Carol Shwery DC, CCN

Dysbiosis Questionnaire

Name:_____Date of Birth:_____ Date:_____

Address:_____City: _____State: ____Zip:_____

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 years, fungi and other pathogens, (Section A), and symptoms commonly found in individuals with dysbiosis related illness (Section B and C).

Directions:
For each "yes" answer in **Section A**, put the Point Score in the field next to the value given. Your score should be automatically totalled. If not, 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 in those sections.

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: Dysbyiosis 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 years, fungi, parasites, and potentially harmful strains of bacteria. This intestinal imbalance in turn adversely effects other important organ systems via toxic stress and interfering with nutrient absorption and utilization.

Section A: History	Points	
1. Have you taken tetracyclines (Sumycin, Panmycia, Vibrmycin, 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 of your life, been bothered by recurrent or persistent prostatitis, vaginiitis 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, ringworm, "jock itch" or other chronic fungous infections of the skin or nails? ☐ Yes ☐ No

Have such infections been:
Severe 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, 35 _____
If yes, but for less than 3 months 20 _____

Total Score, Section A 0

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.

	Point Score
1. Fatigue or lethargy	_____
2. Feeling of being "drained"	_____
3. Poor memory	_____
4. Feeling "spacey" or "unreal"	_____
5. Depression	_____
6. Numbness, burning or tingling	_____
7. Muscle Aches	_____
8. Pain and/or swelling in joints	_____
9. Abdominal pain	_____
10. Constipation	_____
11. Diarrhea	_____
12. Bloating	_____
13. Troublesome vaginal discharge	_____
14. Persistent vaginal burning or itching	_____
15. Prostatitis	_____
16. Impotence	_____
17. Loss of sexual desire	_____
18. Endometriosis	_____
19. Cramps and/or other menstrual irregularities	_____
20. Premenstrual tension	_____
21. Spots in front of eyes	_____
22. Erratic vision	_____
23. Eczema, dermatitis, psoriasis	_____

Total Score, Section B 0_____

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.

	Point Score
1. Drowsiness	_____
2. Irritability or jitteriness	_____
3. Inability to concentrate	_____
4. Frequent mood swings	_____
5. Headache	_____
6. Dizziness/loss of balance	_____
7. Pressure above ears,feeling of head swelling & tingling	_____
8. Itching	_____
9. Other rashes	_____
10. Heartburn	_____
11. Indigestion	_____
12. Belching and intestinal gas	_____
13. Mucus in stools	_____
14. Hemorrhoids	_____
15. Dry mouth	_____

16. Rash or blisters in mouth _____
17. Bad breath _____
18. Nasal congestion or discharge _____
19. Joint swelling or arthritis _____
20. Postnasal drip _____
21. Nasal itching _____
22. Sore or dry throat _____
23. Cough _____
24. Pain or tightness in chest _____
25. Wheezing or shortness of breath _____
26. Urgency or urinary frequency _____
27. Burning on urination _____
28. Failing vision _____
29. Burning or tearing of eyes _____
30. Recurrent infection or fluid in ears _____
31. Ear pain or hearing loss _____

Total Score, Section C 0_____

Total Score, Section A 0_____

Total Score, Section B 0_____

GRAND TOTAL SCORE 0_____

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 is women with scores oer 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.