

## 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.....
- 2. Frequent and recurrent infections (colds).....
- 3. Bladder and kidney infections.....
- 4. Vaginal yeast infection.....
- 5. Abdominal cramps.....
- 6. Toe and fingernail fungus.....
- 7. Alternating diarrhea and constipation.....
- 8. Constipation.....
- 9. History of antibiotic use.....

- 10. Meat eater.....

(Never = 0 Rarely = 1 Often = 2 Daily = 3)

- 11. Rapidly failing vision.....
- 12. Recurrent stomach pain.....
- 13. Blood or pus in stool.....
- 14. Family history of inflammatory bowel disease...

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

TOTAL: