

# Exploring Factors Affecting Gut Health: Comprehensive Survey

Welcome to the Gut Health and Lifestyle Assessment Questionnaire! Your participation will help us understand the importance of gut health beyond digestion and its impact on immune function, mental health, and overall vitality. Research has shown that our gut microbiota, the diverse community of microorganisms in our digestive system, plays a crucial role in our well-being. Maintaining a balanced gut microbiota improves digestion, nutrient absorption, immune response, and even mood.

This survey explores known and surprising factors affecting gut health, such as diet, exercise, stress, sleep, medication, and hydration. By discovering these connections, we gain insights into how lifestyle impacts our gut microbiota.

The purpose of this survey is to gather information on various lifestyle factors and their impact on gut health. Your participation will contribute to our understanding of how diet, stress, sleep, medication, and other aspects influence gut health and overall well-being. All data provided will be kept confidential and used solely for research purposes.

Please note that all information collected in this questionnaire is strictly confidential and will be used for research purposes only. Thank you for taking the time to contribute to our understanding of gut health and its relationship to lifestyle factors.

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\* Indicates required question

1. What is your age group? \*

*Mark only one oval.*

- ☐ 6 - 18 years
- ☐ 19 - 35 years
- ☐ 36 - 55 years
- ☐ 55+ years

2. What is your gender? \*

*Mark only one oval.*

☐ Male

☐ Female

3. How would you describe your typical diet? \*

*Mark only one oval.*

☐ Mostly whole foods (fruits, vegetables, whole grains)

☐ A mix of whole foods and processed foods

☐ Mostly processed and fast foods

4. How often do you consume foods high in fiber (e.g., fruits, vegetables, rice)? \*

*Mark only one oval.*

☐ Daily

☐ 2-3 times a week

☐ Rarely or never

5. Do you include fermented foods in your diet? (e.g., yogurt, buttermilk, lassi, etc) \*

*Mark only one oval.*

☐ Yes, regularly

☐ Occasionally (min once a week)

☐ No, never

6. On average, how many liters of water do you consume per day? \*

*Mark only one oval.*

- ☐ 4 or more
- ☐ 1 to 3
- ☐ 1 or less

7. How often do you consume alcoholic beverages? \*

*Mark only one oval.*

- ☐ Rarely or never
- ☐ b) Occasionally (1-2 times a week)
- ☐ Regularly (3 or more times a week)

8. Do you engage in regular physical exercise? (e.g., walking, running, workout) \*

*Mark only one oval.*

- ☐ Yes, multiple times a week
- ☐ Occasionally
- ☐ No, rarely or never

9. How would you describe your sleep patterns? \*

*Mark only one oval.*

- ☐ My sleep patterns are set and regular
- ☐ My sleep patterns vary

10. How would you rate your stress levels on a daily basis? \*

*Mark only one oval.*

- ☐ Low
- ☐ Moderate
- ☐ High

11. How often do you consume allopathic medicines? \*

*Mark only one oval.*

- ☐ Rarely or never
- ☐ Occasionally (Once in 2 months)
- ☐ Frequently (Once in a month)

12. How often do you experience digestive discomfort (e.g., bloating, gas, indigestion)? \*

*Mark only one oval.*

- ☐ Rarely or never
- ☐ Occasionally (1-2 times a month)
- ☐ Frequently (1-3 times a week)

13. How often do you have a bowel movement (passing stool) in a typical week? \*

*Mark only one oval.*

- ☐ Once a day
- ☐ 2-3 times a week
- ☐ Less than 2 times a week

14. How would you describe the consistency of your stool most of the time? \*

*Mark only one oval.*

- ☐ Soft, well-formed, and easy to pass
- ☐ Loose or watery, lacking form
- ☐ Hard, pellet-like, or difficult to pass

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