

Burriss Gut Health Symptom Checklist Disclaimer

Please read carefully

The following Gut Health Symptom Checklist is provided as an information resource only, and is not to be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create any patient relationship, and should not be used as a substitute for professional diagnosis and treatment.

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Many of these symptoms can cross over each other or represent a completely different issue.

Please do not go any further if you do not agree to this disclaimer.

If you score a 5 or above on any of the questions we highly recommend you see a functional medicine MD, DO or ND.

Burriss Gut Health Symptom Checklist

Name _____ Date of Birth _____ Age ____ Sex ____ Today's Date _____

This Checklist is Not Intended to Diagnose

NOT AT ALL

SOMEWHAT

MODERATELY

A LOT

1 _____ 5 _____ 10 _____

Please write a score of 1-10 after each question

Gallstones and Liver Stones Symptom Checklist

1) Do you have pain in the upper right abdomen?	
2) Do you have pain in the mid right side of the back?	
3) Do you feel ill after eating fatty foods?	
4) Are you frequently nauseous?	
5) Have you lost your appetite?	
6) Are your stools light in color?	
7) Is there a yellowish color to your skin or eyes?	
Total	

Parasite Symptom Checklist

1) Are you chronically tired even after several good night's sleep?	
2) Have you had loose stools or diarrhea for more than two weeks?	
3) Do you grind your teeth or wake up frequently at night?	
4) Do you have mucus or blood in your stools?	
5) Is there undigested food in your stool?	
6) Do you experience frequent muscle and joint pain?	
7) Do you find yourself gravitating more and more toward high sugar content foods and alcohol?	
Total	

SIBO Candida IBS/Gut Dysbiosis Symptom Checklist

1) Do you experience frequent heart palpitations?	
2) Do you find it difficult to concentrate or experience frequent brain fog?	
3) Do you experience frequent abdominal pain, bloating, gas, diarrhea or constipation?	
4) Do suffer from frequent prostatitis (men) or yeast infections (women)?	
5) Do you suffer from psoriasis, eczema, dermatitis, or athlete's foot?	
6) Have you become sensitive to certain foods?	
7) Do you have dizzy spells or has your eyesight deteriorated?	
8) Do you experience involuntary muscle twitching or facial tics?	
Total	