

Exercise 1 Digestive Health Appraisal Questionnaire

Taken from: *Digestive Wellness 3rd edition*, E. Lipski, PhD, CCN

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 Currently Used

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

Antacids

Laxatives

Cortisone

Antibiotic

Oral contraceptives

Prednisone

Antifungals

Ulcer medications

Tylenol

Anti-inflammatories

Aspirin

Stool softeners

Other _____ -

Food, Nutrition, and Lifestyle

Circle if you eat, drink, or use:

Alcohol

Luncheon meats

Candy

Margarine

Cigarettes

Soft drinks

Coffee

Sweets/pastries

Fast foods

Chew tobacco

Fried foods

Circle if you:

Diet often

Do not exercise regularly

Are under excessive stress

Are exposed to chemicals at work

Are exposed to cigarette smoke

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: Circle 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 or chronic stomach pain	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
18	Gallstones/history of gallbladder disease	0	1	2	3
19	Undigested food in stool	0	1	2	3
20	Nausea	0	1	2	3
21	Acid reflux/heartburn	0	1	2	3
22	Connective tissue disease: lupus rheumatoid arthritis, Sjogrens	0	1	2	3
23	alcoholism, diabetes, osteoporosis	0	1	2	3

Total:

Score 0-6: Low priority

Score 6-10: Moderate priority

Score 10; 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 for	0	1	2	3

heartburn/acid reflux

4	Chronic abdominal pain	0	1	2	3
5	Butterfly sensations in stomach	0	1	2	3
6	Burping or bloating	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	0	1	2	3

drinks

10	Relief of stomach pain by drinking	0	1	2	3
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cream/milk

11	History or family history of ulcer	0	1	2	3
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or gastritis

12	Current ulcer	0	1	2	3
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13	Black stool when not taking iron	0	1	2	3
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supplements

14	Use or previous use of pain	0	1	2	3
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medications: aspirin, ibuprofen, etc.

Total:

Score 0-4: Low priority

Score 5-8: Moderate Priority

Score 9+: High priority

Section D: Colon/Large Intestine

1	Seasonal or recurring 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
12	Recurrent stomach pain	0	1	2	3
13	Blood or pus in stool	0	1	2	3
14	Family history of IBD	0	1	2	3

Total:

Score 0-5: Low priority

Score 6-9: Moderate priority

Score 10+: High priority

Section E: Liver/Gallbladder

1	Intolerance to greasy foods	0	1	2	3
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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 whites 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	0	1	2	3

swings

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
16	Headaches or migraine headaches	0	1	2	3
17	Chronic nasal congestion	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	0	1	2	3

on way to stomach

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

Interpretation of Questionnaire

Medications

- Medications are good indicators that your body is in some sort of imbalance.
- Medications have drug/nutrient interactions. Some nutrient needs may be increased, some decreased; some nutrients may block absorption or usefulness of the drug.

Foods, Drinks, Tobacco

- Candy, alcohol, sweets, and soft drinks: These "empty calorie foods" contain few nutrients, but nutrients are needed to metabolize them, and they replace healthy foods in our diets. These foods have a detrimental effect on most digestive problems; for

instance, simple sugars feed *Candida*, bacteria, and parasites.

- Cigarettes and chewing tobacco: Make sure to take a good antioxidant supplement and lots of vitamin C to compensate for the stress the tobacco causes.

Tobacco has a negative effect on the digestive system.

- Luncheon meats, pastries, fast-foods, and margarine: If you eat these foods you are probably getting too much fat, especially saturated fat. Margarine and most pastries also contain "hydrogenated oils," which are absorbed into our cells but are detrimental to our health. They make the cell membranes stiff and stifle the intake of nutrients and outgo of wastes, promote free radical activity, and contribute to atherosclerosis and inflammatory diseases.

Lifestyle

- Diet often: Weight problems can be caused by a hypoactive thyroid, food sensitivities, poor food choices, sedentary lifestyle, and emotional and social overeating. Chronic dieting leads to further metabolic slowdown. A wellness-centered approach works best for the overweight person.
- Lack of routine exercise: Exercise is the great stress reducer and enhances the health of our whole body, including our digestive system. Regular exercise at least three times a week for twenty to thirty minutes can significantly reduce the risk of cardiovascular disease and increase our total sense of well-being.
- High stress level: This indicates the need for a good exercise program, ways of nurturing oneself, and training to increase emotional heartiness. Food choices usually

suffer during stressful periods, while nutrient needs are increased. Supplementation may be indicated.

- Exposure to chemicals: Prolonged exposure to chemicals can cause environmental illness, which can manifest as obvious illness or as non-diagnosable complaints of confusion, chronic fatigue, headaches, or just not feeling right. Many women with breast cancer have had prolonged exposure to chemicals. Metabolic clearing and low-temperature saunas are important.
- Exposure to cigarette smoke: Research indicates that second-hand smoke is detrimental to a healthy respiratory system. If you cannot get away from smokers, buy them "smokeless" ashtrays, open windows whenever possible, and take antioxidant supplements.
- Focus your attention on the sections where you scored in either the moderate or high-priority range. They are the greatest arenas for health enhancement of your digestive system.