

Digestive Screening Questionnaire

Name _____ Date _____

| | | History |
|-----|-------|------------------------------------------------------------------------------------------------------------|
| yes | no | Have you had your zinc levels checked in the last 6 months |
| | _____ | How many glasses of water do you drink per day (please indicate a #) |
| | _____ | How many servings of fruit do you EAT each day (please indicate a #) |
| yes | no | Do you eat sushi |
| yes | no | Do You consume any dairy products |
| yes | no | Have you taken antibiotics in the last 6 months or for an extended period of time during the last 10 years |
| yes | no | Have you traveled out of the country in the last 10 years |
| yes | no | Have you ever had any type of food allergy / sensitivity testing performed |
| | | Have you been diagnosed with any of the following |
| yes | no | Ulcers – gastric duodenal |
| yes | no | GERD / Reflux |
| yes | no | Pancreatitis |
| yes | no | Celiac disease |
| yes | no | IBS / IBD / Colitis |
| | | Do you take |
| Yes | No | OTC antacids |
| Yes | No | OTC Laxatives / Fiber |
| Yes | No | Other digestive aids used (please list): |
| Yes | No | Prescription medicines for digestion (please list): |

| | | Upper GI – Burning, GERD, Indigestion |
|-----|----|------------------------------------------------------------------------------------------|
| Yes | No | My stomach burns / hurts even when empty. (Not hunger pangs) |
| Yes | No | Eating or drinking relieves above |
| Yes | No | Eating or drinking makes it worse |
| Yes | No | My stomach starts burning or I get bloated immediately after or while eating or drinking |
| Yes | No | My Stomach starts burning or I get bloated 30 min to several hours after I eat or drink |
| Yes | No | Certain foods seem to make this worse (please list) |
| | | What relieves this? (please list) |
| Yes | No | I have been diagnosed with “Reflux” or “GERD” |
| | | If so, it is worse lying down OR all the time (circle one) |

For professional use only.

Lower GI – Gas, Bloating, Cramping, Constipation, Diarrhea

| | | |
|-------------------------------|----|----------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | I have at least 1 normal bowel movement each day. <i>Normal is a large, med. brown, well formed stool w/o cramping, strain or pain</i> |
| My stools are often: | | |
| Yes | No | Small and round or hard |
| Yes | No | Thin - pencil like |
| Yes | No | Pasty or fatty |
| Yes | No | Loose |
| Yes | No | Very foul |
| I often get really gassy and: | | |
| Yes | No | It's not nice but not really offensive |
| Yes | No | Very offensive and embarrassing |
| Yes | No | Do any foods aggravate ? please list |
| Yes | No | I often have to strain to have a bowel movement |
| Yes | No | I often have cramping and pain with a Bowel movement |
| Yes | No | I often have abdominal cramping and pain even without a bowel movement. |
| Yes | No | I notice undigested food in my stool—especially vegetable matter. |

Nutritional Exam points and history

| Zinc | Strong | Med | Mild | None |
|-------------|--------|-----|------|------|
| HCL point | Strong | Med | Mild | OK |
| Enzyme | Strong | Med | Mild | OK |
| Gallbladder | Strong | Med | Mild | OK |
| Liver | Strong | Med | Mild | OK |

Please list the following as it applies:

Prescription medicines for digestion:

Foods that make GERD, heartburn worse:

What relieves heartburn or GERD:

For professional use only.