

# Digestive Health Evaluation Survey

Rate each symptoms based upon how you have been feeling during the past 30 days

0 = **Never, almost never**    1 = **Occasionally, yet not severe**    2 = **Occasionally, yet severe**    3 = **Frequently, yet not severe**    4 = **Frequent, severe**

## List A

### Digestive Tract \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Nausea & vomiting
- \_\_\_\_\_ Diarrhea
- \_\_\_\_\_ Constipation
- \_\_\_\_\_ Bloating feeling
- \_\_\_\_\_ Belching or passing gas
- \_\_\_\_\_ Stomach pains or cramps
- \_\_\_\_\_ Heartburn
- \_\_\_\_\_ Blood or mucous in stools

### Joints & Muscles \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Pain or aches in joints
- \_\_\_\_\_ Arthritis
- \_\_\_\_\_ Stiffness, limited movement
- \_\_\_\_\_ Pain or aches in muscles
- \_\_\_\_\_ Feeling weak or tired
- \_\_\_\_\_ Swollen, tender joints

### Weight \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Binge eating/drinking
- \_\_\_\_\_ Food Cravings
- \_\_\_\_\_ Over weight
- \_\_\_\_\_ Compulsive eating
- \_\_\_\_\_ Water retention
- \_\_\_\_\_ Under weight

### Energy & Activity \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Apathy, lethargy
- \_\_\_\_\_ Attention deficit
- \_\_\_\_\_ Fatigue
- \_\_\_\_\_ Hyperactivity
- \_\_\_\_\_ Restlessness
- \_\_\_\_\_ Poor physical coordination
- \_\_\_\_\_ Sluggishness
- \_\_\_\_\_ Slurred speech

### Emotions \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Mood swings
- \_\_\_\_\_ Anxiety, fear
- \_\_\_\_\_ Angry, irritable
- \_\_\_\_\_ Argumentative
- \_\_\_\_\_ Frustrated, cries often
- \_\_\_\_\_ Aggressive
- \_\_\_\_\_ Nervous
- \_\_\_\_\_ Depression

### Mind \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Poor memory
- \_\_\_\_\_ Difficulty completing projects
- \_\_\_\_\_ Difficulty with mathematics
- \_\_\_\_\_ Underachiever in school
- \_\_\_\_\_ Poor/short attention span
- \_\_\_\_\_ Confusion
- \_\_\_\_\_ Easily distracted
- \_\_\_\_\_ Difficulty making decisions
- \_\_\_\_\_ Learning disabilities
- \_\_\_\_\_ Poor concentration
- \_\_\_\_\_ Stuttering/stammering

### Other \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Frequent illness
- \_\_\_\_\_ Frequent or urgent urination
- \_\_\_\_\_ Genital itch
- \_\_\_\_\_ Anal itching

**TOTAL LIST A \_\_\_\_\_**

## List B

- \_\_\_\_\_ Mood
- \_\_\_\_\_ Irritable, jittery, moody
- \_\_\_\_\_ Depressed
- \_\_\_\_\_ Chronically tired

### Head \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Headaches
- \_\_\_\_\_ Dizziness

### Skin \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Rashes

### Digestive Tract \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Indigestion
- \_\_\_\_\_ Mucous in stools
- \_\_\_\_\_ Foul smelling gas

### Mouth \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Cold sores
- \_\_\_\_\_ Bad breath

### Sinuses \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Post-nasal drip
- \_\_\_\_\_ Cough
- \_\_\_\_\_ Nasal itching

### Eyes \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Burning of eyes

### Ears \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Ear pain/hearing loss
- \_\_\_\_\_ Pressure in ears

### Other \_\_\_\_\_ TOTAL

- \_\_\_\_\_ Cravings for candy/sweets
- \_\_\_\_\_ Vaginal itching/discharge
- \_\_\_\_\_ Irregular menses
- \_\_\_\_\_ PMS
- \_\_\_\_\_ Loss of sex drive

**TOTAL LIST B \_\_\_\_\_**

**GRAND TOTAL (A + B) \_\_\_\_\_**

**Scoring Guide:** If score is > 10 for either List A or B, IgG Delayed Food Allergy testing recommended. If score is > 30 in List A, *Candida albicans* testing is recommended. If GRAND TOTAL score is > 50, both IgG Delayed Food Allergy testing and *Candida albicans* testing is strongly recommended.