

Digestive Score Chart

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www.begoodtoyourgut.co.uk

Please rate your current symptoms in terms of how much they currently impact on your quality of life.

1= no impact

(I do not ever experience this symptom and it doesn't affect my quality of life or activities at all)

10 = Significant impact

(I experience this symptom regularly and it significantly impacts negatively on the quality of my life and activities)

Please circle/indicate the most appropriate number for each symptom:

Abdominal pain/discomfort

1 2 3 4 5 6 7 8 9 10

Bloating

1 2 3 4 5 6 7 8 9 10

Wind/flatulence

1 2 3 4 5 6 7 8 9 10

Diarrhoea

1 2 3 4 5 6 7 8 9 10

Constipation

1 2 3 4 5 6 7 8 9 10

Nausea

1 2 3 4 5 6 7 8 9 10

Energy Levels

1 2 3 4 5 6 7 8 9 10

Any other comments you have regarding your symptoms?
