STEPHEN D. SAEKS, PhD, LAc
2 Roads Crossing Healthcare, PC
15455 NW Greenbrier Parkway, Suite 240
Beaverton, Oregon 97006-8116

DIGESTIVE FUNCTIONING QUESTIONNAIRE

Name: _____ **Date**: _____

Below you will find a number of categories related to your weight issues. In each category you are to check all of the items that apply to you. In some cases, there will be room for you to describe your answers in more detail when that is needed.

Body Sensations

Heaviness
[] Whole Body
[] Legs
[] Arms
[] Torso
[] Head

Stiffness
[] Whole Body
[] Legs
[] Arms
[] Torso
[] Head/Neck

Perspiration
[] Night Sweats
[] Spontaneous Day Sweats
[] Never sweat

Thirst

1 2 3 4 5 6 7 8 9 10
Never Sometimes Always

How many ounces of water do you drink a day _____

Do you prefer your water
1 2 3 4 5 6 7 8 9 10
Ice Cold Neutral Hot

Do you prefer other drinks
1 2 3 4 5 6 7 8 9 10
Ice Cold Neutral Hot

Do you prefer your food
1 2 3 4 5 6 7 8 9 10
Ice Cold Neutral Hot

Do you experience any of the following:
[] Head distention
[] Phlegm in your [] head [] chest [] throat [] stomach
[] Mucous in your stool
[] Palpaitations
[] Swollen ankles

Mouth
Please check any of the following tastes/sensations which you experience in your mouth:
[] sour [] Bitter [] Sweet [] Salty [] Bland
[] Bad breath
[] Dry Mouth

Face
[] Puffy
[] Red Complexion
[] Pale complexion
[] Yellow Complexion
[] Sweaty/clammy

Abdominal

Between Meals	After Meals
[] Bloating	[] Bloating
[] Gas	[] Gas
[] Belching	[] Belching
[] Indigestion	[] Indigestion
[] "Stomach Noises"	[] "Stomach Noises"
[] Nausea	[] Nausea
[] Distention	[] Distention
[] Vomiting	[] Vomiting

Hunger Patterns

How often are you hungry

1	2	3	4	5	6	7	8	9	10
Never				Sometimes					Always

T F I am often hungry soon after I eat

T F I am rarely hungry and I have to force myself to eat

T F I eat even when I am not hungry

Cravings
Sweet
Cold
Hot
Spicy
Salty
Fried

My favorite foods are:

1. _____
2. _____
3. _____

Elimination

I frequently experience:

[] Constipation [] Diarrhea [] Alternating constipation and loose stools

Energy

T F I have all of the energy I want or need
T F I frequently feel fatigued

Fatigue
[] Whole Body
[] Arms
[] Legs
[]Mental

Lack of Strength
[] Whole Body
[] Arms
[] Legs

Is there anything else you would like me to know related to your eating habits or weight change issues?

_____
_____
_____
_____
_____
_____

Thank You