Gut Health Quiz Question Template for Functional Medicine

Q1: Which of these do you experience regularly? (check all that apply)

□ Bloating or gas after meals

□ Irregular bowel movements

□ Acid reflux or heartburn

□ Food sensitivities

□ Brain fog that correlates with digestive symptoms

Q2: In the past 2 years, have you taken antibiotics?

□ Multiple rounds

□ Once

□ No

□ Not sure

Q3: How often do your meals include the following? (check all that apply)

□ Processed foods

□ Fermented foods

□ Diverse vegetables (5+ types per day)

□ Gluten-containing grains

□ Dairy products

Q4: Do your digestive symptoms change with stress?

□ Significantly worse with stress

□ Slightly worse with stress

□ No change

□ Not sure

Q5: How many bowel movements do you have per day?

□ Less than 1 per day

□ 1-2 per day

□ 3 or more per day

□ Unpredictable — varies widely

Q6: Do you experience any of the following? (check all that apply)

□ Mucus in stool

□ Undigested food in stool

□ Urgency / difficulty holding

□ None of these

Q7: Have you tried an elimination diet?

□ Yes — and it helped

□ Yes — but saw no change

□ No, I have not tried one

Q8: Rate your overall digestive comfort on a scale of 1-5.

1 — Very uncomfortable

2

3 — Moderate

4

5 — Very comfortable

Clinical Archetypes

• Gut Barrier Compromised

• Microbiome Dysbiosis

• Stress-Driven Gut Dysfunction