

TRUST YOUR GUT

SYMPTOM CHECKER

JODI LEE
FOUNDATION

BASED ON CURTIN UNIVERSITY RESEARCH BY DR D SRIRAM AND COLLEAGUES

IF YOU TICK ANY OF THESE BOXES, MAKE AN APPOINTMENT WITH YOUR GP TO DISCUSS THE SYMPTOMS

| | TICK ALL THAT APPLY | TICK IF LONGER THAN 2 WEEKS |
|--|--------------------------|-----------------------------|
| Diarrhoea | <input type="checkbox"/> | <input type="checkbox"/> |
| Constipation | <input type="checkbox"/> | <input type="checkbox"/> |
| Alternating diarrhoea and constipation | <input type="checkbox"/> | <input type="checkbox"/> |
| Bleeding from your bottom | <input type="checkbox"/> | <input type="checkbox"/> |
| Soreness, itching, a lump or other discomfort in your bottom | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL INFORMATION ABOUT THE SYMPTOMS FOR YOUR GP

1. Are the symptoms unusual for you? **YES** **NO**

If yes, in what way are they unusual?

2. Have you spoken to a doctor about the symptoms? **YES** **NO**

3. Have you lost weight unexpectedly in the last four weeks? **YES** **NO**

If yes, when was the last time you spoke to a doctor?

4. Are your symptoms associated with any pain? **YES** **NO**

If yes, on a scale of 1-10 how much pain do you have?

1 2 3 4 5 6 7 8 9 10

5. Have you had any bowel problems in the last twelve months? **YES** **NO**

If yes, please indicate below

Hemorrhoids

Polyps

Colitis

Cancer

Other? Please specify

6. List any medication you are currently taking, including medicines bought without a prescription and natural products

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BOWEL ~~CANCER~~

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