

GUT HEALTH QUIZ

Patient _____ Date _____

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Question: Do you have symptoms of impaired gut function?

Circle the number that applies.

1. I have a bloated or full feeling, belching, burning, and/or flatulence right after meals.
2. I have chronic yeast or fungal infections.
3. I feel nauseated after taking supplements.
4. I feel fatigued after eating.
5. I have heartburn.
6. I regularly take antacids.
7. I have chronic abdominal pains.
8. I have diarrhea.
9. I have mucus in my bowel movements.
10. I have constipation (going less than once or twice a day).
11. I have greasy, large, poorly formed, or foul-smelling stools.
12. I have food allergies, intolerance, or reactions.
13. I have an intolerance to carbohydrates (eating bread or other sugars causes bloating).
14. I have anal itching.
15. I have bleeding gums or gingivitis.
16. I have a geographic tongue (map-like rash on tongue indicating food allergy or yeast overgrowth).
17. I have sores on the tongue.
18. I crave sweets and bread.

_____ Total Circled

The UltraMind Solution: Companion Guide. 2009