

# DIGESTIVE/LIVER HEALTH QUESTIONNAIRE

Forever Healthy [www.foreverhealthy.net](http://www.foreverhealthy.net)

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Date \_\_\_\_\_ 200 \_\_\_\_ Phone \_\_\_\_\_

**DIRECTIONS:** Please Circle the number which best describes the intensity of your symptoms. If you don't know the answer to a question, leave it blank.

**0** = Symptom not present

**1** = Mild

**2** = Moderate

**3** = Severe

## Digestive Section A: Hypo-acidity

1. Burping.....0 1 2 3
2. Fullness for extended time after meals.....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. Lack of interest in eating.....0 1 2 3

## Digestive Section B: Small Intestine

1. Abdominal cramps.....0 1 2 3
2. Indigestion 1-3 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 causes constipation.....0 1 2 3
8. Mucous 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. Foul smelling stool.....0 1 2 3
13. Dry, flaky skin and/or dry brittle hair.....0 1 2 3
14. Pain in left side under rib cage.....0 1 2 3
15. Acne.....0 1 2 3
16. Food Allergies.....0 1 2 3
17. Difficulty gaining weight.....0 1 2 3

**Digestive Section C: Hyper-acidity**

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. Stomach pains.....                                 | 0 | 1 | 2 | 3 |
| 2. Stomach pains just before and/or after meals.....  | 0 | 1 | 2 | 3 |
| 3. Dependency on antacids.....                        | 0 | 1 | 2 | 3 |
| 4. Chronic abdominal pain.....                        | 0 | 1 | 2 | 3 |
| 5. Butterfly sensations in stomach.....               | 0 | 1 | 2 | 3 |
| 6. Difficulty belching.....                           | 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 w/ carbonated beverages.....    | 0 | 1 | 2 | 3 |
| 10. Stomach pain relieved by drinking milk/cream..... | 0 | 1 | 2 | 3 |
| 11. 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 |

**Digestive Section D: Colon**

- |   |    |     |   |   |
|---|----|-----|---|---|
| 1. Seasonal 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 yeasts infections.....                 | 0  | 1   | 2 | 3 |
| 5. Abdominal cramps.....                          | 0  | 1   | 2 | 3 |
| 6. Toe and fingernail fungus.....                 | 0  | 1   | 2 | 3 |
| 7. Alternating diarrhea/constipation.....         | 0  | 1   | 2 | 3 |
| 8. Constipation.....                              | 0  | 1   | 2 | 3 |
| 9. History of antibiotic use.....                 | No | Yes |   |   |
| 10. Meat eater.....                               | No | Yes |   |   |
| 11. Rapidly failing vision.....                   | No | Yes |   |   |

**Liver Section E**

- |  |    |     |         |   |
|--|----|-----|---------|---|
| 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. Grey colored skin.....                          | 0  | 1   | 2       | 3 |
| 10. Yellow in white of eyes.....                   | 0  | 1   | 2       | 3 |
| 11. Bad breath.....                                | 0  | 1   | 2       | 3 |
| 12. Body 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. Painful to pass stool.....                     | 0  | 1   | 2       | 3 |
| 16. Retain water.....                              | 0  | 1   | 2       | 3 |
| 17. Big toe painful.....                           | 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 | Yes |         |   |
| 21. Have had jaundice or hepatitis.....            | No | Yes |         |   |
| 22. High blood cholesterol.....                    | No | Yes | Unknown |   |
| 23. Is your cholesterol over 200 or 5.5 (CDN)..... | No | Yes | Unknown |   |
| 24. Is your triglyceride level above 115.....      | No | Yes | Unknown |   |