

Additional file 1

AYURVEDA GUT HEALTH ASSESSMENT QUESTIONNAIRE

| NO. | QUESTIONS | Yes | No |
|------------|--|------------|-----------|
| Q1 | Does your child feel tired or fatigue in general | | |
| Q2 | Does your child feel feverish? | | |
| Q3 | Does your child feel pain all over the body/abdomen occasionally? | | |
| Q4 | Does your child have more yawning? | | |
| Q5 | Does your child feel fresh after waking up in the morning? | | |
| Q6 | Do the complaints increase during night? | | |
| Q7 | Do the complaints increase during cloudy days? | | |
| Q8 | Does your child have increase of symptoms with sweets? | | |
| Q9 | Does your child have increase of symptoms with milk? | | |
| Q10 | Does your child have increase of symptoms with wheat? | | |
| Q11 | Does the skin look oily? | | |
| Q12 | Does the face looks just awaken or sleepy or puffy? | | |
| Q13 | How is your child's appetite? Do you feel normal? | | |
| Q14 | Does your child have appetite during the regular food time? | | |
| Q15 | Does your child have desire to food? | | |
| Q16 | Does your child have aversion to food? | | |
| Q17 | Does your child have nausea or vomiting tendency? | | |
| Q18 | Does your child have excessive salivation? | | |
| Q19 | Does your child have any abdominal discomforts/ <i>kosta stabdhata</i> or <i>gourava</i> ? | | |
| Q20 | Does your child enjoy the taste of the food? | | |
| Q21 | Do you notice excess earwax in your child's ears? | | |
| Q22 | Do you notice excess rheumin your child's eyes? | | |
| Q23 | Do you notice excess coating on your child's tongue? | | |
| Q24 | Do you notice excess snot in your child's nose? | | |
| Q25 | Whether the child is constipated or not? | | |

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| Q26 | Does the stool is abnormally sticky or not? | | |
| Q27 | Do you notice that the stool floats in closet? | | |
| Q28 | Does your child feel flatulent? | | |
| Q29 | Does your child have belching? | | |
| Q30 | Does your child pass flatus through anus frequently? | | |
| Q31 | If yes, is it foul smelling? | | |
| Q32 | Whether the frequency of urination is increased or not? | | |
| Q33 | Is the urine frothy? | | |
| Q34 | Do you notice any color change in urine? | | |
| Q35 | Do you notice any unpleasant smell in urine? | | |
| Q36 | Do you notice any turbidity in urine? | | |
| Q37 | Whether the child has abnormal sweating or no sweating? | | |
| Q38 | Does it smell bad? | | |
| Q39 | Do you notice any trouble in child's vision? | | |
| Q40 | Do you notice any problem with child's hearing? | | |
| Q41 | Do you notice any problem in child's taste perception? | | |
| Q42 | Do you notice child's smelling sense troubled? | | |
| Q43 | Does your child feel lazy for his / her daily activities? | | |
| Q44 | Does he or she feel angry against his or her dearest even those who console? | | |
| Q45 | Does the child feel good with warmth? | | |
| Q46 | Does the child feel discomfort with cold? | | |
| Q47 | Does the child feel discomfort with wind? | | |
| Q48 | Any discomfort with oil massage or ghee intake or oily food? | | |
| Q49 | Does the child have frequent cough and cold? | | |
| Q50 | Does the child have skin rashes? | | |