

DIGESTIVE SYSTEM ASSESSMENT:

NAME:

Today's Date: __/__/_____

This is a questionnaire that assists you to “quantify” your Digestive System symptoms.

The digestive checklist: Read each description and tick inside the box which most closely corresponds to how you feel about each one in both regularity and severity sections. (You will have two ticks in each row next to each description, one for the regularity and one for the severity.)

	<u>REGULARITY</u>					<u>SEVERITY</u>				
	Never	Rarely	Sometimes	Often	Always	None	Mild	Moderate	Severe	Unbearable
Diarrhea										
Constipation										
Nausea &/or vomiting										
Fatigue &/or low energy										
Flatulence, belching &/or bloating										
Chest pain										
Abdominal pain &/or colic										
Have to avoid certain foods										
Have to minimize certain foods										
Heartburn, reflux, regurgitation										
Hiatus Hernia, Crohn's disease &/or Irritable Bowel Syndrome										
Black &/or “tarry” stools										
Blood visible on stool or when wipe with toilet paper										
Office Use Only										

	REGULARITY					SEVERITY				
	Never	Rarely	Sometimes	Often	Always	None	Mild	Moderate	Severe	Unbearable
Anal itching, pain &/or hemorrhoids										
Thrush &/or Candida										
Irritable &/or tense										
Apathetic &/or less motivated										
Abdominal cramps										
Headaches										
Stressed, anxious &/or depressed										
Food allergies &/or intolerances										
Weight gain or loss										
Ulcers										
Joint &/or muscle aches & pains										
Symptoms interfere with work, home or recreational activities										
Office Use Only	0	1X _ =	2X _ =	3X _ =	4X _ =	0	1X _ =	2X _ =	3X _ =	4X _ =

Office Use Only

A) Regularity Total = _____ B) Severity Total = _____ C) Total = _____

A) & B): I = 0-20, II = 21-40, III = 41-60, IV = 61-80, V = 81-100; C) I = 0-40, II = 41-80, III = 81-120, IV = 121-160, V = 161-200.