

Worksheet

GUT HEALTH QUEST

PERSONAL PAST
ASSESSMENT

THE FOUNDATIONAL YEARS (0-3 YEARS OLD)

Were you born via C-Section? YES / NO

Were you breastfed exclusively, or nearly exclusively for the first 6 months of your life? YES / NO

Were you exposed to antibiotics in the first 3 years of your life? YES / NO
If so, list how many times, and frequency if possible.

Has your mother and/or father had any autoimmune issues, or other digestive issues? MOTHER / FATHER
If so, please list for your personal reference.

BEYOND "THE FOUNDATIONAL YEARS"

Have you been administered antibiotics at any point beyond 3 years of age? YES / NO
If so, list how many times, age(s), and for what, if possible.

*If so, did you do any post-antibiotic probiotic treatment?
Please be as specific as possible.*

How many times per week do you eat packaged, boxed, processed, and non-organic fruits and vegetables?

This helps paint the picture of how often your gut is exposed to inflammatory foods, gluten, and glyphosates.

Have you ever stuck to an intermittent fasting protocol?

YES / NO

If so, for how long, and at what age.

Have you focused on adding probiotics to your diet on a consistent, daily basis at any point in your life, such as through supplementation and the consumption of fermented foods?

YES / NO

If so, for how long, at what age, and describe the daily consumption protocol.

After doing this personal past assessment, and having a better understanding of all the environmental factors that can negatively affect gut health, how would you rate your current gut health by personal estimation?

