

Is My Microbiome Making Me Sick?

Name: _____

Date: ____/____/____

Read the following questions and rate based on how you have been feeling in the past 30 days.

KEY: 0 (or leave blank) = No or never or almost never occurs

1 = Occasionally occurs / minor issue

2 = Regularly occurs / moderate issue

3 = Frequently occurs / severe issue

4 = Very severe issue

Gastrointestinal

- _____ Belching or gas
- _____ Heartburn or acid reflux
- _____ Abdominal pain
- _____ Bad breath (halitosis)
- _____ Aggravated by certain foods / food sensitivities
- _____ Diarrhea, chronic (>3 bowel movements daily)
- _____ Undigested food in stool
- _____ Constipation (<1 bowel movement daily)
- _____ Nausea or vomiting
- _____ Diminished / absent appetite
- _____ Stools are loose and unformed
- _____ Anal Itching
- _____ Crave breads, noodles, starchy foods, sugar
- _____ Crave other foods

_____ **TOTAL**

Liver

- _____ Wine makes you sick
- _____ Easily intoxicated if drinking alcohol
- _____ Hangovers after drinking alcohol
- _____ Sensitive to chemicals (perfume, solvents, exhaust)
- _____ Sensitive to tobacco smoke
- _____ Hemorrhoids or varicose veins
- _____ Bothered by aspartame (NutraSweet)
- _____ Feeling wired or jittery if drinking coffee
- _____ Feet have a strong odor
- _____ Sweat has a strong odor
- _____ Mood swings associated with periods (PMS)
- _____ Breast tenderness associated with cycle
- _____ Irregular or painful periods

_____ **TOTAL**

Mental / Emotional

- _____ Feel spacey, thinking seems slow or fuzzy
- _____ Depressed
- _____ Worried, apprehensive, anxious
- _____ Irritable or agitated
- _____ Apathy / reduced initiative
- _____ Difficulty concentrating
- _____ Mood swings
- _____ Poor coordination
- _____ Poor memory

_____ **TOTAL**

Skin/Nails

- _____ Experience hives, cysts, boils, rashes
- _____ Cold sores, fever blisters, or herpes lesions
- _____ Dry flaky skin and/or dandruff
- _____ Fragile skin, easily chaffed (i.e. shaving)
- _____ Acne
- _____ Itchy skin / dermatitis / rashes
- _____ Dull, yellowish, pale, or grayish colored skin
- _____ Skin has a sour or unpleasant odor
- _____ Ridged nails
- _____ Splitting/crumbling nails
- _____ White spots on nails

_____ **TOTAL**

Head/Ears/Eyes/Nose/Throat

- _____ Tension headaches at base of skull
- _____ Migraines
- _____ Dizziness
- _____ Faintness/lightheadedness
- _____ Ear infections
- _____ Ear drainage or discharge
- _____ Itchy ears
- _____ Ringing in the ears / tinnitus
- _____ Dark circles around the eyes
- _____ Puffy / inflamed eyelids
- _____ Bags under the eyes
- _____ Bloodshot or reddened eyes
- _____ Whites of eyes are yellowed
- _____ Eyes are watery and/or itchy
- _____ Blurred or tunnel vision
- _____ Stuffy nose
- _____ Airborne allergies
- _____ Sinus congestion, "stuffy head", sinus infections
- _____ Runny or drippy nose
- _____ Coated tongue (yellow, gray/white, or thick film)
- _____ Swollen tongue
- _____ Hoarseness
- _____ Difficulty swallowing
- _____ Lump in throat
- _____ Dry mouth, eyes and / or nose
- _____ Gag easily or need to clear throat often
- _____ Mouth ulcers or canker sores
- _____ Jaw clenching / grinding teeth

_____ **TOTAL**

TOTAL Page 1 _____

Musculoskeletal

- Pain or swelling in joints
- Muscles become easily fatigued
- Muscle aches and pains
- Joints are painful upon waking
- Joint pain after mild exertion
- Joint pain experienced after eating certain foods
- Abdomen tends to hang out
- Use over-the-counter pain medications

_____ **TOTAL**

Kidney

- Urine has a strong odor
- Pain in mid back region
- Urine is frothy
- Urinate infrequently

_____ **TOTAL**

Immune System

- Frequent infections (bladder, ear, chest, sinus)
- Frequent colds or flu
- Feel worse in moldy or musty place
- Have an autoimmune disease

_____ **TOTAL**

Heart/Lungs

- Asthma
- Wheezing or difficulty breathing
- Shortness of breath
- Chest congestion
- Heart races, rapid heartbeat
- Fast pulse at rest
- Flush/blush easily
- Heart skips beats

_____ **TOTAL**

Energy levels

- Easily fatigued, sleepy during the day
- Bouts of extreme fatigue
- Chronic / persistent fatigue

_____ **TOTAL**

Sleep

- Difficulty falling asleep
- Awaken during the night
- Wake still feeling tired / groggy
- Sleep less than 7.5 hours per night
- Sleep more than 10.5 hours per night
- Restless or talking during sleep
- Snoring or sleep apnea
- Bizarre, vivid, or nightmarish dreams

_____ **TOTAL**

Stress

- Undergoing chronic / persistent stress
- Low stress tolerance
- Memories of past events cause stress

_____ **TOTAL**

TOTAL Page 2 _____

GRAND TOTAL _____

Rate your average energy levels _____
(1-10 where 10 is the most energy imaginable)

Rate your quality of sleep _____
(1-10 where 10 is the best sleep imaginable)

Rate your average stress level _____
(1-10 where 10 is the most stress imaginable)

Weight before program _____ **lbs**

Body Fat % _____

Interpretation Guide:

Score 1-20 – Minor microbiome disturbance, you will likely receive some benefit but if your scores are primarily in one system outside of the Gastrointestinal and Liver sections, you will likely need more focused treatment.

Score 21-100 – Moderate microbiome disturbance, you will significantly benefit from changing over your microbiome. Follow the program expect to see significant results!

Score 100+ Severe microbiome disturbance, you definitely need to reset your microbiome and should work in conjunction with your naturopathic doctor for more comprehensive support during this program.

****If your weight, body fat%, or BMI are higher than healthy, this program is for you!**