

Gastrointestinal Inflammation Questionnaire

Check the following that apply to you PAST or PRESENT

- ☐ I eat my meals fast I eat under stress (eg. while driving, working, etc.)
- ☐ Phlegm or mucus production after eating
- ☐ Gas Bloating Constipation
- ☐ I have poorly formed stools (eg. loose, soft, irregular shape)
- ☐ I have fewer than 2 bowel movements per day
- ☐ I have light-colored and/or foul smelling stools
- ☐ Heartburn/Acid Reflux
- ☐ SIBO (Small Intestinal Bacterial Overgrowth)
- ☐ IBS (Irritable Bowel)
- ☐ Diverticulitis Crohn's
- ☐ Ulcerative Colitis
- ☐ Celiac disease or Gluten sensitivity
- ☐ Autoimmune disease (eg. Rheumatoid Arthritis, MS, Lupus, Ankylosing Spondylitis, Psoriatic Arthritis)
- ☐ Candida/Yeast infection
- ☐ Skin issues (eg. acne, rash, eczema, psoriasis, dry or scaly skin, dandruff, dark circles under eyes)
- ☐ Hair loss
- ☐ Difficulty losing weight
- ☐ Chronic sinus infection

Thank you for participating in your own health and wellbeing. This questionnaire is designed to show you the symptoms that point to gastrointestinal inflammation. Marking yes to any of these symptoms could be an indication of gastrointestinal inflammation. For help with testing please email patient@integrativehormoneconsulting.com or reply to the newsletter.