

# poor digestion - quiz

## digestive health

Vitality and health are not only dependent on the foods we eat and our lifestyle habits but also on good digestion. We rely on our digestive system to breakdown food, assimilate nutrients and eliminate waste products.

Unfortunately allergies, genetics, incorrect diets, chronic stress, some medications, lifestyle habits, and the aging process tend to contribute to a breakdown in one or more of our digestive functions.

Early signs that all is not well may begin with bloating, discomfort, constipation or diarrhoea or sometimes just a slight sickly feeling after eating certain foods. For some people these 'minor' symptoms go on for years without treatment, while others go on to develop more severe health problems. While it is not suggested that all illnesses lead back to poor digestion it may be considered however that many illnesses can be traced at least in part to digestive disturbances and sub-optimal nutritional levels.

A well balanced diet, personalized to your specific condition along with the use of supplements can be used very successfully in the treatment of a wide variety of digestive disorders.

- \*Coliac's disease
- \*Irritable bowel syndrome
- \*Bloating
- \*Allergies
- \*Hiatus hernia
- \*Leaky gut syndrome
- \*Crohn's disease
- \*Constipation / Diarrhoea
- \*Wind & discomfort
- \*Indigestion
- \*Diverticulitis
- \*Yeast overgrowth



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## DIGESTIVE HEALTH QUESTIONNAIRE

name ..... date .....

<i>Signs &amp; Symptoms of Poor Digestion</i>	<b>0 = Never</b> <b>1 = Occasionally</b> <b>2 = Frequently</b> <b>3 = Daily</b>			
<b>ABDOMINAL BLOATING</b>				
<input type="checkbox"/> Bloating immediately after eating	0	1	2	3
<input type="checkbox"/> Bloating 1 – 2 hours after eating	0	1	2	3
<input type="checkbox"/> Bloating worse afternoon / evening	0	1	2	3
<input type="checkbox"/> Passing of excessive wind	0	1	2	3
<input type="checkbox"/> Passing of offensive wind	0	1	2	3
<input type="checkbox"/> Sense of trapped wind	0	1	2	3
<b>PAIN</b>				
<input type="checkbox"/> Upper abdominal pain (stomach)	0	1	2	3
<input type="checkbox"/> Lower abdominal pain (bowel)	0	1	2	3
<input type="checkbox"/> Burning pain	0	1	2	3
<input type="checkbox"/> Heartburn / indigestion	0	1	2	3
<b>STOOL APPEARANCE / CONSISTANCY</b>				
<input type="checkbox"/> Constipated	0	1	2	3
<input type="checkbox"/> Small & pebbly	0	1	2	3
<input type="checkbox"/> Thin ribbons	0	1	2	3
<input type="checkbox"/> Very large	0	1	2	3
<input type="checkbox"/> Diarrhoea	0	1	2	3
<input type="checkbox"/> Alternate between diarrhoea & constipation	0	1	2	3
<input type="checkbox"/> Very pale in colour (white / clay color)	0	1	2	3
<input type="checkbox"/> Very dark (like tar)	0	1	2	3
<input type="checkbox"/> Presence of bright red blood	0	1	2	3
<input type="checkbox"/> Shiny / greasing looking	0	1	2	3
<input type="checkbox"/> Mucousy	0	1	2	3
<input type="checkbox"/> Large food particles	0	1	2	3
<b>OTHERS</b>				
<input type="checkbox"/> Nausea	0	1	2	3
<input type="checkbox"/> Vomiting	0	1	2	3
<input type="checkbox"/> Frequent use of antacids	0	1	2	3
<input type="checkbox"/> Frequent use of laxatives	0	1	2	3
Please list known food sensitivities				

Answering frequently (2) or daily (3) to more than a few of the above signs and symptoms suggests that now may be the time to do something about this.



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