HAWTHORN HEALTH & NUTRITION INSTITUTE

Digestive Health Appraisal Questionnaire

Name: _____ **Date**:_____

This questionnaire will help you assess your 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 USED CURRENTLY

Check any of the following medications you are taking. Write down the dosage and frequency:

____ Antacids	____ Laxatives	____ Cortisone
____ Antibiotics	____ Oral contraceptives	____ Prednisone
____ Antifungals	____ Ulcer medications	____ Tylenol
____ Anti-inflammatories	____ Aspirin	____ Stool softeners

Other _____

FOOD, NUTRITION AND LIFESTYLE

Check if you eat, drink, or use:

____ Alcohol	____ Luncheon meats
____ Candy	____ Margarine
____ Cigarettes	____ Soft drinks
____ Coffee	____ Sweets-pastries
____ Fast foods	____ Chew tobacco
____ Fried foods	

Check if you:

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

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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.

Instructions: Check the number which 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	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
	Total:				

Score 0-4: Low priority **Score 5-8: Moderate priority**
Score 9+: High priority

SECTION B:
HYPOFUNCTION OF SMALL INTESTINES AND/OR PANCREAS

1	Abdominal cramps	0	1	2	3
2	Indigestion one to three 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 & diarrhea	0	1	2	3

6	Diarrhea	0	1	2	3
7	Roughage & fiber causes constipation	0	1	2	3
8	Mucus 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	Dry, flaky skin &/or dry brittle hair	0	1	2	3
13	Pain in left side under rib cage	0	1	2	3
14	Acne	0	1	2	3
15	Food allergies	0	1	2	3
16	Difficulty gaining weight	0	1	2	3
17	Foul-smelling stool	0	1	2	3
	Total:				

Score 0-4: Low priority **Score 5-8 Moderate priority**
Score 9+: High priority

SECTION C:
ULCERS/HYPERACIDITY OF THE STOMACH

1	Stomach pains	0	1	2	3
2	Stomach pains just before 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 by carbonated drinks	0	1	2	3
10	Relief of stomach pain by drinking cream/milk	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
	Total:				

Score 0-4: Low priority **Score 5-8: Moderate priority**
Score 9+: High priority

SECTION D:
COLON/LARGE INTESTINE

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 yeast infection	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	0	1	2	3
10	Meat eater	0	1	2	3
11	Rapidly failing vision	0	1	2	3
	Total:				

Score 0-4: Low priority **Score 5-8: Moderate priority**
Score 9+: High priority

SECTION E:
LIVER/GALLBLADDER

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	Gray-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/hair	0	1	2	3
20	Red blood in stool	No			Yes
21	Have had jaundice or hepatitis	No			Yes
22	High blood cholesterol and low HDL Cholesterol	No	Unknown		Yes
23	Is your cholesterol level above 200?	No	Unknown		Yes
24	Is your triglyceride level above 115?	No	Unknown		Yes
	Total:				

Score 0-2: Low priority **Score 3-5: Moderate priority**
Score 6+: High priority

SECTION F:
INTESTINAL PERMEABILITY/LEAKY GUT SYNDROME, DYSBIOSIS

1	Constipation and/or diarrhea	0	1	2	3
2	Abdominal pain or bloating	0	1	2	3
3	Mucus or blood in stool	0	1	2	3

4	Joint pain or swelling, or arthritis	0	1	2	3
5	Chronic or frequent fatigue or tiredness	0	1	2	3
6	Food allergy or food sensitivities or intolerance	0	1	2	3
7	Sinus or nasal congestion	0	1	2	3
8	Chronic or frequent inflammations	0	1	2	3
9	Eczema, skin rashes, or hives (urticaria)	0	1	2	3
10	Asthma, hayfever, or airborne allergies	0	1	2	3
11	Confusion, poor memory, or mood swings	0	1	2	3
12	Use of nonsteroidal anti-inflammatory drugs (aspirin, Tylenol, Motrin)	0	1	2	3
13	History of antibiotic use	0	1	2	3
14	Alcohol consumption, or alcohol makes you feel sick	0	1	2	3
15	Ulcerative colitis, Crohn's disease, or celiac disease	0	1	2	3
	Total:				

Score 1-5: Low priority **Score 6-10: Mild case**
Score 7-19: Moderate priority **Score 20+: High priority**

SECTION G:
GASTRIC REFLUX

1	Sour taste in mouth	0	1	2	3
2	Regurgitate undigested food into mouth	0	1	2	3
3	Frequent nocturnal coughing	0	1	2	3
4	Burning sensation from citrus on way to stomach	0	1	2	3
5	Heartburn	0	1	2	3
6	Burping	0	1	2	3
7	Difficulty swallowing solids or liquids	0	1	2	3
	Total:				

Score 0-3: Low priority **Score 4-6: Moderate priority**
Score 7+: High priority