

## **SIBO Questionnaire**

**In the last 3-6 months, did you have nausea or nausea with belching?**

- 0- No
- 1- occasionally
- 2- Frequently

**Did your symptoms of chronic gut complaints develop after taking opiates or Kratom?**

- 0- No
- 1-Yes

**Do you have gluten-sensitivity or Celiac and maintain a gluten free diet, but still feel unwell?**

- 0- No
- 1- Yes

**Did any of your gut symptoms improve during antibiotic use?**

- 0 -No
- 1 -Yes

**In the last 3 months, did any of your gut symptoms worsen with probiotic that also use that contained prebiotics (FOS, arabinogalactan, inulin**

- 0 No
- 1 Yes

**Did your symptoms begin after travel or food poisoning?**

- 0 No
- 1 Yes

**Do You Have Lactose or Fructose intolerance?**

- 0- Never or rarely
- 1- Sometimes -About 25% of the time
- 2- Often -About 50% of the time
- 3- Most of the time -About 75% of the time
- 4- Always, 100% of the time

**Have you ever been told you have any of the conditions below?  
(1 point for each yes answer)**

- 1- Chronic vitamin B12 deficiency anemia
- 1- Chronic iron deficiency anemia
- 1- Chronic low ferritin with no apparent cause
- 1- Chronic vitamin D deficiency

- 1- Acne rosacea
- 1- Celiac disease (CD) or gluten sensitivity
- 1- Chronic fatigue syndrome
- 1- Diabetes type I or type II
- 1- Diverticulitis
- 1- Fibromyalgia
- 1- Food sensitivities
- 1 - H.pylori infection
- 1- Heartburn/reflux/GERD
- 1- Hypothyroidism
- 1- IBD (Crohn's or ulcerative colitis)
- 1- IBS
- 1- Interstitial cystitis
- 1- Lactose intolerance
- 1- Leaky gut or intestinal permeability
- 1- Liver cirrhosis
- 1- NASH (non-alcoholic steatohepatitis) or fatty liver
- 1- Restless leg syndrome
- 1- Scleroderma or lupus
- 1- Skin issues: eczema, atopic dermatitis, psoriasis
- 1- Brain fog, memory problems
- 1- Breathing issues, problems or difficulties
- 1- Chronic allergies
- 1- Chronic sinus infections
- 1- Headaches
- 1- Joint pain
- 1-Yeast or fungal infections

**10. In the last 3 months, how often have you noticed fatty stools, Your stools floats (steatorrhea)**

- 0 - Never or rarely
- 1 - Sometimes -About 25% of the time
- 2 - Often -About 50% of the time
- 3 - Most of the time -About 75% of the time
- 4 - Always, 100% of the time

**How often do you include starches/grains/carbs in your meals and snacks (bread, baked goods, pasta, rice, etc.)**

- 0- Never or rarely
- 1- Sometimes -About 25% of the time
- 2- Often -About 50% of the time
- 3- Most of the time -About 75% of the time
- 4- Always, 100% of the time

**In the last 3-6 months, how often did your symptoms worsen from eating grains/carbs/starches?**

- 0 - Never or rarely
- 1 - Sometimes -About 25% of the time
- 2 - Often -About 50% of the time
- 3 - Most of the time -About 75% of the time
- 4 - Always, 100% of the time

**Were you delivered by cesarean (C-section)?**

- 1 -No
- 0 -Yes

**Were you breastfed as a baby?**

- 1 -No
- 0 -Yes

**Were you given antibiotics regularly as a child (ear infection, tonsillitis, strep throat, etc)?**

- 0- No
- 1- Yes

**Have you taken antibiotics often or regularly as an adult?**

- 0- No
- 1- Yes

**Have you taken oral birth control pills regularly as an adult?**

- 0 -No
- 1 -Yes

**Did you experience severe stress, shock or emotional trauma before your Digestive symptoms?**

0- No

1- Yes

**The Questionnaire is complete.**

Find out the likelihood if SIBO is present.

Add up your score from questions

Scores < 20 – low possibility of SIBO

Scores 20 to 60 – mild to moderate symptoms of SIBO may exist

Score > 60 – severe symptoms of SIBO may exist

**TOTAL Questionnaire score**\_\_\_\_\_