



Digestive System Inflammation Assessment

| | NEVER: 0 | RARELY: 1 | SOMETIMES: 2 | OFTEN: 3 | ALWAYS: 4 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----------------|-------------|--------------|
| Are you often bloated or gassy, and/or does your stomach get distended after or between meals, so that you look pregnant? | | | | | |
| Do you have diarrhea or loose, watery stool that is difficult to control or comes on suddenly? | | | | | |
| Do you get constipated, or go more than twenty-four hours without having a bowel movement, or do you have hard, dry stool that is difficult to pass, resembling small pellets? | | | | | |
| Do you have alternating diarrhea and constipation more often than normal (firm but soft and easy to pass) stools? | | | | | |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----------------|-------------|--------------|
| Do you get heartburn or acid reflux after eating, when you've gone too long without eating, and/or at night? | | | | | |
| Is your tongue covered with a fuzzy-looking coating, and/or do you have chronic bad breath even when you practice good oral hygiene? | | | | | |
| Does your stomach hurt or cramp, or do you feel sick or nauseated, after eating, whether or not you can associate this with any particular food? | | | | | |
| Do you get uncomfortable stomach or other gastric symptoms (like gas, bloating, or diarrhea) when you are experiencing extreme emotions, such as nervousness, fear, or anxiety? | | | | | |

DIGESTIVE SYSTEM INFLAMMATION SCORE: _____