

# H. Pylori Questionnaire

## Stomach Support Protocol



NAME .....

DATE .....

### Stomach

Never  
Occasionally  
Often  
Regularly

Do you belch or burp?	0	1	2	3
Do you have gas quickly following a meal?	0	1	2	3
Do you get bad breath?	0	1	2	3
Do you feel full while eating and after meals?	0	1	2	3
Do you have difficulty digesting fruits and vegetables (undigested food found in stools)?	0	1	2	3
Do you get stomach pain, burning, or aching 1 to 4 hours after eating?	0	1	2	3
Do you get temporary relief from antacids, carbonated beverages, food, or milk?	0	1	2	3
Do you get heartburn from alcohol, caffeine, citrus, chocolate, peppers, or spicy foods?	0	1	2	3
Do you get indigestion?	0	1	2	3
Do you experience abdominal bloating?	0	1	2	3
Do you have constipation?	0	1	2	3
Do you have a diminished appetite?	0	1	2	3

Stomach Total .....

<b>GREEN</b>	<b>YELLOW</b>	<b>RED</b>
0-11	12-26	27-36

### Instructions

Rate each of the questions to the best of your ability based on the last **90 days**. For Yes/No answers, circle the number provided next to your answer. Total your score in the space provided. Compare your results with the rating system. A score in the yellow or red range suggests this area is more likely a problem for you.