

ELIMINATION ASSESSMENT BRIEF

Name: _____

Date: _____

Colon / Bowels:

1. My bowels move: _____ times per day; _____ times per week (on the average).
2. Laxative use: _____ times per day; _____ times per week; _____ times per month; _____ never.

Please circle your answer to question number 3 according to the following scale:

1 = never 2 = infrequent 3 = frequently 4 = constantly

3. My stools are:

1	2	3	4	Large (3 fingers wide and 6" plus in length)
1	2	3	4	Soft and well-formed (smooth texture)
1	2	3	4	Medium (2 fingers wide and 4-6 plus in length and well-formed)
1	2	3	4	Thin, long or narrow stools
1	2	3	4	Often float
1	2	3	4	Small and hard
1	2	3	4	Large and hard
1	2	3	4	Difficult to pass
1	2	3	4	Loose, but not watery
1	2	3	4	Diarrhea
1	2	3	4	Alternates between hard (constipated) and loose and watery (diarrhea-like)

- Stool odor:

1	2	3	4	Offensive usually
1	2	3	4	Offensive occasionally
1	2	3	4	Little odor usually

- Stool color is:

1	2	3	4	Medium brown (peanut butter color), consistently
1	2	3	4	Dark brown, consistently
1	2	3	4	Very dark
1	2	3	4	Black
1	2	3	4	Yellow
1	2	3	4	Light brown
1	2	3	4	Clay or putty colored
1	2	3	4	Greenish color
1	2	3	4	Greasy, shiny appearance
1	2	3	4	Blood is visible in them
1	2	3	4	Have mucus in them
1	2	3	4	Varies a lot

Integrating Natural Health Solutionssm

Keith D. Bishop, N.D. Candidate

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Intestinal gas: 1 2 3 4 Daily
1 2 3 4 Occasionally
1 2 3 4 Excessive
1 2 3 4 Present with pain
1 2 3 4 Foul smelling
1 2 3 4 Little odor

4. Do you have trouble initiating your bowel movement, yet the stool is not too large or too hard? (Y/N)_____
5. Does abdominal discomfort or cramping ever accompany bowel movements? (Y/N) _____
How often? _____
6. Have you ever been diagnosed as having a dental, gum, mouth, stomach, liver, gallbladder, pancreas, intestinal or bowel disorder or disease? (Y/N) _____
If yes, please explain.
7. Have you had or do you have hemorrhoids or varicose veins? (Y/N) _____
Please explain.
8. Do you make a conscious effort to eat a high fiber diet? (Y/N) _____
What do you eat?
9. Do you usually pay attention when nature calls? (Y/N) _____

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