

# Gut Wellness Questionnaire

To be filled after  
the Lifestyle Medicine Questionnaire

\* Indicates required question

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1. Patient ID \*

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2. Have you experienced significant weight loss over past 1 or 3 months \*

*Mark only one oval.*

Yes  
 No

3. Is there any recent change in your bowel movements (related to stress, specific \* foods, sleep etc.)

*Mark only one oval.*

Yes  
 No

## 4. How frequently do you experience the following symptoms? \*

Mark only one oval per row.

	Daily	Weekly	Occasionally	Never
<b>Bloating</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Gas</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Acid reflux</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Nausea</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Undigested food in stool</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 5. How would you describe your appetite? \*

Mark only one oval.

- Poor
- Normal
- Increased
- Varies

## 6. Do you skip meals due to digestive discomfort? \*

Mark only one oval.

- Yes
- No

## 7. Do you feel excessively full or sleepy after eating a regular meal? \*

Mark only one oval.

- Yes
- No

8. Do you feel abdominal discomfort or heaviness after meals? \*

*Mark only one oval.*

Yes

No

Sometimes

9. Do you notice any of these symptoms after eating foods? \*

*Mark only one oval.*

Fatigue

Skin itching

Joint pain

Mood swings

Brain fog (struggle to focus or feel mentally tired even after resting)

Acid reflux (acidity/ heartburn)

10. Have you ever noticed a white coating on your tongue? \*

*Mark only one oval.*

Yes

No

Sometimes

11. Are there any specific foods that trigger symptoms like bloating, gas, diarrhea, \* or constipation?

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12. Have you undergone any food intolerance or allergy tests before? \*

*Mark only one oval.*

Yes

No

13. Are you currently taking any medications for your digestive or gut-related concerns? If yes, please list them.

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14. How often do you pass stool? \*

*Mark only one oval.*

Once a day

More than once

Alternate days

Less often

15. What is the usual consistency of your motion? (based on Bristol Stool Chart) \*

*Mark only one oval.*

- Type 1: Separate hard lumps, like nuts – Severe constipation
- Type 2: Sausage-shaped but lumpy – Mild constipation
- Type 3: Like a sausage with cracks on the surface – Normal (slightly dehydrated)
- Type 4: Smooth, soft sausage or snake – Ideal/Healthy
- Type 5: Soft blobs with clear-cut edges – Lacking fiber / Mild diarrhea
- Type 6: Fluffy pieces with ragged edges, mushy – Mild/moderate diarrhea
- Type 7: Watery, no solid pieces – Severe diarrhea

16. Have you observed any blood or mucus in your stool ?

*Mark only one oval.*

- Yes
- No

17. Are you using any supplements to support your gut health? (Check all that apply) \*

*Check all that apply.*

- Probiotics
- Prebiotics
- Digestive enzymes
- Ayurvedic/herbal supplements (e.g., Triphala, Kutki)
- L-glutamine
- Fiber supplements (e.g., psyllium husk, isabgol, inulin)
- Activated charcoal
- Apple cider vinegar
- Zinc carnosine
- Multivitamins
- No supplements currently
- Other: \_\_\_\_\_

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