

Name _____ Date of birth _____

YOUR DIGESTIVE HEALTH | Please check all that applies

I feel tired after eating

My weight is hard to manage

I have acid reflux or heartburn

I have anal itch

I crave sweets and breads

I have gums that bleed

I have loose stools or diarrhea

I have chronic abdominal pains

I have constipation

I have undigested food in my stool

I feel bloated or too full and/or gas after meals

I have excessive stress in my life

I regularly use Antacids

I drink more than 3 drinks a week

I have food reactions, intolerance or allergies

I frequently use or have used antibiotics in the past (more than 2 times in 3 years)

I have oily foul smelling stools

I have take birth control pills or hormone replacements

I have chronic yeast or fungal infections (vaginal yeast infection, jock itch, athlete's foot, or toenail fungus)

I have taken Prednisone or cortisone

I have a history of ibuprofen vs Tylenol use