

Decreased Stomach Acid

Name: _____

Date: _____

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| 1. | Belching and/or gas within 1 hour after eating a meal | 1 | 2 | 3 | 4 |
| 2. | Heartburn and/or acid reflux | 1 | 2 | 3 | 4 |
| 3. | Bloating shortly after eating a meal | 1 | 2 | 3 | 4 |
| 4. | Bloated and/or full feeling | 1 | 2 | 3 | 4 |
| 5. | Bad breath | 1 | 2 | 3 | 4 |
| 6. | Stomach upset by taking vitamins | 1 | 2 | 3 | 4 |
| 7. | A sensation that food just sits in your stomach creating uncomfortable fullness, pressure and / or bloating during and/or after a meal | 1 | 2 | 3 | 4 |
| 8. | Do you feel like skipping breakfast | 1 | 2 | 3 | 4 |
| 9. | Do you feel better if you don't eat | 1 | 2 | 3 | 4 |
| 10. | Sleepy after meals | 1 | 2 | 3 | 4 |
| 11. | Stomach pain and/or cramps during and/or after eating | 1 | 2 | 3 | 4 |
| 12. | Undigested food in stool | 1 | 2 | 3 | 4 |
| 13. | Indigestion (sour stomach), food repeats on you 1-3 hours after eating | 1 | 2 | 3 | 4 |
| 14. | Excessive belching, burping and/or bloating | 1 | 2 | 3 | 4 |
| 15. | Poor appetite and/or disinterest in food | 1 | 2 | 3 | 4 |
| 16. | Bad taste in mouth | 1 | 2 | 3 | 4 |
| 17. | Difficult bowel movements and/or constipation | 1 | 2 | 3 | 4 |
| 18. | Difficulty in swallowing | 1 | 2 | 3 | 4 |
| 19. | Unintentional weight loss | 1 | 2 | 3 | 4 |
| 20. | Small amounts of food fill you up immediately | 1 | 2 | 3 | 4 |
| 21. | Skip meals or eat erratically because you have no appetite | 1 | 2 | 3 | 4 |
| 22. | Stomach growls and/or gurgles | 1 | 2 | 3 | 4 |
| 23. | Do you pass gas regularly | 1 | 2 | 3 | 4 |
| 24. | Pain and/or discomfort in the head, neck and/or body between 7-9 am | 1 | 2 | 3 | 4 |
| 25. | Are you a vegan (no dairy, meat, fish and/or eggs) | Yes | | | |

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| 26. | Loss of taste for meat | Yes |
| 27. | Fingernails chip, peel and/or break easily | Yes |
| 28. | Treated for anemia without success and/or unresponsive to iron supplements | Yes |
| 29. | Picky eater | Yes |
| 30. | Spoon shaped nails | Yes |
| 31. | Sores in corner of the mouth | Yes |
| 32. | Smooth and/or coated tongue | Yes |
| 33. | Currently using digestive enzymes | Yes |
| 34. | Currently using over the counter and/or prescribed digestive medications | Yes |
| 35. | Difficulty digesting fruits and/or vegetables | Yes |
| 36. | Undigested food found in stools | Yes |
| 37. | Food allergies or sensitivities | Yes |
| 38. | Fasting affects your stomach | Yes |
| 39. | Vomiting of undigested food | Yes |



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