

## Everyday Wellness Clinic

### SIBO Questionnaire

**Patient name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Answer the symptom question and indicate the severity, 0 = none/never to 4 = high/always.  
If you don't know understand a question, write a "?" by the answer column.

I have bloating/abdominal gas	0	1	2	3	4
I have bloating/burping after meals	0	1	2	3	4
I have abdominal pain, or cramps	0	1	2	3	4
I have constipation (push/strain, hard, dry stool, pellets)	0	1	2	3	4
I have constipation & when I take fiber, my constipation worsens	0	1	2	3	4
I have alternating constipation and diarrhea	0	1	2	3	4
I developed chronic GI/gut symptoms after taking opiates	0	1	2	3	4
I have diarrhea	0	1	2	3	4
I have heartburn/reflux/GERD	0	1	2	3	4
I have nausea or nausea with belching	0	1	2	3	4
I have leaky gut or intestinal permeability	0	1	2	3	4
I have IBS	0	1	2	3	4
I have IBD (Crohn's or ulcerative colitis)	0	1	2	3	4
I have an incompetent LES/lower esophageal sphincter	0	1	2	3	4
I have a hiatal hernia	0	1	2	3	4
I have diverticulitis	0	1	2	3	4
I have food sensitivities	0	1	2	3	4
I have lactose intolerance	0	1	2	3	4
I have a dairy sensitivity and/or trouble with dairy	0	1	2	3	4
I have celiac disease (CD) or gluten sensitivity	0	1	2	3	4
I have CD and am on a gluten free diet and I still don't feel well	0	1	2	3	4
I have gluten-sensitivity, avoid gluten and still don't feel well	0	1	2	3	4
On a CT scan, they couldn't see my pancreas due to a gas bubble	0	1	2	3	4
I have fat in my stool/steatorrhea; greasy stools, oily film in toilet	0	1	2	3	4
I have NASH (non-alcoholic steatohepatitis) or fatty liver	0	1	2	3	4
I have liver cirrhosis	0	1	2	3	4
I have FMS/fibromyalgia (achy muscles all over my body)	0	1	2	3	4
I have CFS/chronic fatigue syndrome	0	1	2	3	4
I have joint pain	0	1	2	3	4
I have RLS/restless leg syndrome	0	1	2	3	4
I have interstitial cystitis	0	1	2	3	4
I have chronic prostatitis	0	1	2	3	4
I have hypothyroidism	0	1	2	3	4
I have skin issues:eczema,atopic dermatitis, psoriasis, scleroderma	0	1	2	3	4
I have rosacea or acne rosacea	0	1	2	3	4
I have scleroderma or lupus	0	1	2	3	4

**Everyday Wellness Clinic**  
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**bewelleveryday.com**

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I have breathing issues, problems or difficulties	0	1	2	3	4
I have headaches	0	1	2	3	4
I have brain symptoms: brain fog, memory problems	0	1	2	3	4
I have autism	0	1	2	3	4
I have chronic B12 deficiency anemia	0	1	2	3	4
I have chronic iron deficiency anemia	0	1	2	3	4
I have chronic low ferritin with no apparent cause	0	1	2	3	4
I have a chronic vitamin D deficiency	0	1	2	3	4
I have interstitial cystitis	0	1	2	3	4
I have diabetes type I or type II	0	1	2	3	4
I have hypothyroidism	0	1	2	3	4
When I have taken antibiotics I had dramatic, though transient/brief improvement in my GI/gut symptoms	0	1	2	3	4
I can't take probiotics, or when I have taken probiotics <i>with prebiotics</i> (FOS/GOS/ inulin/arabinogalactan) my gut worsened	0	1	2	3	4
When I increase or take fiber, my GI/gut symptoms worsens	0	1	2	3	4
When I ingest flax, chia, psyllium, gums, oat bran, beta glutcan, glucomanan, seaweed/carrageenan/agar agar, I'm worse	0	1	2	3	4
I had food poisoning or tourista and I've never felt the same since	0	1	2	3	4
I tend to graze/nibble throughout the day rather than eat 3 square meals	0	1	2	3	4
I like to eat starches/grains/carbs and include them in most meals and often as snacks (bread, baked goods, pasta, rice, etc.)	0	1	2	3	4
I currently eat or have a history of eating lots of grains/carbs/starches and feel I don't do well when I eat them	0	1	2	3	4
I used to eat starches/grains/carbs and don't eat them anymore	0	1	2	3	4
I no longer seem to tolerate sweets or sweeteners	0	1	2	3	4
I was delivered by cesarean (C-section)	0	1	2	3	4
I was not breast fed as a baby	0	1	2	3	4
My mother (& perhaps grandmother) and sister(s) had or have the same/similar digestive problems as me	0	1	2	3	4
As a child, eating at the dinner table was not a pleasant time or we did not eat at the table (grab & go, eat alone, in front of TV, etc.)	0	1	2	3	4
I was given antibiotics regularly as a child (ear infection, tonsillitis, strep throat, etc.)	0	1	2	3	4
I have taken antibiotics often or regularly as an adult	0	1	2	3	4
I have taken oral birth control pills regularly as an adult	0	1	2	3	4
I have experienced periods of severe stress or shock	0	1	2	3	4
I have experienced prolonged stress/I have chronic stressors	0	1	2	3	4
I have taken morphine or opiates	0	1	2	3	4
I had surgery and have never been the same since	0	1	2	3	4

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