

New Patient Health Evaluation Questionnaire – Gut supplement

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| Today's Date: | Name: | Date of birth: |
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Circle (or mark with an 'X' if completing the form online) the extent to which you experience the following symptoms.

Scale: 1 means you never experience it and 5 means it is troublesome to you most of the time.

| Upper Gastrointestinal system | | | | | | | | | | | | | |
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| 1 | 2 | 3 | 4 | 5 | Belching or gas within 1 hr of eating | 1 | 2 | 3 | 4 | 5 | Sweat often has a strong odour | | |
| 1 | 2 | 3 | 4 | 5 | Heartburn or acid reflux | 1 | 2 | 3 | 4 | 5 | Black or tarry coloured stools | | |
| | | | Y | N | Vegan diet (circle YES or NO) | 1 | 2 | 3 | 4 | 5 | Undigested food in stools | | |
| 1 | 2 | 3 | 4 | 5 | Stomach bloating within one hour after eating | 1 | 2 | 3 | 4 | 5 | Feel like skipping breakfast | | |
| 1 | 2 | 3 | 4 | 5 | Bad breath | 1 | 2 | 3 | 4 | 5 | Feel better if you don't eat | | |
| 1 | 2 | 3 | 4 | 5 | Stomach pains or cramps | 1 | 2 | 3 | 4 | 5 | Sleepy after meals | | |
| 1 | 2 | 3 | 4 | 5 | Diarrhoea (chronic) | 1 | 2 | 3 | 4 | 5 | Diarrhoea shortly after meals | | |
| 1 | 2 | 3 | 4 | 5 | Fingernails chip peel or break easily | 1 | 2 | 3 | 4 | 5 | Stomach upset by taking vitamins | | |
| 1 | 2 | 3 | 4 | 5 | Anaemia that is unresponsive to iron supplements | 1 | 2 | 3 | 4 | 5 | Sense of fullness after meals | | |
| 1 | 2 | 3 | 4 | 5 | Loss of taste for meat | 1 | 2 | 3 | 4 | 5 | | | |
| Small Intestine | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | Food Allergies | 1 | 2 | 3 | 4 | 5 | Wheat or grain sensitivity | | |
| 1 | 2 | 3 | 4 | 5 | Abdominal bloating 1 to 2 hours after eating | 1 | 2 | 3 | 4 | 5 | Dairy sensitivity | | |
| 1 | 2 | 3 | 4 | 5 | Pulse speeds after eating | 1 | 2 | 3 | 4 | 5 | Asthma, sinus infections, stuffy nose | | |
| 1 | 2 | 3 | 4 | 5 | Airborne allergies | 1 | 2 | 3 | 4 | 5 | Use of antibiotics | | |
| 1 | 2 | 3 | 4 | 5 | Experience hives | 1 | 2 | 3 | 4 | 5 | Use over-the-counter pain medication | | |
| 1 | 2 | 3 | 4 | 5 | Sinus congestion "stuffy head" | 1 | 2 | 3 | 4 | 5 | Feel spacey or unreal | | |

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| 1 | 2 | 3 | 4 | 5 | Crave bread or noodles | 1 | 2 | 3 | 4 | 5 | Specific foods make you tired or bloated |
| 1 | 2 | 3 | 4 | 5 | Alternating constipation and diarrhoea | | | | Y | N | Are there any foods you could not give up (circle YES or NO) |
| | | | | | | | | | Y | N | Have a history of or currently have Crohn's disease (circle YES or NO) |
| Large Intestine/Colon | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | Anus itches | 1 | 2 | 3 | 4 | 5 | Irritable bowel or mucus colitis |
| 1 | 2 | 3 | 4 | 5 | Coating on the tongue | 1 | 2 | 3 | 4 | 5 | Blood in stool |
| 1 | 2 | 3 | 4 | 5 | Feel worse in mouldy or musty places | 1 | 2 | 3 | 4 | 5 | Mucus in stool |
| 1 | 2 | 3 | 4 | 5 | Fungus or yeast infections | 1 | 2 | 3 | 4 | 5 | Excessive foul smelling lower bowel gas |
| 1 | 2 | 3 | 4 | 5 | Ring worm, "jock itch", "athletes foot", nail fungus | 1 | 2 | 3 | 4 | 5 | Bad breath or strong body odours |
| 1 | 2 | 3 | 4 | 5 | Symptoms above increase with sugar/starch/alcohol | 1 | 2 | 3 | 4 | 5 | Cramping/spasms in lower abdominal region |
| 1 | 2 | 3 | 4 | 5 | Stools hard or difficult to pass | 1 | 2 | 3 | 4 | 5 | Haemorrhoids |
| 1 | 2 | 3 | 4 | 5 | Less than one bowel movement per day | 1 | 2 | 3 | 4 | 5 | Raw fruits/vegetables/stress aggravate bowel pain |
| 1 | 2 | 3 | 4 | 5 | Lower abdominal pain, relief by passing stool or gas | 1 | 2 | 3 | 4 | 5 | More than three bowel movements daily |
| 1 | 2 | 3 | 4 | 5 | Diarrhoea (Loose watery stool) | 1 | 2 | 3 | 4 | 5 | Hard dry or pellet stool |
| 1 | 2 | 3 | 4 | 5 | Extremely narrow/ribbon like stool | 1 | 2 | 3 | 4 | 5 | Alternating Diarrhoea/constipation |
| 1 | 2 | 3 | 4 | 5 | Feel bowels do not completely empty | 1 | 2 | 3 | 4 | 5 | History of parasites |
| 1 | 2 | 3 | 4 | 5 | Stools are not well formed (loose) | 1 | 2 | 3 | 4 | 5 | |

| Liver and Gallbladder | | | | | | | | | | | | | |
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| 1 | 2 | 3 | 4 | 5 | Stomach upset by greasy foods | 1 | 2 | 3 | 4 | 5 | Sensitive to chemicals (perfume, cleaning agents) | | |
| 1 | 2 | 3 | 4 | 5 | Nausea | 1 | 2 | 3 | 4 | 5 | Sensitive to tobacco smoke | | |
| 1 | 2 | 3 | 4 | 5 | Light or clay coloured stools | 1 | 2 | 3 | 4 | 5 | Exposure to diesel fumes | | |
| 1 | 2 | 3 | 4 | 5 | Headache over eyes | 1 | 2 | 3 | 4 | 5 | Pain under right side of rib cage | | |
| 1 | 2 | 3 | 4 | 5 | Consume artificial sweeteners (e.g. aspartame) | 1 | 2 | 3 | 4 | 5 | Feel sick if drink wine | | |
| 1 | 2 | 3 | 4 | 5 | Sensitive to artificial sweeteners (e.g. aspartame) | 1 | 2 | 3 | 4 | 5 | Easily intoxicated if drink wine | | |
| 1 | 2 | 3 | 4 | 5 | Chronic fatigue or fibromyalgia | 1 | 2 | 3 | 4 | 5 | Easily hung over if drink wine | | |
| 1 | 2 | 3 | 4 | 5 | Stool colour alternates from clay colour to brown | 1 | 2 | 3 | 4 | 5 | Yellowish colour of skin or eyes (if yes, please highlight this box) | | |
| 1 | 2 | 3 | 4 | 5 | Dry, flaky skin & hair | 1 | 2 | 3 | 4 | 5 | History of morning sickness (if yes, highlight box) | | |
| | | | Y | N | Gallbladder removed – circle YES or NO | 1 | 2 | 3 | 4 | 5 | Bitter taste in mouth especially after meals | | |