

Constipation and Colon Health Test

Yes	No	Question
<input type="radio"/>	<input type="radio"/>	Do you run out of energy in the afternoon?
<input type="radio"/>	<input type="radio"/>	Do you suffer from occasional headaches?
<input type="radio"/>	<input type="radio"/>	Are you having less than 2-4 bowel movements daily?
<input type="radio"/>	<input type="radio"/>	Do you have problems concentrating from time to time?
<input type="radio"/>	<input type="radio"/>	Do you experience gas or bloating 1 or more times weekly?
<input type="radio"/>	<input type="radio"/>	Is it hard for you to stay in a good mood?
<input type="radio"/>	<input type="radio"/>	Do you get irritable from time to time?
<input type="radio"/>	<input type="radio"/>	Do you have difficulty getting a good nights rest?
<input type="radio"/>	<input type="radio"/>	Do you have muscle aches, and stiffness?
<input type="radio"/>	<input type="radio"/>	Do you eat meat, sugar, fried foods and carbohydrates?
<input type="radio"/>	<input type="radio"/>	Do you drink less than ½ gallon of purified water daily?
<input type="radio"/>	<input type="radio"/>	Do you have problems controlling your weight?
<input type="radio"/>	<input type="radio"/>	Do you exercise less than 3x weekly?
<input type="radio"/>	<input type="radio"/>	Do you suffer from allergies or sinus problems?
<input type="radio"/>	<input type="radio"/>	Do you have bad breath or body odor?
<input type="radio"/>	<input type="radio"/>	Are you unhappy with your current health?
<input type="radio"/>	<input type="radio"/>	Are you currently suffering from any health problems?
<input type="radio"/>	<input type="radio"/>	Do you have hemorrhoids?
<input type="radio"/>	<input type="radio"/>	Is your skin broken out or blemished in any way?
<input type="radio"/>	<input type="radio"/>	Do you have frequent alternating bouts with constipation and diarrhea?
<input type="radio"/>	<input type="radio"/>	Do you have occasional abdominal pain?
<input type="radio"/>	<input type="radio"/>	Does it take you more than 5 minutes in the bathroom to have a bowel movement?
<input type="radio"/>	<input type="radio"/>	Do you have to strain to have a bowel movement?
<input type="radio"/>	<input type="radio"/>	Do your bowel movements have a foul odor?
<input type="radio"/>	<input type="radio"/>	Do you have hard, small or dry feces 1-2 times weekly?
<input type="radio"/>	<input type="radio"/>	Do you have painful bowel movements?
<input type="radio"/>	<input type="radio"/>	Do you have diarrhea 1-2 times per month?

Submit