



LIVER & GALLBLADDER ASSESSMENT

Read the following questions and rate your response based on the number that applies:

- 0: Never Occurs
 - 1: Minor; Rarely Occurs (1x/month)
 - 2: Moderate; Occasional (Weekly)
 - 3: Severe; Frequent (Daily)
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1. Pain between shoulder blades and/or pain under right side of rib cage (0-3)
2. Greasy or shiny stools (0-3)
3. Light or clay colored stool (0-3)
4. Nausea, especially with fatty foods (0-3)
5. Dry, itchy skin (0-3)
6. Gallbladder attacks (0=never, 1 = years ago, 2= within last year, 3=within past 3 months)
7. Gallbladder removed (0=no, yes=1)
8. Easily become sick or intoxicated with alcohol (0= no, yes=1)
9. History of drug or alcohol abuse and/or any long-term use of medications (birth control, allergy meds, anti-inflammatories for pain control, etc) (0=no, yes=1)

Total Score:

RESULTS:

Total your score. If you scored 4 or higher, consider testing your liver & gallbladder function.