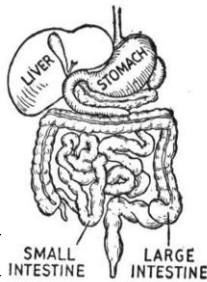


Name _____

Date ____/____/____



The Digestive System Questionnaire

This system has 60% of the immune system around it, excludes toxins, and makes vitamins, digests food for nutrients, and houses many millions of bacteria. Nurture it to live well!

DESCRIPTION OF PRIMARY PROBLEM

When did it first begin? _____

When did it last occur? _____

About how often does it occur? ____ time(s) per week/month

About how long does it last? _____ minutes/hours/days

What helps cause it? _____

What(if any) is the sensation you notice before it begins? _____

The Original Incident

The last time(date) I can remember feeling really well for more than just a few days was _____

During the six-month period before the date I have just written down, I experienced (**check ("✓") all that apply**):

- A period of great stress
 - at home....._____
 - at work or school_____
 - in an important relationship....._____
- A major loss....._____
- A major triumph....._____
- An emotional trauma....._____
- An emotional breakthrough....._____
- A financial setback....._____
- An addition to my family....._____
- A new relationship....._____
- A change in sleeping habits....._____
- A change in location of my home, school, or workplace....._____
- Renovation / construction at home, work, school....._____
- A leak or flood at home, work, or school....._____
- "Food poisoning" or an "intestinal flu"_____
- A dental problem or major dental work _____
- Foreign travel....._____
- Wilderness activities_____
- An acute medical illness (for ex. an infection) _____
- Hospitalization....._____
- Surgery....._____
- An accident or injury....._____
- A new medication (example, taking an antibiotic) _____
- A change of diet....._____
- A crash or fad diet....._____
- A change in exercise or activity level....._____
- A change in my use of
 - nutritional supplements....._____
 - medication....._____
 - my soap, shampoo, or detergent....._____

Answer each question with a number, as follows:

- 0 = Never/Rare** – Insignificant **AND** Monthly or less often
- 1 = Occasionally or Slight** – Average 1x/wk **OR** Mildly affects you
- 2 = Often or Moderate** – 2-3 per week **OR** Moderately affects you
- 3 = Frequent or Severe** – Most days [or EVERY month like a cycle] **OR** Mild affects you
- ? = Unknown** – I don't understand or know
- NA** – Not Applicable

Hypoacidity

- Food repeats on you after you eat.....0 1 2 3
- Excessive burping and belching following meals.....0 1 2 3
- Stomach spasms and cramping during or after eating.0 1 2 3
- A sensation that food just sits in your stomach, creating uncomfortable fullness, pressure and bloating during or after a meal.....0 1 2 3
- Bad taste in your mouth.....0 1 2 3
- Small amounts of food fill you up immediately..... 0 1 2 3
- Skip meals or eat erratically because you have no appetite..... 0 1 2 3

Total _____

GI Inflammation

- Strong emotions, or the thought or smell of food aggravates your stomach or makes it hurt.....0 1 2 3
- Feel hungry an hour or two after eating a good-sized meal.....0 1 2 3
- Stomach pain, burning and/or aching over a period of 1-4 hours after eating.....0 1 2 3
- Stomach pain, burning and/or aching relieved by eating food, drinking carbonated beverage, cream or milk, or taking antacids..... 0 1 2 3
- Burning sensation in the lower part of your chest, especially when lying down or bending forward... 0 1 2 3
- Painful indigestion even when relaxed or on vacation.0 1 2 3
- Eating spicy and fatty (fried) foods, chocolate, coffee, alcohol, citrus or hot peppers causes your stomach to burn or ache..... 0 1 2 3
- Feel a sense of nausea when you eat.....0 1 2 3
- Difficulty or pain when swallowing food or beverage.0 1 2 3

Total _____

Small Intestine, Pancreas

- When massaging under your rib cage *on your left* side, there is pain, tenderness or soreness..... 0 1 2 3
- Indigestion, fullness or tension in your abdomen is delayed, occurring 2-4 hours after eating a meal... 0 1 2 3
- Lower abdominal discomfort is relieved with the passage of gas or with a bowel movement..... 0 1 2 3
- Specific foods/beverages aggravate indigestion..... 0 1 2 3
- The consistency or form of your stool changes (e.g., from narrow to loose) during one day.....0 1 2 3
- Stool odor is embarrassing.....0 1 2 3
- Undigested food in your stool..... 0 1 2 3
- Three or more large bowel movements daily..... 0 1 2 3
- Diarrhea (frequent loose, watery stool)..... 0 1 2 3
- Bowel movement shortly after eating (within 1 hour).0 1 2 3

Total _____

Colon (lower abdominal area)

- Discomfort, pain or cramps in your colon..... 0 1 2 3
- Emotional stress causes abdominal bloating, pain, cramps, or gas
- Eating raw fruits & vegetables causes abdominal bloating, pain, cramps, or gas0 1 2 3
- Generally constipated (or straining during bowel movements).....0 1 2 3
- Stool is small, hard and dry.....0 1 2 3
- Pass mucous in your stool.....0 1 2 3
- Alternate between constipation and diarrhea.....0 1 2 3
- Rectal pain, itching or cramping.....0 1 2 3
- No urge to have a bowel movement.....0 1 2 3
- VERY frequent need to have a bowel movement. 0 1 2 3

Total _____

LIVER/GALLBLDDER (related to intestines)

- When massaging under your rib cage on your right side, there is pain, tenderness or soreness.0 1 2 3
- Abdominal pain worsens with deep breathing.....0 1 2 3
- Pain at night that may move to your back or right shoulder.....0 1 2 3
- Bitter fluid repeat after eating..... 0 1 2 3
- Feel abdominal discomfort or nausea when eating rich, fatty or fried foods0 1 2 3
- Throbbing temples and/or-dull pain in forehead associated with overeating.....0 1 2 3
- Unexplained itchy skin worse at night0 1 2 3
- Stool color alternates from clay colored and normal brown.....0 1 2 3
- General feeling of poor health.....0 1 2 3

Total _____

Do you have food allergies?

- My ears turn red for no apparent reason..... 0 1 2 3
- My tongue looks like a map, with irregular flattened patches..... 0 1 2 3
- I have dark circles under my eyes.....0 1 2 3
- I have to clear my throat frequently..... 0 1 2 3
- My lips or throat itch after eating.....0 1 2 3
- My skin itches for no apparent reason..... 0 1 2 3
- The inner corners of my eyes itch..... 0 1 2 3
- I feel sleepy after eating.....0 1 2 3
- I feel my best if I don't eat at all.....0 1 2 3
- I feel more hungry after eating than before I ate... 0 1 2 3
- I have irresistible cravings for specific foods..... 0 1 2 3
(milk, for example)_____
- Eating gives me diarrhea, headaches, or skin rashes..... 0 1 2 3

Total _____

Total score of 5 or more = food allergy or intolerance may be a trigger.

Is a subluxation contributing to your digestive problems?

- I have a History of back injury.....0 1 2 3
- I have back pain/discomfort.....0 1 2 3
- I have more back discomfort at the same time as Digestive problems. 0 1 2 3
- I have restricted range of motion in my spine0 1 2 3
- I have more restricted range of motion in my spine at the same time as Digestive problems.0 1 2 3
- My back problem is near the same level as my digestive problem.....0 1 2 3

Total _____

Total score of 9 or more suggests subluxation as a cause.