

## **Dr CROOK'S QUESTIONNAIRE**

### **Section A: History**

Circle the point score for each question that you answer **yes**:

- |     |   |    |
|-----|---|----|
| 1.  | Have you taken tetracyclines or other antibiotics for acne for 1 month (or longer)  | 25 |
| 2.  | Have you at any time in your life taken other broad spectrum antibiotics for respiratory, urinary or other infections (for 2 months or longer, or in shorter courses 4 or more times in a 1-year period)? | 20 |
| 3.  | Have you taken a broad-spectrum antibiotic drug, even a single course?  | 6  |
| 4.  | Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs?  | 25 |
| 5.  | Have you been pregnant:            2 or more times?   | 5  |
|     | 1 time?   | 3  |
| 6.  | Have you taken birth control pills: For more than 2 years?  | 15 |
|     | For 6 months to 2 years?  | 8  |
| 7.  | Have you taken prednisolone or other cortisone-type drugs: For more than 2 weeks?   | 15 |
|     | For 2 weeks or less?  | 6  |
| 8.  | Does exposure to perfumes, insecticides, fabric shop odours and other chemicals provoke:  |    |
|     | Moderate to severe symptoms?  | 20 |
|     | Mild symptoms?  | 5  |
| 9.  | Are your symptoms worse on damp, muggy days or in mouldy places?  | 20 |
| 10. | Have you had athlete's foot, ring worm, other chronic fungal infections of the skin or nails?   |    |
|     | Have such infections been:  |    |
|     | Severe or persistent?   | 20 |
|     | Mild to moderate?   | 10 |
| 11. | Do you crave sugar?   | 10 |
| 12. | Do you crave breads?  | 10 |
| 13. | Do you crave alcoholic beverages?   | 10 |
| 14. | Does tobacco smoke really bother you?   | 10 |

**Total score Section A** \_\_\_\_\_

### **Section B: Major symptoms**

For each of your symptoms, enter the appropriate point score:

Occasional or mild	<b>3</b>
Frequent and/or moderately severe	<b>6</b>
Severe and/ or disabling	<b>9</b>

- |  |   |
|--|---|
| .....Fatigue or lethargy                   | .....Feeling of being 'drained'             |
| .....Poor memory                           | .....Feeling 'spaced out' or unreal         |
| .....Depression                            | .....Numbness, burning or tingling          |
| .....Muscle aches                          | .....Muscle weakness or paralysis           |
| .....Pain and/or swelling in joints        | .....Abdominal pain                         |
| .....Constipation                          | .....Diarrhoea                              |
| .....Bloating                              | .....Troublesome vaginal discharge          |
| .....Persistent vaginal burning or itching | .....Prostatitis                            |
| .....Impotence                             | .....Loss of sexual desire                  |
| .....Endometriosis                         | .....Cramps and/or menstrual irregularities |
| .....Pre-menstrual tension                 | .....Spots in front of eyes                 |
| .....Erratic vision                        |   |

**Total score, Section B** \_\_\_\_\_

**Section C: Other symptoms**

For each of your symptoms, enter the appropriate point score: Occasional or mild **1**  
 Frequent and/or moderately severe **2**  
 Severe and/ or disabling **3**

- |   |  |
|---|--|
| .....Drowsiness   | .....Irritability or jitteriness           |
| .....Uncoordinated  | .....Inability to concentrate              |
| .....Frequent mood swings                                       | .....Headache                              |
| .....Dizziness/loss of balance<br>or head swelling and tingling | .....Pressure above ears, feeling          |
| .....Other rashes   | .....Itching                               |
| .....Indigestion  | .....Heartburn                             |
| .....Mucus in stools  | .....Belching and intestinal gas           |
| .....Dry mouth  | .....Haemorrhoids                          |
| .....Bad breath   | .....Rash or blisters in mouth             |
| .....Nasal congestion or discharge                              | .....Joint swelling or arthritis           |
| .....Nasal itching  | .....Postnasal drip                        |
| .....Cough  | .....Sore or dry mouth                     |
| .....Wheezing or shortness of breath                            | .....Pain or tightness in chest            |
| .....Burning on urination                                       | .....Urgency or urinary infection          |
| .....Burning or tearing of eyes                                 | .....Failing vision                        |
| .....Ear pain or deafness                                       | .....Recurrent infections or fluid in ears |

**Total score, Section C** \_\_\_\_\_

**Summary**

Please enter the scores for each section below, and add them up to get your overall total score.

Total score, Section A \_\_\_\_\_

Total score, Section B \_\_\_\_\_

Total score, Section C \_\_\_\_\_

**Overall Score** \_\_\_\_\_

The total score will help you and your practitioner decide if your health problems are connected to gut dysbiosis i.e. undesirable micro-organisms such as yeasts. Score in women will run higher as seven items in the questionnaire apply exclusively to women, while only two apply exclusively to men.

	Scores	
	<i>Women</i>	<i>Men</i>
<b>Gut dysbiosis almost certainly present.</b>	<b>&gt; 180</b>	<b>&gt; 140</b>
<b>Gut dysbiosis probably present.</b>	<b>&gt; 120</b>	<b>&gt; 90</b>
<b>Gut dysbiosis possibly present.</b>	<b>&gt; 60</b>	<b>&gt; 40</b>
<b>Gut dysbisos unlikely.</b>	<b>&lt; 60</b>	<b>&lt; 40</b>

Source: Encyclopaedia of Natural Medicine by M.Murray & J Pizzorno.