

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)

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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:

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