

# Digestive Health Evaluation

Patient Questionnaire



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# Digestive Health Questionnaire

(to be completed by patient)

Name

Date

Digestive discomfort may include symptoms such as bloating, heaviness, or altered bowel habit which can often be difficult or embarrassing to discuss with other people. You are not alone as these symptoms are often experienced. By talking these through with your doctor or nurse you will be able to work together to identify ways to manage your digestive discomfort.

This simple questionnaire may give you a general view of the state of your digestive health.

**Please complete the simple questions below and use these as a basis for a discussion with your doctor or nurse**

- When we use the word abdomen we mean belly/tummy/stomach
- Some of the questions ask about passing a stool. By this we mean going to the toilet for a reason other than to urinate (pass water)
- By understanding your symptoms your doctor or nurse will be able to best advise you on how to respond to these symptoms and work towards improving your quality of life
- All these questions refer to the last 4 weeks

1. Have you experienced digestive discomfort such as your abdomen feels heavy, bloating, stomach ache, altered bowel habit, flatulence or other abdominal discomfort?

Never

Sometimes

Often

Mostly

Always

2. How often have you had discomfort or pain anywhere in your abdomen?

Everyday

1 day a month

2–3 days a month

1 day a week

Never

3. Does this discomfort / pain get better or stop after you have had a bowel movement?

Never

Sometimes

Often

Mostly

Always

4. When this discomfort or pain began did you have more frequent bowel movements?

Never

Sometimes

Often

Mostly

Always

5. When this discomfort or pain began did you have hard or lumpy stools?

- Never
- Sometimes
- Often
- Mostly
- Always

6. How often has your abdominal discomfort / pain prevented you from sleeping, or woken you during the night?

- Never
- Sometimes
- Often
- Mostly
- Always

7. How often do you feel the need to strain to pass a motion (stool)?

- Never
- Sometimes
- Often
- Mostly
- Always

8. How often do you feel that your bowel has not been emptied after a bowel movement?

- Never
- Sometimes
- Often
- Mostly
- Always

9. How often have you been troubled with loose, mushy or watery stools?

- Never
- Sometimes
- Often
- Mostly
- Always

10. How often do you experience abdominal bloating?

- Never
- Sometimes
- Often
- Mostly
- Always

11. How often do you feel uncomfortably full after a regular-sized meal?

- Never
- Sometimes
- Often
- Mostly
- Always

12. How often do you experience abdominal distension?

- Never
- Sometimes
- Often
- Mostly
- Always

Digestive discomfort is often a source of embarrassment, and people may be reluctant to discuss their symptoms.

**This tool aims to:**

- Prompt you and your patient to discuss their digestive health and comfort
- Assist you in supporting your patients' digestive health needs

**To gain value from this tool:**

- Encourage your patient to complete the 'Digestive Health Questionnaire' during your consultation
- Use the responses to motivate them to discuss their symptoms of digestive discomfort such as bloating, altered bowel habit, flatulence etc.
- Check that you understand your patients' symptoms by rephrasing and/or repeating their statements back to them
- Provide advice which will empower your patient to take control of their digestive health

**Encourage patients to regulate their toilet habits**

Listening to your body and encouraging bowel movements at regular times may be of importance to your digestive transit and comfort. The feeling of need to defecate is stimulated by arrival of matter in the rectum, which happens most frequently in the morning or after a meal. However, an urgent need to evacuate should never be ignored, whatever time it happens.



**For more information and tips on your digestive wellbeing, please visit [www.loveyourtummy.org](http://www.loveyourtummy.org)**