Whetherby Signs and Symptoms Analysis

This is a standarised multiple choice only questionnaire which asks symptom-based questions for specific functions of the body. Your answers aid nutritional assessment and consideration for evidence-based interventions. Optional tests may be recommended based on your responses given.

Set aside approximately 30 minutes of uninterrupted time in a quiet space. Relax and answer as honestly and thoroughly as you can. This isn't about perfection, it's about connecting the dots.

It is important to note that if there's anything you're not comfortable answering, simply leave it blank. There's no pressure, only information that helps move you forward.

Personal Information

Legal first name

Last name

Date of Birth

Symptom Review

Please check if these symptoms occur presently or have occurred in the last 6 months.

Section 1 (Upper GI)

Check all symptoms that apply:

	No, Symptom does not occur	Yes, Minor or mild symptom, rarely occurs	Yes, Moderate, occurs occasionally	Yes, Severe, occurs frequently
Belching or gas within one hour after eating	○	○	○	○
Heartburn or acid reflux	○	○	○	○

	No, Symptom does not occur	Yes, Minor or mild symptom, rarely occurs	Yes, Moderate, occurs occasionally	Yes, Severe, occurs frequently
Bloating within one hour after eating	○	○	○	○
Bad breath (halitosis)	○	○	○	○
Loss of taste for meat	○	○	○	○
Sweat has a strong odor	○	○	○	○
Stomach upset by taking vitamins	○	○	○	○
Sense of excess fullness after meals	○	○	○	○
Feel like skipping breakfast	○	○	○	○
Feel better if you don't eat	○	○	○	○
Sleepy after meals	○	○	○	○
Fingernails chip, peel or break easily	○	○	○	○
Anemia unresponsive to iron	○	○	○	○
Stomach pains or cramps	○	○	○	○
Diarrhea, chronic	○	○	○	○
Diarrhea shortly after meals	○	○	○	○

	No, Symptom does not occur	Yes, Minor or mild symptom, rarely occurs	Yes, Moderate, occurs occasionally	Yes, Severe, occurs frequently
Black or tarry coloured stools	○	○	○	○
Undigested food in stool	○	○	○	○

Section 2 (Liver and Gallbladder)

Check all symptoms that apply:

	No, Symptom does not occur	Yes, Minor or mild symptom, rarely occurs	Yes, Moderate, occurs occasionally	Yes, Severe, occurs frequently
Pain between shoulder blades	○	○	○	○
Stomach upset by greasy foods	○	○	○	○
Greasy or shiny stools	○	○	○	○
Nausea	○	○	○	○
Sea, car, airplane or motion sickness	○	○	○	○
History of morning sickness	○	○	○	○
Light or clay coloured stools	○	○	○	○
Dry skin, itchy feet or skin peels on feet	○	○	○	○
Headache over eyes	○	○	○	○
Gallbladder attacks	○	○	○	○

	No, Symptom does not occur	Yes, Minor or mild symptom, rarely occurs	Yes, Moderate, occurs occasionally	Yes, Severe, occurs frequently
Gallbladder removed	○	○	○	○
Bitter taste in mouth, especially after meals	○	○	○	○
Become sick if you were to drink alcohol	○	○	○	○
Easily intoxicated	○	○	○	○
Easily hungover if you were to drink alcohol	○	○	○	○
Alcohol per week	○	○	○	○
Recovering alcoholic	○	○	○	○
History of drug or alcohol abuse	○	○	○	○
History of hepatitis	○	○	○	○
Longterm use of prescription/recreational drugs	○	○	○	○
Sensitive to chemicals e.g. perfume, cleaning agents etc	○	○	○	○
Sensitive to tobacco smoke	○	○	○	○
Exposure to diesel fumes	○	○	○	○

	No, Symptom does not occur	Yes, Minor or mild symptom, rarely occurs	Yes, Moderate, occurs occasionally	Yes, Severe, occurs frequently
Pain under right side of ribcage	○	○	○	○
Hemorrhoids or varicose veins	○	○	○	○
Nutrasweet (aspartamine) consumption	○	○	○	○
Sensitive to Nutrasweet (aspartamine)	○	○	○	○
Chronic fatigue or Fibromyalgia	○	○	○	○

Section 3 (Small Intestine)

Check all symptoms that apply:

	No, Symptom does not occur	Yes, Minor or mild symptom, rarely occurs	Yes, Moderate, occurs occasionally	Yes, Severe, occurs frequently
Food allergies	○	○	○	○
Abdominal bloating 1-2 hours after eating	○	○	○	○
Specific foods make you tired or bloated	○	○	○	○
Pulse speeds after eating	○	○	○	○
Airbourne allergies	○	○	○	○
Experience hives	○	○	○	○

	No, Symptom does not occur	Yes, Minor or mild symptom, rarely occurs	Yes, Moderate, occurs occasionally	Yes, Severe, occurs frequently
Sinus congestion, "stuffy head"	○	○	○	○
Crave bread or noodles	○	○	○	○
Alternating constipation and diarrhea	○	○	○	○
Crohn's disease	○	○	○	○
Wheat or grain sensitivity	○	○	○	○
Dairy sensitivity	○	○	○	○
Are there foods you could not give up	○	○	○	○
Asthma, sinus infections, stuffy nose	○	○	○	○
Bizarre vivid dreams, nightmares	○	○	○	○
Use over-the-counter pain medications	○	○	○	○
Feel spacey or unreal	○	○	○	○

Section 4 (Large Intestine)

Check all symptoms that apply:

	No, Symptom does not occur	Yes, Minor or mild symptom, rarely occurs	Yes, Moderate, occurs occasionally	Yes, Severe, occurs frequently

	No, Symptom does not occur	Yes, Minor or mild symptom, rarely occurs	Yes, Moderate, occurs occasionally	Yes, Severe, occurs frequently
Anus itches	○	○	○	○
Coated tongue	○	○	○	○
Feel worse in mould/musty places	○	○	○	○
Taken antibiotics	○	○	○	○
Fungus or yeast infections	○	○	○	○
Ringworm, "jock itch", "athletes foot", nail fungus	○	○	○	○
Yeast symptoms increase with sugar, starch or alcohol	○	○	○	○
Stools hard or difficult to pass	○	○	○	○
History of parasites	○	○	○	○
Less than one bowel movement per day	○	○	○	○
Stools have corners or edges, are flat or ribbon shapped	○	○	○	○
Stools are not well formed (loose)	○	○	○	○
Irritable bowel or mucus colitis	○	○	○	○
Blood in stool	○	○	○	○