Digestive Health Screening Questionnaire

Which symptoms are you currently experiencing?

☐ Heartburn or acid reflux
☐ Abdominal pain or cramping
☐ Bloating or abdominal distention
☐ Excessive gas
☐ Nausea
☐ Constipation
☐ Diarrhea
☐ Alternating constipation and diarrhea
☐ Urgent bowel movements
☐ Feeling incompletely emptied
☐ Food-related symptoms
☐ Difficulty swallowing
☐ Mucus in the stool
☐ Unexplained changes in bowel habits
☐ Other: _____

How often do symptoms occur?

☐ Occasionally
☐ Several times each week
☐ Daily
☐ After most meals

Have you noticed blood in your stool, black stool, persistent vomiting, or unexplained weight loss?

☐ Yes
☐ No

What is your primary digestive concern?

_____