



Healthy Gut Symptom Checker

You can use this questionnaire to track your progress through this course. It is recommended to fill it out before making changes to get your baseline, and then fill it out again once you have completed the course.

Rate each of the following based on how you have felt in the last 14 days.

- 0- Never or almost never
- 1- Occasionally, effect IS NOT severe
- 2- Occasionally, effect IS severe
- 3- Frequently, effect IS NOT severe
- 4- Frequently, effect IS severe

Nausea _____

Vomiting _____

Diarrhea _____

Constipation _____

Feeling bloated _____

Belching _____

Gas _____

Heartburn _____

Intestinal/Stomach Pain _____

Canker sores _____

2 or more days between
bowel movements _____

Acne _____

Rashes/eczema _____

Sinus problems _____

Itchy inner ears _____

Bags under eyes _____

Headaches _____

Insomnia _____

Craving certain foods _____

Binge eating/drinking _____

Fatigue _____

Brain fog/poor
concentration _____

Grand Total _____