

Digestion Questionnaire

Patient's Name _____ DOB _____ Date _____

Symptoms Checklist

Enter your scores into the appropriate categories in the chart.

Rate the frequency and severity of your symptoms:

0 = Never have the symptom

3 = Frequently experience mild symptoms

1 = Occasionally experience mild symptoms

4 = Frequently experience severe symptoms

2 = Occasionally experience severe symptoms

Digestive Tract	AM	N	PM	Skin	AM	N	PM	Mouth & Throat	AM	N	PM	Nose	AM	N	PM
Belching				Acne				Canker Sores				Excessive Mucous			
Bloated Feeling				Dermatitis				Chronic Coughing				Hay Fever			
Constipation				Dry Skin				Gagging				Post-Nasal Drip			
Diarrhea				Eczema				Receding Gums				Sinus Problems			
Nausea				Hair Loss				Sore Throat				Sneezing Attacks			
Gas				Itching				Swollen Tonsils				Stuffy Nose			
Smelly Stools/ Mucous in Stools				Excessive Sweating/ Flushing/Hot Flashes				Swollen Tongue/ Lips/Gums							
Stomach Pains				Hives/Rashes											
Total				Total				Total				Total			

Mind	AM	N	PM	Mood	AM	N	PM	Joints & Muscles	AM	N	PM	Eyes	AM	N	PM
Brain Fog				Aggressiveness				Achy Muscles				Blurred Vision			
Focus				Anxiety/Fear				Arthritis				Dark Circles			
Poor Concentration				Depression				Joint Pain				Itchy Eyes			
Poor Memory				Mood Swings				Stiffness				Swollen Eyes			
Stuttering/ Stammering				Nervousness				Weakness				Watery Eyes			
Total				Irritability/ Anger				Limited Joint Movement				Sticky/Crusty Eyelids			
				Total				Total				Total			

Energy & Activity	AM	N	PM	Ears	AM	N	PM	Head	AM	N	PM	Lungs	AM	N	PM
Apathy				Drainage				Dandruff				Asthma/Bronchitis			
Fatigue				Ear Aches				Dizziness				Congestion			
Hyperactivity				Ear Infections				Headaches				Difficulty Breathing			
Insomnia				Itchy Ears				Lightheadedness				Shortness of Breath			
Restlessness				Ringling in Ears				Migraines				Wheezing			
Total				Total				Total				Total			

Weight	AM	N	PM	Other	AM	N	PM
Binge Eating				Chest Pains			
Compulsive Eating				Frequent Illness			
Food Cravings				Rapid Heartbeat			
Underweight				Urgent Urination			
Weight Gain							
Total				Total			