

28-DAY CLEANSE

HAPPY GUT[®]

GUT C.A.R.E.[®]
by Dr. Vincent Pedre

Post-Program Medical Symptoms Questionnaire

NAME _____

ADDRESS _____

EMAIL _____

PHONE _____

RATE EACH OF THE FOLLOWING SYMPTOMS BASED UPON HOW YOU HAVE FELT OVER THE PAST 30-90 DAYS:

**POINT
SCALE**

- 0** - Never or almost never have the symptom
- 1** - Occasionally have it, symptom is not severe
- 3** - Occasionally have it, symptom is severe
- 5** - Frequently have it, symptom is not severe
- 7** - Frequently have it, symptom is severe

HEAD _____ Headaches

_____ Faintness

_____ Dizziness

_____ Insomnia

	TOTAL
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EYES

- _____ Watery or itchy eyes
- _____ Swollen, reddened or sticky eyelids
- _____ Bags or dark circles under eyes
- _____ Blurred or tunnel vision
(does not include near or far-sightedness)

	TOTAL
--	--------------

EARS

- _____ Itchy ears
- _____ Earaches, ear infections
- _____ Drainage from ear
- _____ Ringing in ears

	TOTAL
--	--------------

NOSE

- _____ Stuffy nose
- _____ Sinus problems
- _____ Hay Fever
- _____ Sneezing attacks
- _____ Excessive mucus formation

	TOTAL
--	--------------

**MOUTH /
THROAT**

- _____ Chronic coughing
- _____ Frequent need to clear throat
- _____ Sore throat, hoarseness, loss of voice
- _____ Swollen or discolored tongue, gums, lips
- _____ White coating on tongue
- _____ Canker sores

	TOTAL
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SKIN

- _____ Acne
- _____ Hives, rashes, dry skin
- _____ Hair loss
- _____ Flushing, hot flashes
- _____ Excessive sweating

	TOTAL
--	--------------

HEART

- _____ Irregular or skipped heartbeat
- _____ Rapid or pounding heartbeat
- _____ Chest pain

	TOTAL
--	--------------

LUNGS

- _____ Chest congestion
- _____ Asthma, bronchitis
- _____ Shortness of breath
- _____ Difficulty breathing

	TOTAL
--	--------------

DIGESTIVE TRACT

- _____ Nausea, vomiting
- _____ Diarrhea
- _____ Constipation
- _____ Bloating feeling
- _____ Excessive belching, passing gas
- _____ Heartburn
- _____ Intestinal / stomach pain

	TOTAL
--	--------------

JOINTS / MUSCLE

- _____ Pain or aches in joints
- _____ Arthritis
- _____ Stiffness or limitation of movement
- _____ Pain or aches in muscles
- _____ Feeling of weakness or tiredness

	TOTAL
--	--------------

WEIGHT

- _____ Binge eating / drinking
- _____ Craving certain foods
- _____ Excessive weight gain
- _____ Compulsive eating
- _____ Water retention
- _____ Underweight

	TOTAL
--	--------------

**ENERGY /
ACTIVITY**

- _____ Fatigue, sluggishness
- _____ Apathy, lethargy
- _____ Hyperactivity
- _____ Restlessness

	TOTAL
--	--------------

MIND

- _____ Poor memory
- _____ Confusion, poor comprehension
- _____ Mental fog
- _____ Poor concentration
- _____ Poor physical coordination
- _____ Difficulty in making decisions
- _____ Word-finding difficulties
- _____ Learning disabilities

	TOTAL
--	--------------

EMOTIONS

- _____ Mood swings
- _____ Anxiety, fear, nervousness
- _____ Anger, irritability, aggressiveness
- _____ Depression

	TOTAL
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OTHER

- _____ Frequent illness
- _____ Frequent or urgent urination
- _____ Genital itch or discharge
- _____ Medications

	TOTAL
--	--------------

GRAND TOTAL

	TOTAL
--	--------------

NOTE

Each individual score can help you compare in which part of your body or which systems you have the most problems. The total score is meant to be used as a baseline for comparison with your score at the end of the program. Each of these scores can help you see where the most change happened, what areas you still need to work on, and how much you improved between the beginning and end of the GUT C.A.R.E.[®] Program.

KEY TO QUESTIONNAIRE

Finished! Drum roll please, and now for your score. First, add up your individual scores and total each group. Next, add each group score to get your grand total.

OUR HAPPY GUT RECOMMENDATIONS BASED ON YOUR SYMPTOM SEVERITY

OPTIMAL < 15	Welcome! You have achieved a Happy Gut! You're a health superstar!!! :-)
MILD 15 - 75	Your gut is talking. Stay on the Happy Gut Diet for another month, then retest.
MOD 75 - 150	You still have work to do. Continue the Happy Gut Cleanse + the GUT C.A.R.E. [®] Program for another 28-Days.
SEVERE > 150	Let's start at the beginning! Time to work with your health practitioner to find root causes. Use Chapter 6 in Happy Gut as a guide to find what is causing your symptoms.

NOTE

Anyone with moderate to severe symptoms may consider continuing to use the Happy Gut Cleanse Kit in conjunction with the Happy Gut Diet. We've seen remarkable results with patients in just 28 days. However, if you completed the 28 days and have not yet achieved your health goals, then you may need to stay on the cleanse for longer (another 1 - 2 months) to notice a significant difference. Stay motivated. If you have been feeling "unwell" for a long time, be patient, and stick with it. You'll achieve your gut and health goals through consistent effort. Here's to arriving at your HAPPY GUT LIFE!