



**Dr. Nelleke Greendyk**

## Gut Health Survey

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  Male  Female

Please choose all that apply to you:

### EATING HABITS:

- I relax and enjoy my food at mealtime.
- They know me by name at the drive thru window.
- I sometimes eat out but usually pack my lunch.
- I crave salty snacks (ie potato chips, pretzels, crackers).
- I crave sweets & carbs (ie bread, chocolate, soda).

### MOOD / ENERGY:

- If I miss a meal, I feel cranky and irritable, weak, or tired.
- I am often anxious, depressed, moody or impatient.
- I am tired most of the time.
- I pop out of bed every morning ready to take on the world.
- I wake up in the middle of the night and have difficulty falling back to sleep.
- I feel well rested when I wake up.
- I have trouble falling asleep at night.

### GENERAL HEALTH:

- Gallbladder? I had that removed years ago!
- Headaches or migraines are a daily occurrence.
- I have been diagnosed with Type 2 diabetes.
- I have taken an antibiotic in the last 5 years.
- I suffer from seasonal allergies.
- I suffer from skin issues (ie psoriasis, eczema, acne, rosacea, rashes).
- I take at least 1 prescription medication.
- I am experiencing memory issues.
- I have food sensitivities and allergies.

### BATHROOM HABITS:

- My bowels are like clockwork, same time every day.
- I experience frequent diarrhea.
- I depend on laxatives or other aids to ensure a trip to the bathroom.
- I switch between diarrhea and constipation.
- The toilet plunger & I are friends.
- I visit the bathroom more frequently than I'd like to share.

### Digestive Health History:

- I was born vaginally.
- I was born via c-section.
- I was breastfed.
- I had several courses of antibiotics as a child.
- My youth was stressful.
- I had Lyme disease.

Typical breakfast (3 examples):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Typical lunch (3 examples):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Typical supper (3 examples):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Typical snacks (3 examples):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Beverages:

1. How much water do you drink? \_\_\_\_\_
2. How much coffee do you drink? \_\_\_\_\_
3. List other beverages & how much? \_\_\_\_\_

List diets you have tried *(if applicable and comment how you felt on them)*

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What do you feel is standing in your way of reaching your health goals?

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What changes do you feel have improved your health?

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What changes do you feel haven't made a difference?

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