SYMPTOMATIC SCREENING QUESTIONAIRE

NAME	DATE

CIRCLE the number which best describes the frequency of your symptoms. If you do not know the answer to the question, leave it blank. When you are finished, please add the number of points in each section and enter the number on the Total Points line. The score for YES is the number inside the parenthesis ().

0 = never or rarely $1 = twice a week or less$				2 = th	ree to six times a wee	k $3 = \text{daily or se}$	3 = daily or several times a day			
Section A- DIGE	STION AND DYSBIOSIS				Section C-	STRESS				
1. Bad breath		0 1	1 2	3	Do You					
2. Bad body odour			1 2		1. Have coffee, te	a, tobacco, sugar or other	0	1	2	3
3. Excessive belching, burping	g and/or bloating	0 1	1 2	3	stimulants as a					
4. Indigestion and fullness last	s 2-4 hours after eating		1 2			rom Brain Fog, clouded thinkin	g 0	1	2	3
5. Excessive gas and bloating			1 2			iculty concentrating			2	
6. Abdominal cramping, aches		0 1	1 2	3	and thinking cl					
7. Specific foods and beverage	es aggravate				4. Feel irritable or	oversensitive	0	1	2	3
indigestion and cause bloati			1 2		5. Feel stressed, n	ervous or tense	0	1	2	3
8. Crave sugar/breads/sweets of	or alcohol	0 1	1 2	3						
9. Rumbling noises after food			1 2		In The Past Two	Years, Have You Experienced				
10. Gas immediately after mea	ıls	0 1	1 2	3	6. Losing or starti		N		Y (3)
11. Roughage or fibre cause co	onstipation		1 2		7. Moving house		N		Υ (.	
12. Stool - undigested food pre	esent	0 1	1 2	3	8. Bankruptcy		N		Υ (·	
13. Stool - yellowish, foul sme	elling		1 2		9. Breaking the la	W	N		Y (4	
14. Painful, difficult straining	during bowel movements	0 1	1 2	3	10. Death in the fa		N		Υ (·	
15. Bright red blood following	bowel movement	0 1	1 2	3	11. Separation fro		N		Y (4	
16. Frequent or urgent urination	on	0 1	1 2	3	12. Divorce	•	N		Y (:	
17. Antibiotic use, 4 or more to	imes/year	N	Y (.	3)		Tot	al Point			
18. Long-term antibiotic use, g	greater than 1 month	N	Y (:	5)						
19. On birth control pill more	than 2 years	N	Y (4	4)	Section D-	VITALITY				
20. Athlete's foot, ringworm o		N	Y (4		277777					
infections of the skin or na	ils			•	Do You					
	Total P	oints			1. Do you wake u	p tired	0	1	2	3
		-			2. Have difficulty		0	1	2	3
Section B- LIVEI	R FUNCTION & DETOX	IFICA	ATIO	N	3. Often feel tired		0	1	2	3
						e energy or fatigue			2	
1. General feeling of poor heal	lth	0 1	2 3	3		ronic Fatigue Syndrome			2	
2. Fatty foods cause indigestio	n	0 1	2 3	3	6. Find it hard to	get up or become motivated			2	
3. Feeling of extreme dryness		0 1	2 3	3	in the morning					
4. Dry, flaky skin and/or hair		0 1	2 3	3	7. Experience men	ntal confusion or sluggishness	0	1	2	3
5. Bags or dark circles under e	yes	0 1	2 3	3	•		al Point			
6. Deterioration of eyesight, sp	oots	0 1	2 3	3						
7. Yellowish colour of skin or	eyes	0 1	2 3	3	Section E-	WEIGHT MANAGEM	ENT			
8. Hives, rashes or itchy skin		0 1	2 3	3						
9. Sinus problems		0 1	2 3	3	Where 0 is very	satisfied and 3 is very conce	rned,			
10. Excess mucous formation		0 1	2 3	3		you feel about				
11. Chronic coughing		0 1	2 3	3	1. The way my bo		0	1	2	4
12. Asthma, bronchitis		0 1	2 3	3	2. The way my bo				2	
13. Sore throat, hoarseness, los	ss of voice	0 1	2 3	3	3. My attractivene				2	
14. Swollen or discoloured tor			2 3		4. My present wei			1		
15. Rapid or pounding heartbe			2 3		5. My muscle ton		0			
16. Pain or aches in joints		0 1	2 3	3	6. My fluid retent		0			
17. Pains or aches in muscles			2 3		7. My body fat		-	_	2	
18. Headaches			2 3		8. My strength			1		
19. History of migraines			2 3		9. My endurance				2	
20. Insomnia		0 1			10. My flexibility				2	
21. Feel restless, agitated, ang	ry		2 3		10. IVIY HEADINITY		al Point			
22. Anxious or depressed (mod			2 3			100	ai i Viill	ے د		_
23. Poor concentration and/or			2 3							
24. Exposure to perfumes, toba		N	Y (5							
	hat provoke symptoms.	- •	- (0	,						

Total Points _____