DYSBIOSIS QUESTIONNAIRE AND SCORE SHEET

This questionnaire is designed for adults and the scoring system is not 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 yeast, fungi and other pathogens, (Section A), and symptoms commonly found in individuals with dysbiosis related illness (Section B and C).

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 will not provide and automatic "Yes" or "No" answer.

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

SECTION A: HISTORY

For each "yes" answer in Section A, circle the point score for that question. Total your score and record it in the box at the end of the section. Then move to sections B and C and score them as directed.

1. Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, etc.) or other antibiot	
for skin acne or anything else for one month longer)?	(or 25
2. Have you at any time in your life, taken other antibiotics for respiratory, urinary or oth infections in shorter courses four or more time in a one year period?	
3. Have you taken an 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	 25 15 8
6. Have you been pregnanttwo or more times?	5 3
7. Have you taken prednisone, Decadron or other cortisone type drugs For more than 6 months? For more than 2 weeks?	25 15

For 2 weeks or less?

8. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provol	ze.
Moderate to severe symptoms?	20
Mild symptoms?	5
7 1	
9. Are your symptoms worse on damp, mugg	y
days or in moldy places?	20
10. Have you had athlete's foot, ring worm, "jock itch" or other chronic fungous infection of the skin or nails? (Y/N) Have such infections been	ıs
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 a parasitic infection, dysentery, or unexplained episode of prolong diarrhea and intestinal distress?	ed 15
16. Have you ever consumed chlorinated (tap) drinking water for more than 3 months?) 15
17. Do you consume non-organic meat on a regular basis?	15
18. Do you eat processed/packaged food regularly?	20
19. Do you drink alcohol or coffee daily?	20
20. Do you have or have you ever had an ulce colitis, crohn's disease or diverticulitis?	er, 35
Total Score, Section A:	

SECTION B: MAJOR SYMPTOMS

For each of your symptoms, enter the appropriate figure on the line following the question:

If a symptom is occasional or mild = 3 points

If a symptom is frequent &/or moderate = 6 points

If a symptom is severe or disabling = 9 points

Add total score and record it in the box at the end of the section.

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. Muscle weakness or paralysis	
9. Pain &/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 on the line following that question.

If the symptom is occasional or mild = 1pt If the symptom is frequent &/or moderately severe = 2pt

If the symptom is sever &/or disabling = 3pt

1. Drowsiness	
2. Irritability	
3. Poor coordination	
4. Inability to concentrate	
5. Frequent mood swings	
6. Headache	
7. Dizziness/loss of balance	
8. Pressure above ears, feeling of head	swelling and
ingling	
). Itching	
10. Other rashes	
11. Heartburn	
12. Indigestion	
13. Belching & 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. Failing 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.