

THE REGULAR QUIZ

SAMPLE QUESTION: DO NOT COUNT	A	B	C	D	E	F	G	H
Coffee has the following effect on my bowels:								
Stimulates a welcome, helpful nudge to move my bowels					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Overstimulates my bowels in an unwelcome way (diarrhea, urgent, too-frequent bowel movements)	<input checked="" type="radio"/>			<input checked="" type="radio"/>				
Causes cramping/discomfort and does not make me go to the bathroom				<input type="radio"/>				<input type="radio"/>
Has no observable effect on my bowels (e.g., things would be about the same whether I drank it or not)		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
1. Choose all that apply: My bowel patterns most closely resemble . . .	A	B	C	D	E	F	G	H
Chronically loose stools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Bowel movements are too frequent and/or too urgent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>
Stools are chronically hard and/or infrequent						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stools feel incomplete, and I need to strain even when they're soft								<input type="radio"/>
Cycle of several days constipation followed by a day with constant/multiple bowel movements or diarrhea						<input type="radio"/>	<input type="radio"/>	
I have several-day stretches of time with normal/formed stools, punctuated by random episodes of diarrhea		<input type="radio"/>			<input type="radio"/>			
2. Choose all that apply: The consistency of my stools can be described as . . .	A	B	C	D	E	F	G	H
Hard little balls						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lumpy, cracked sausages						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Start off hard/dry but then get smoother, softer, or looser						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sticky, tarry, "toothpaste-like," hard to wipe clean		<input type="radio"/>	<input type="radio"/>					
Skinny and long, "pencil-like"								<input type="radio"/>
Loose and fluffy; disintegrates into a cloud when flushed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Light colored, orangey		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Totally soft and unformed—like cow patties or soft-serve ice cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Watery		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>			

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3. Do you wake overnight with the need to have a bowel movement? (pick one)	A	B	C	D	E	F	G	H
Yes, at least once per month		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
No	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very infrequently, but it does happen occasionally		<input type="radio"/>		<input type="radio"/>				
4. If you are diarrhea prone, the foods most likely to trigger symptoms are (check all that apply)	A	B	C	D	E	F	G	H
Milk or ice cream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
Entrée-sized salad with olive oil, no vinegar	<input type="radio"/>			<input type="radio"/>				
Turkey sandwich on bread or plain pasta (no sauce)	<input type="radio"/>		<input type="radio"/>					
Starchy gluten-free foods like rice, potatoes, or bananas		<input type="radio"/>						
Fermented foods like cheese, red wine, soy sauce, or salami					<input type="radio"/>			
Fried foods	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>				
Candy, juice, or other low-fat sweets		<input type="radio"/>		<input type="radio"/>				
Tomato sauce	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>			
Fruit	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>				
I have never been able to connect my diarrhea to specific foods or categories of food		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Regardless of what I eat, I always need to defecate within 15–30 minutes after eating	<input type="radio"/>			<input type="radio"/>				
5. If you are constipation prone, what happens when you try laxative medications?	A	B	C	D	E	F	G	H
Laxative medications improve my stool form and/or help me go more frequently				<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
Laxative medications at low doses do nothing; high doses just give me watery diarrhea							<input type="radio"/>	<input type="radio"/>
Laxatives help me go more frequently, but my stools still never feel complete and/or I strain to pass even soft stools							<input type="radio"/>	<input type="radio"/>
6. Choose one: Eating high “roughage” foods like salads, berries, nuts, or popcorn generally make my bowel patterns . . .	A	B	C	D	E	F	G	H
Better						<input type="radio"/>	<input type="radio"/>	
Worse	<input type="radio"/>			<input type="radio"/>				<input type="radio"/>
I don't know/no noticeable difference/ can go either way		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	

How to Use This Book, and a Diagnostic Quiz

7. If you have taken a fiber supplement (e.g., psyllium/Metamucil, Benefiber, Citrucel) in the past, what was its effect?	A	B	C	D	E	F	G	H
Helped regulate/improve my bowel movements	<input type="radio"/>					<input type="radio"/>	<input type="radio"/>	
Made me feel worse by causing me to move my bowels TOO much	<input type="radio"/>			<input type="radio"/>				
Made me feel bloated/heavy and did not help regulate my bowel movements							<input type="radio"/>	<input type="radio"/>
Did not seem to make a noticeable difference for me		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>			<input type="radio"/>
8. In terms of digestive symptoms, mornings are generally . . .	A	B	C	D	E	F	G	H
My best time of the day				<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	
My worst time of the day	<input type="radio"/>							
Neither best nor worst consistently; may depend how I felt at bedtime the previous evening		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
9. In addition to my defecation problems, I also have the following symptoms (check all that apply)	A	B	C	D	E	F	G	H
A visibly distended belly that starts the day a little bloated and builds as the day progresses						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unintended weight loss			<input type="radio"/>	<input type="radio"/>				
Unexplained iron deficiency			<input type="radio"/>	<input type="radio"/>				
Nausea or early satiety (feeling full after only eating a small amount)					<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Hives, rashes, or chronic itching					<input type="radio"/>			
Extreme amounts of bowel gas (farting) every night no matter what I eat			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
Episodes of bowel gas/farting that seem to be better/worse depending on what I eat	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
History of low vitamin B12 levels even though I am not vegetarian/vegan			<input type="radio"/>	<input type="radio"/>				
New onset food intolerances (foods I used to eat regularly now cause digestive distress)		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>			
Pain in my anus or rectum				<input type="radio"/>				<input type="radio"/>
Somewhat regular rectal bleeding/blood in my stool				<input type="radio"/>				

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10. If you experience abdominal pain regularly . . .	A	B	C	D	E	F	G	H
It is improved or alleviated after I have a bowel movement	<input type="radio"/>						<input type="radio"/>	
It is not improved or alleviated after I have a bowel movement			<input type="radio"/>	<input type="radio"/>				
It may be worse after I have a bowel movement								<input type="radio"/>
11. If you have ever tried to follow a low-carb diet (avoiding grains, sugar, fruits, beans, etc.), how did it affect your bowel movements?	A	B	C	D	E	F	G	H
It made my bowel movements better/more regular		<input type="radio"/>		<input type="radio"/>		<input type="radio"/>		
It made my bowel movements worse/less regular	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No noticeable effect on my bowel movements			<input type="radio"/>		<input type="radio"/>			<input type="radio"/>

TOTALS ⇨								
	A	B	C	D	E	F	G	H

Scoring the REGULAR Quiz

If you scored the most matches with column your symptoms most closely resemble this diagnosis / these diagnoses so start on this chapter/page
A	Diarrhea-predominant irritable bowel syndrome (IBS-D)	Chapter 4/p. 43
B	Osmotic diarrhea from sugar intolerance: sucrose, maltose, fructose, lactose, and/or polyols	Chapter 5/p. 81
C	Malabsorptive diarrhea from one or more of these following: bile acid malabsorption, small intestinal bacterial overgrowth (SIBO), celiac disease, pancreatic insufficiency	Chapter 6/p. 97
D	Inflammatory bowel disease	Chapter 7/p. 133
E	Histamine intolerance	Chapter 8/p. 167
F	Constipation due to inadequate fiber intake	Chapter 9/p. 195
G	Constipation-predominant irritable bowel syndrome (IBS-C)	Chapter 10/p. 207
H	Constipation due to outlet dysfunction	Chapter 11/p. 223