

4. Inability to concentrate _____
5. Frequent mood swings _____
6. Headache _____
7. Dizziness/loss of balance _____
8. Pressure above ears...feeling of head swelling & tingling _____
9. Itching _____
10. Other rashes _____
11. Heartburn _____
12. Indigestion _____
13. Belching and intestinal gas _____
14. Mucus in stools _____
15. Hemorrhoids _____
16. Dry mouth _____
17. Rash or blisters in mouth _____
18. Bad breath _____
19. Nasal congestion or discharge _____
20. Joint swelling or arthritis _____
21. Postnasal drip _____
22. Nasal itching _____
23. Sore or dry throat _____
24. Cough _____
25. Pain or tightness in chest _____
26. Wheezing or shortness of breath _____

27. Urgency or urinary frequency _____
28. Burning on urination _____
29. Falling vision _____
30. Burning or tearing of eyes _____
31. Recurrent infection or fluid in ears _____
32. Ear pain or hearing loss _____

Total Score, Section C

Total Score, Section A

Total Score, Section B

GRAND TOTAL SCORE

The Grand Total Score will help you and your physician decide if your health problems are dysbiosis related. Scores in women will run higher as 7 items in the questionnaire apply exclusively to women, while only 2 apply exclusively to men.

Dysbiosis related health problems are almost certainly present in women with scores over 180, and in men with scores over 140.

Dysbiosis related health problems are probably present in women with scores over 120 and in men with scores over 80.

With scores of less than 60 in women and 40 in men, dysbiosis is unlikely to be contributing to your health challenges.

DYSBIOSIS QUESTIONNAIRE AND SCORE SHEET

This questionnaire is designed for adults and the scoring system isn't as appropriate for children. It lists factors in your medical history which are known to contribute to the disruption of normal healthy gastrointestinal bacteria, directly or indirectly promoting the overgrowth of yeasts, fungi and other pathogens. (Section A), and symptoms commonly found in individuals with dysbiosis related illness (Section B and C).

For each "Yes" answer in Section A, circle the Point Score in that section. Total your score and record it in the box at the end of the section. Then move on to Sections B and C and score as directed.

Filling out and scoring this questionnaire should help you and your physician evaluate the possible role of dysbiosis in contributing to your health problems. Yet it will not provide an automatic "Yes" or "No" answer.

NOTE: *Dysbiosis refers to the condition where the normal healthy population of beneficial bacteria in the intestines has been disrupted, leaving it open to the overgrowth of yeasts, fungi, parasites, and potentially harmful strains of bacteria. This intestinal imbalance in turn adversely affects other important organ systems via toxic stress and interfering with nutrient absorption and utilization.*

SECTION A: HISTORY

Point Score

1. Have you taken tetracyclines (Sunnycin, Pannycin, Vibramycin, Minocin, etc.) or other antibiotics for skin, acne or anything else for 1 month (or longer)? 25
2. Have you, *at any time in your life*, taken other "broad spectrum" antibiotics for respiratory, urinary or other infections in shorter courses 4 or more times in a 1 year period? 20
3. Have you taken a broad spectrum antibiotic drug -- even a single course? 6
4. Have you, at any time in your life, been bothered by recurrent or persistent prostatitis, vaginitis or other problems affecting your reproductive organs? 25
5. Have you taken birth control pills...
For more than 5 years 25
For more than 2 years? 15
For 6 months to 2 years? 8
6. Have you been pregnant...
2 or more times? 5
1 time? 3
7. Have you taken prednisone, Decadron or other cortisone type drugs...
For more than 6 months 25
For more than 2 weeks? 15
For 2 weeks or less 6
8. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke...
Moderate to severe symptoms? 20
Mild symptoms? 5

List symptoms: _____

9. Are your symptoms worse on damp, muggy days or in moldy places? 20

List symptoms: _____

10. Have you had athlete's foot, ring worm "jock itch" or other chronic fungous infections of the skin or nails? (Y/N)
Have such infections been...
Severe or persistent? 20
Mild to moderate? 10
11. Do you crave sugar? 10
12. Do you crave breads? 10
13. Do you crave alcoholic beverages? 10
14. Does tobacco smoke really bother you? 10
15. Have you ever had parasitic infection, dysentery or unexplained episode of prolonged diarrhea and or intestinal distress? 15
16. Have you ever consumed chlorinated (or chemically treated) drinking water for 3 or more months? 15
17. Do you consume commercially raised flesh foods (antibiotic fed) on a regular basis? 15
18. Do you eat processed foods regularly? 20
19. Do you drink alcohol or consume coffee daily? 20
20. Do you have or have you ever had an ulcer, colitis, crohn's disease or diverticulitis? 35
21. Were you breast fed? If no, If yes, but for less than 3 months. 35
20

Total Score, Section A

SECTION B: MAJOR SYMPTOMS

For each of your symptoms, enter the appropriate figure in the Point Score column:
If a symptom is occasional or mild score 3 pts.
If a symptom is frequent &/or moderate score 6 pts.
If a symptom is severe or disabling score 9 pts.
Add total score and record it in the box at the end of this section.

1. Fatigue or lethargy *Point Score*
2. Feeling of being "drained" _____
3. Poor memory _____
4. Feeling "spacey" or "unreal" _____
5. Depression _____
6. Numbness, burning or tingling _____
7. Muscle aches _____
8. Muscle weakness or paralysis _____

9. Pain and/or swelling in joints _____
10. Abdominal pain _____
11. Constipation _____
12. Diarrhea _____
13. Bloating _____
14. Troublesome vaginal discharge _____
15. Persistent vaginal burning or itching _____
16. Prostatitis _____
17. Impotence _____
18. Loss of sexual desire _____
19. Endometriosis _____
20. Cramps and/or other menstrual irregularities _____
21. Premenstrual tension _____
22. Spots in front of eyes _____
23. Erratic vision _____
24. Eczema, dermatitis, psoriasis _____

Total Score, Section B

SECTION C: OTHER SYMPTOMS

For each of your symptoms, enter the appropriate figure in the Point Score column:
If a symptom is occasional or mild score 3 pt
If a symptom is frequent &/or moderately severe score 6 pts
If a symptom is severe &/or disabling score 9 pts
Add total score and record it in the box at the end of this section.

1. Drowsiness *Point Score*
2. Irritability or jitteriness _____
3. Incoordination _____