

Stool Survey

GI distress is among one of the most common ailments in the United States, accounting for 2.5 million physician visits a year. The clinical manifestations of it can vary widely. Please go through this self evaluation, which will help you and your health care provider determine your best plan of care.

1. How many bowel movements do you have?

- (+) 1 a day
- (+) 2-3 per day
- (-) 5 or more per day
- (-) 4-5 a week
- (-) Fewer than 4 a week

2. Do you have incomplete evacuation?

- (-) Yes (+) No

3. Do you 'strain'?

- (-) Yes (+) No

4. Are your stools hard or lumpy?

- (-) Yes (+) No

5. Do your stools smell?

- (-) Yes (+) No

6. Are your stools mucus-like, light colored or greasy?

- (-) Yes (+) No

7. Do you experience smelly gas?

- (-) Yes (+) No

8. Are your stools stringy?

- (-) Yes (+) No

9. Do your stools resemble pellets?

- (-) Yes (+) No

10. Do you commonly feel bloated?

- (-) Yes (+) No

11. Do your stools sink or float?

- (+) Sink (-) Float

12. Do you feel gassy or have abdominal discomfort?

- (-) Yes (+) No

13. Have you experienced un-intentional weight loss?

- (-) Yes (+) No

14. Do you regularly feel fatigued?

- (-) Yes (+) No

15. Do your stools have an "off" or light color (i.e. not a solid brown color)?

- (-) Yes (+) No

16. Do you think there is any blood in your stools?

(-) Yes (+) No

17. Do you experience constipation with alternating diarrhea?

(-) Yes (+) No

18. How would you describe acute bouts of diarrhea?

Not Applicable

(-) Mild

(-) Moderate

19. How long have you experienced diarrhea?

Not Applicable

(-) 3 days

(-) A week

(-) More than 1 week

20. How many acute 'bouts' per 24 hours?

Not Applicable

(-) 1 per 24/hr.

(-) 2 per 24/hr.

(-) 3 per 24/hr.

21. Does the diarrhea decrease or stop if you fast?

(+) Yes (-) No Not Applicable

22. Are your bowel movements dictating your lifestyle?

(-) Yes (+) No

23. Do you use probiotics and/or prebiotics?

(+) Yes (-) No

24. Are you currently taking medication?

(-) Yes (+) No

25. Do you take any over-the-counter (OTC) medications regularly?

(-) Yes (+) No

26. About how many grams of fiber do you eat each day?

(-) 0 – 20 grams

(+) 25+ grams

27. Do you drink 8-10 glasses of filtered, spring or mineral water every day?

(+) Yes (-) No

28. Do you find you have abdominal discomfort after eating particular foods?

(-) Yes (+) No

This quiz will help identify the areas that need your attention.

Please review the quiz and consider all of your responses that did not have a **(+)** response; each **(-)** answer for the above questions are areas which we have identified and you should discuss with your health care provider. There are many simple actions you and your health care provider can take to measure your gastric and/or elimination issues and will aid in determining which treatment would be most effective for you.

Transit Time Test

This test will show too quick-poor absorption, or too long, sub-optimal colon health. Ideally should be between 12 and 24 hours.

Eat 1/2 cup of corn or beets:

Record time and date _____

Note time when this is first seen in stool _____

Note time when this is last seen in stool _____