Debbie Pepper-Dougherty, RD, LD
DPD Nutrition Consultants, Inc.
(207) 781-4922 Fax (207) 781-4925 www.dpepperd.com

Client's Name: _____
Date to Complete: _____

GI ASSESSMENT FORM

Date	Time	Food/Beverage	Amount	Sense of Well Being	Stool	Symptoms

Sense of Well-Being: 1 - Poor; 2 - OK; 3 - Average; 4 - Good; 5 - Excellent
Stool: Amount, Consistency, Color
Symptoms: Gas, Distention, Nausea, Cramping, Pain