin).....
- 13. History of antibiotic use.....
- 14. Alcohol consumption or alcohol makes you feel sick.....
- 15. Ulcerative colitis, Crohn's disease or celiac disease.....
- 16. Headaches or migraine headaches.....
- 17. Chronic nasal congestion.....

Score 1-5: Low priority
 Score 6-10: Mild priority
 Score 7-19 Moderate priority
 Score 20 or above: High priority

TOTAL:

SECTION H: GLUTEN SENSITIVITY

Digestive

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

Hormonal

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

Neurological

- 13. Headaches and/or migraines.....
- 14. Memory problems.....
- 15. Joint pains or aches.....
- 16. Fibromyalgia.....
- 17. Brain fog.....

Immune System

- 18. Get infections easily.....
- 19. History or family history of arthritis, any type.....
- 20. History or family history of cancer.....
- 21. History or family history of autoimmune disease.....
- 22. History or family history of celiac disease.....

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

TOTAL:

SECTION I: COLON/LARGE INTESTINE

1. Seasonal or recurring diarrhea.....	<input type="text"/>	10. Meat eater.....	<input type="text"/>
2. Frequent and recurrent infections (colds).....	<input type="text"/>	(Never = 0 Rarely = 1 Often = 2 Daily = 3)	
3. Bladder and kidney infections.....	<input type="text"/>	11. Rapidly failing vision.....	<input type="text"/>
4. Vaginal yeast infection.....	<input type="text"/>	12. Recurrent stomach pain.....	<input type="text"/>
5. Abdominal cramps.....	<input type="text"/>	13. Blood or pus in stool.....	<input type="text"/>
6. Toe and fingernail fungus.....	<input type="text"/>	14. Family history of inflammatory bowel disease....	<input type="text"/>
7. Alternating diarrhea and constipation.....	<input type="text"/>	Score 0-5: Low priority	TOTAL: <input type="text"/>
8. Constipation.....	<input type="text"/>	Score 6-9: Moderate priority	
9. History of antibiotic use.....	<input type="text"/>	Score 10 or above: High priority	