GUT GALS COMPREHENSIVE ASSESSMENT FORM

Please list the 3 major health concerns:

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2.	Ī

3.

WHERE ARE YOU	ON THE MENTAL \	WELLNESS CONTI	NUUM? (Circle	our curren	t number)		
1 2	3	4 5	6	7	8	9	10
DISEASE	STATUS	"NO	RMAL"		OPTI	MIZ	ED
Depression	Arthritis	Fatigue	Congestion		Energetic		ly Sick
Anxiety Diabetes	Fibromyalgia	Tension	URTI's		Calmness		
	CFS	Sad	Joint Pain		Happy	Lean	

Please circle the appropriate number with "0-3" on all questions below. 0 as the least/never to 3 as the most/always.

GREEN

Category 1				
Brain Fog	0	1	2	3
Anxiety	0	1	2	3
Depression	0	1	2	3
Cravings: Salt or Sugar	0	1	2	3
Lack of Motivation	0	1	2	3
"Meh" or "Blah" Feeling	0	1	2	3
Fatigue	0	1	2	3
Easily Irritated/Angered	0	1	2	3

Category 2				
Feeling that the bowels do not empty completely	0	1	2	3
Lower abdominal pain relieved by passing stool or gas	0	1	2	3
Alternating constipation and diarrhea	0	1	2	3
Diarrhea	0	1	2	3
Constipation	0	1	2	3
Pass large amounts of foul-smelling gas	0	1	2	3
More than 3 bowel movements daily	0	1	2	3
Use laxatives frequently	0	1	2	3

Category 3				
Increasing frequency of food reactions	0	1	2	3
Unpredictable food reactions	0	1	2	3
Aches, pains, and swelling throughout the	0	1	2	3
body				
Unpredictable abdominal swelling	0	1	2	3
Frequent bloating and distention after	0	1	2	3
eating				

Category 4				
Intolerance to smells	0	1	2	3
Intolerance to jewelry	0	1	2	3
Intolerance to shampoo, lotion, detergents, etc.	0	1	2	3
Multiple smell and chemical sensitivities	0	1	2	3
Constant skin outbreaks	0	1	2	3

Category 5				
Excessive belching, burping, or bloating	0	1	2	3
Gas immediately following a meal	0	1	2	3
Offensive Breath	0	1	2	3
Difficult bowel movements	0	1	2	3
Sense of fullness during and after meals	0	1	2	3
Difficulty digesting proteins and meats; undigested food in stools	0	1	2	3
Heartburn	0	1	2	3
Stomach pain, burning or aching 1-4 hours after eating	0	1	2	3
Digestive problems subside with rest and relaxation	0	1	2	3
Use of antacids	0	1	2	3

VIOLET

Category 6				
Difficulty digesting roughage and fiber	0	1	2	3
Indigestion and fullness last 2-4 hours after eating	0	1	2	3
Pain, tenderness, soreness on left of ribcage	0	1	2	3
Excessive passage of gas	0	1	2	3
Nausea or vomiting	0	1	2	3
Stool undigested, foul smelling, mucus like, greasy, or poorly formed	0	1	2	3
Frequent loss of appetite	0	1	2	3

Catagory 7				
Category 7 Abdominal distention after consumption of fiber, starches and sugar	0	1	2	3
Abdominal distention after certain probiotic or natural supplements	0	1	2	3
Decreased gut motility, constipation	0	1	2	3
Increased gut motility, diarrhea	0	1	2	3
Alternating constipation and diarrhea	0	1	2	3
Suspicion of nutritional malabsorption	0	1	2	3
Frequent use of antacids	0	1	2	3
Have you been diagnosed with Celiac Disease, Irritable Bowel Syndrome, Diverticulosis/Diverticulitis, or Leaky Gut Syndrome	0	1	2	3

Category 8				
Greasy or high fat foods cause distress	0	1	2	3
Lower bowel gas and/or bloating several hours after eating	0	1	2	3
Bitter metallic taste in mouth, especially in the morning	0	1	2	3
Burpy, fishy, taste after consuming fish oils	0	1	2	3
Unexplained itchy skin	0	1	2	3
Yellowish cast to eyes	0	1	2	3
Stool color lighter than corrugated cardboard to normal brown	0	1	2	3
Reddened skin, especially palms	0	1	2	3
Dry or flaky skin and/or hair	0	1	2	3
History of gallbladder attacks or stones	0	1	2	3
Have you had your gallbladder removed? Yes or No	0	1	2	3

Category 9				
Acne and unhealthy skin	0	1	2	3
Excessive hair loss	0	1	2	3
Overall sense of bloating	0	1	2	3
Bodily swelling for no reason	0	1	2	3
Hormone imbalances	0	1	2	3
Weight gain	0	1	2	3
Poor bowel function	0	1	2	3
Excessively foul-smelling sweat	0	1	2	3

Category 10				
Craves sweets during the day	0	1	2	3
Irritable if meals are missed	0	1	2	3
Depend on coffee to keep going/get started	0	1	2	3
Get light-headed if meals are missed	0	1	2	3
Eating relieves fatigue	0	1	2	3
Feel shaky, jittery, or have tremors	0	1	2	3
Poor memory, forgetful between meals	0	1	2	3
Agitated, easily upset, nervous	0	1	2	3
Blurred vision	0	1	2	3

Category 11				
Fatigue after meals	0	1	2	3
Craves sweets during the day	0	1	2	3
Eating sweets does not relieve cravings for sugar	0	1	2	3
Must have sweets after meals	0	1	2	3
Waist girth is equal or larger than hip girth	0	1	2	3
Frequent urination	0	1	2	3
Increased thirst and appetite	0	1	2	3
Difficulty losing weight	0	1	2	3

Category 12				
Cannot stay asleep	0	1	2	3
Craves salt	0	1	2	3
Slow starter in the morning	0	1	2	3
Afternoon fatigue	0	1	2	3
Headaches with exertion or stress	0	1	2	3
Dizziness when standing up quickly	0	1	2	3
Afternoon headaches	0	1	2	3
Weak nails	0	1	2	3
Decreased libido	0	1	2	3

Category 13				
Cannot fall asleep	0	1	2	3
Perspire easily	0	1	2	3
Under a high amount of stress	0	1	2	3
Weight gain when under stress	0	1	2	3
Wake up tired even after 6 or more hours of sleep	0	1	2	3
Excessive perspiration or perspiration with little or no activity	0	1	2	3

Category 14				
Edema and swelling in ankles and wrists	0	1	2	3
Muscle cramping	0	1	2	3
Poor muscle endurance	0	1	2	3
Frequent urination	0	1	2	3
Frequent thirst	0	1	2	3
Craves salt	0	1	2	3
Abnormal sweating from minimal activity	0	1	2	3
Alteration in bowel regularity	0	1	2	3
Inability to hold breath for long periods	0	1	2	3
Shallow rapid breathing	0	1	2	3

Category 15				
Tired/sluggish	0	1	2	3
Feel cold hands, feet, all over	0	1	2	3
Require excessive amounts of sleep to function properly	0	1	2	3
Increase in weight even with low-calorie diet	0	1	2	3
Gain weight easily	0	1	2	3
Difficult and frequent bowel movements	0	1	2	3
Depression/lack of motivation	0	1	2	3
Morning headaches that wear off as the day progresses	0	1	2	3
Outer third of eyebrow thins	0	1	2	3
Thinning of hair on scalp, face, or genital or excessive hair loss	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3
Mental sluggishness	0	1	2	3

Category 16				
Heart palpitations, inward trembling	0	1	2	3
Increased pulse even at rest	0	1	2	3
Nervous and emotional	0	1	2	3
Insomnia	0	1	2	3
Night sweats	0	1	2	3
Difficulty gaining weight	0	1	2	3

Category 17 (males only)				
Urination difficulty or dribbling	0	1	2	3
Frequent urination	0	1	2	3
Pain inside of legs or heels	0	1	2	3
Feeling of incomplete bowel emptying	0	1	2	3
Leg twitching at night	0	1	2	3

Category 18 (males only)				
Decreased libido	0	1	2	3
Decreased number of spontaneous morning erections	0	1	2	3
Decreased fullness of erections	0	1	2	3
Difficulty maintaining morning erections	0	1	2	3
Spells of mental fatigue	0	1	2	3
Inability to concentrate	0	1	2	3
Episodes of depression	0	1	2	3
Muscle soreness	0	1	2	3
Decreased physical stamina	0	1	2	3
Unexplained weight gain	0	1	2	3
Increase fat distribution around chest and hips	0	1	2	3
Sweating attacks	0	1	2	3
More emotional than in the past	0	1	2	3

Category 19 (Menstruating women only)				
Perimenopausal	0	1	2	3
Alternating menstrual cycle lengths	0	1	2	3
Extended menstrual cycle (greater than 32 days)	0	1	2	3
Shortened menstrual cycle (less than 24 days)	0	1	2	3
Pain and cramping during periods	0	1	2	3
Scanty blood flow	0	1	2	3
Heavy blood flow	0	1	2	3
Breast pain and swelling during menses	0	1	2	3
Pelvic pain during menses	0	1	2	3
Irritable and depressed during menses	0	1	2	3
Acne	0	1	2	3
Facial hair growth	0	1	2	3
Hair loss/thinning	0	1	2	3

Category 20 (Menopausal women only)				
How many years have you been	0	1	2	3
menopausal?				
Since menopause, do you ever have uterine	0	1	2	3
bleeding?				
Hot flashes	0	1	2	3
Mental fogginess	0	1	2	3
Disinterest in sex	0	1	2	3
Mood swings	0	1	2	3
Depression	0	1	2	3
Painful intercourse	0	1	2	3
Shrinking breasts	0	1	2	3
Facial hair growth	0	1	2	3
Acne	0	1	2	3
Increase vaginal pain, dryness or itching	0	1	2	3

List the 3 worst foods you eat during the average
week,,,,,
List the 3 healthiest foods you eat during the average week
How many alcoholic beverages do you consume per week?
How many caffeinated beverages do you consume per day?
How many times do you eat out per week? How many times per week do you work out?
Do you smoke? Do you vape?
Rate your stress level on a scale of 1-10 during the average week
Please list any medications you currently take and for what conditions
Please list any natural supplements you currently take for what conditions.

Mindset is critical in the journey of healing:

Healing is a process.

Healing is non-linear.

Healing creates CHANGE. Sometimes it's an unwanted change. Hopefully, it's a positive change, but change nonetheless is

most noteworthy.

Staying "the same" and expecting different results is one definition of insanity.

Sometimes healing requires a slower pace. Sometimes we need to go lower (on doses).

Healing is a marathon, not a sprint.

Healing requires consistency and communication.