

Gut Dysbiosis Quiz

Do you experience:

- | | | |
|-----------------------|--|------------------|
| Nausea or vomiting | <input type="checkbox"/> Yes <input type="checkbox"/> No | How often? _____ |
| Constipation | <input type="checkbox"/> Yes <input type="checkbox"/> No | How often? _____ |
| Diarrhea | <input type="checkbox"/> Yes <input type="checkbox"/> No | How often? _____ |
| Bloating | <input type="checkbox"/> Yes <input type="checkbox"/> No | How often? _____ |
| Cramping | <input type="checkbox"/> Yes <input type="checkbox"/> No | How often? _____ |
| Gas | <input type="checkbox"/> Yes <input type="checkbox"/> No | How often? _____ |
| Bad breath/halitosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | How often? _____ |
| Heartburn | <input type="checkbox"/> Yes <input type="checkbox"/> No | How often? _____ |
| Belching/burping | <input type="checkbox"/> Yes <input type="checkbox"/> No | How often? _____ |
| Rashes/skin eruptions | <input type="checkbox"/> Yes <input type="checkbox"/> No | How often? _____ |

History of:

- Autoimmune Disease Yes No _____
i.e.: Rheumatoid arthritis, Ankylosing Spondylitis, Grave's Disease or Hashimoto's Thyroiditis, Lupus, etc.
- Chronic use of aspirin and/or NSAIDS
non steroidal anti-inflammatory drugs
 Yes No _____
- Chronic stress Yes No _____