



the better nutrition digestive evaluation



~~"YOU ARE WHAT YOU EAT."~~

You ARE what you digest and absorb.

1) What's happening or not in the bathroom?

DAILY | **OFTEN** | **NEVER**
 >4 days/week | 2-3 days/wk | <1 day monthly

	DAILY >4 days/week	OFTEN 2-3 days/wk	NEVER <1 day monthly
a. #1 at least once a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. # 2 at least once a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you strain to go #1 or #2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you feel like you need to but can't go #1 or #2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you see undigested food in your #2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is your #2 pellets instead of a fully formed (S shape)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is there blood when you wipe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are you relying on band-aids to help digestion & elimination			
- caffeine, cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- medications (Rx or over-the-counter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- colonics, detoxes, cleanses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Are things going in the right direction:

a. Are your things (food, acid, liquids) going the wrong way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have reflux; are you taking medication for GERD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have loose stools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Are you bloated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Do you smell as lovely as you are:

a. Do you have foul or sweet smelling gas, poop or body odor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have bad breath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) Is your nutrition working better for you:

YES | NO

a. Do you eat better quantities, nutrient balance but still feel hungry soon after?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have low energy after eating?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you struggle to lose weight around your middle even though you make better nutrition choices and exercise regularly?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you feel bloated after eating?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you get in your better water amount daily?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you avoid foods due to allergies, intolerances?	<input type="checkbox"/>	<input type="checkbox"/>
g. Do you skip foods / food groups because you don't digest them well?	<input type="checkbox"/>	<input type="checkbox"/>
h. Do you get in a rainbow of colors from plants?	<input type="checkbox"/>	<input type="checkbox"/>

5) Is your life challenging your digestive health?

a) Do you travel where you sit >20 minutes daily?	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you travel on a plane?	<input type="checkbox"/>	<input type="checkbox"/>
c) Are you stressed (are you a >5 on a scale of 1-10)	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you struggle to get 7 hours of good sleep?	<input type="checkbox"/>	<input type="checkbox"/>
e) Do you exercise vigorously?	<input type="checkbox"/>	<input type="checkbox"/>
f) Do you sit for >2 hours at a time?	<input type="checkbox"/>	<input type="checkbox"/>
g) Do you have an injury or illness that keeps you from twisting your upper body (waist), touching your toes, taking steps?	<input type="checkbox"/>	<input type="checkbox"/>
h) Are you more than 10 pounds overweight?	<input type="checkbox"/>	<input type="checkbox"/>
i) Do you have a chronic digestive disease or condition?	<input type="checkbox"/>	<input type="checkbox"/>
j) Do you have a history of taking antibiotics, anti-depressants, birth control, or skin medications (topical or oral)?	<input type="checkbox"/>	<input type="checkbox"/>
k) Are you pregnant or had a baby(ies) in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
l) Are you taking / taken hormones?	<input type="checkbox"/>	<input type="checkbox"/>
m) Are you getting your period?	<input type="checkbox"/>	<input type="checkbox"/>



6) Is your digestive system protecting you:

YES | NO

a. Do you get yeast, sinus, or ear / throat infections?

b. Are you taking antibiotics? oral or topical?

c. Do you get a cold(s) > 1 quarterly (every 3 months)?

7) Is your skin telling you something?

a. Are you breaking out (back, bum, face, arms)?

b. Do you have bags or dark color under your eyes?

c. Do you have eczema or chronic skin disease?

d. Do you have white bumps on your arms?

8) Are your supplements affecting your digestion?

a. Do you take a multivitamin?

b. Do you take a calcium or iron supplement?

c. Do you take magnesium?

d. Do you take a probiotic?

e. Do you take glutamine or collagen?

f. Are you getting enough fiber?

g. Do you take a fiber or prebiotic fiber supplement?

 

the better nutrition digestive evaluation

NOTES:

If you would like more information on your results from your digestive evaluation or would like to know how you can improve your digestion you can email me at hello@sunshinefunctionalmedicine.com or visit <https://bit.ly/callcomplimentary> to schedule!



All content here was created for informational purposes only. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read on these pages. Reliance on any information provided by The Better Nutrition Program, companies, or professionals contributing content as part of these publications is solely at your own risk. All materials developed and reviewed by Ashley Koff RD at times in conjunction with other leading healthcare practitioners.

©2021 The Better Nutrition Program LLC

Sunshine
FUNCTIONAL HEALING