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

2) Are things going in the right direction:			
a. Are your things (food, acid, liquids) going the wrong way?	☐	☐	☐
b. Do you have reflux; are you taking medication for GERD?	☐	☐	☐
c. Do you have loose stools?	☐	☐	☐
d) Are you bloated?	☐	☐	☐

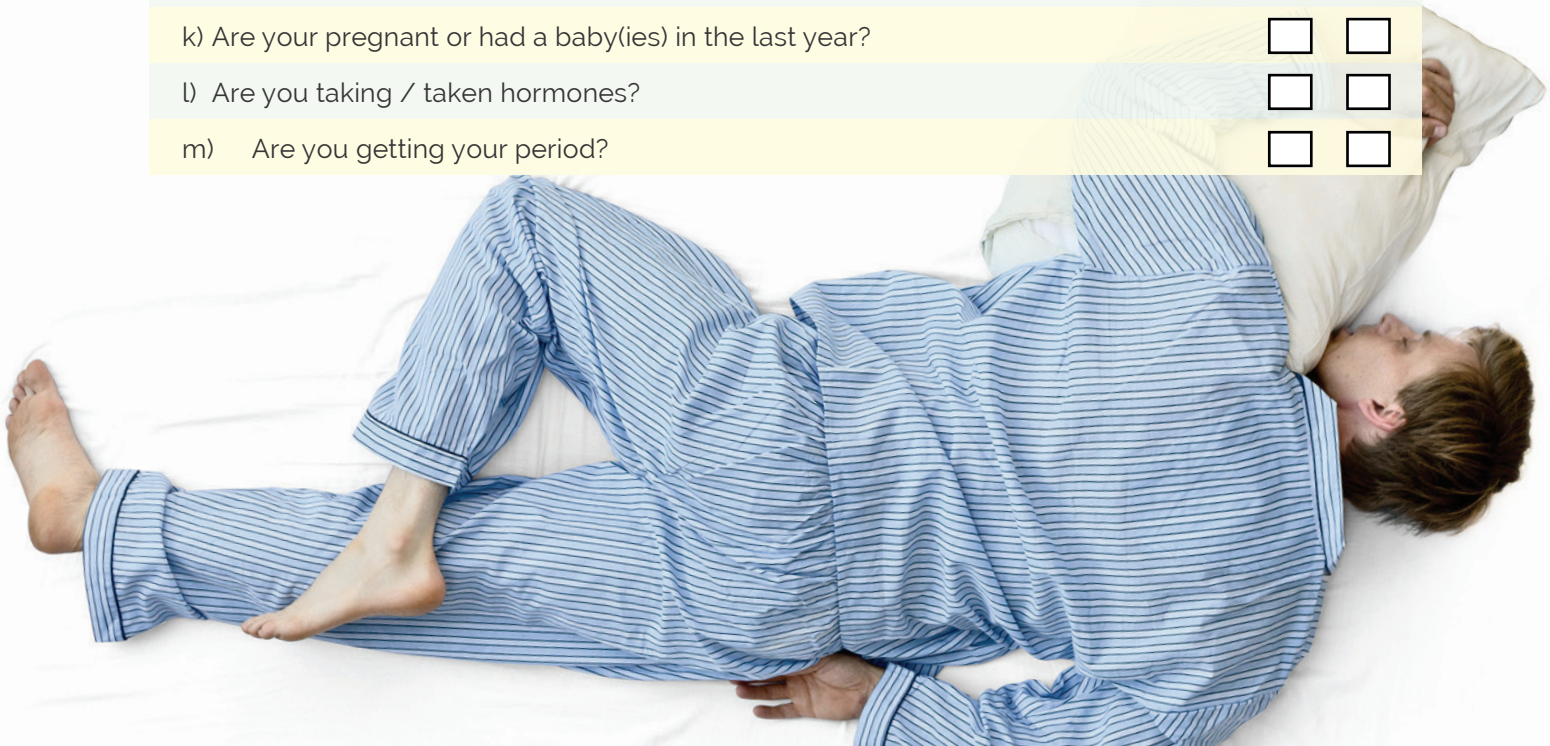
3) Do you smell as lovely as you are:			
a. Do you have foul or sweet smelling gas, poop or body odor?	☐	☐	☐
b. Do you have bad breath?	☐	☐	☐

4) Is your nutrition working better for you:

	YES	NO
a. Do you eat better quantities, nutrient balance but still feel hungry soon after?	☐	☐
b. Do you have low energy after eating?	☐	☐
c. Do you struggle to lose weight around your middle even though you make better nutrition choices and exercise regularly?	☐	☐
d. Do you feel bloated after eating?	☐	☐
e. Do you get in your better water amount daily?	☐	☐
f. Do you avoid foods due to allergies, intolerances?	☐	☐
g. Do you skip foods / food groups because you don't digest them well?	☐	☐
h. Do you get in a rainbow of colors from plants?	☐	☐

5) Is your life challenging your digestive health?

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



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:

THE BETTER NUTRITION PROGRAM™