

Mental Health & the Microbiome

Name: _____

Date: _____

Section 1: Presenting Concerns

Research suggests the gut microbiome may influence mood, cognition, and emotional regulation through the gut-brain connection.

Please indicate whether you currently experience or have previously been diagnosed with any of the following:

- Anxiety / chronic stress
 - Depression
 - Trauma-related symptoms / PTSD
 - Sleep disorders
 - Brain fog or difficulty concentrating
 - Memory concerns
 - Autism spectrum related concerns
 - Chronic fatigue / low energy
 - Difficulty losing weight or strong sugar cravings
 - Anorexia nervosa or disordered eating patterns
 - Obsessive compulsive symptoms
 - Alcohol or substance dependency concerns
 - Cognitive decline concerns (e.g., dementia-related symptoms)
 - Other: _____
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Section 2: Digestive Health Symptoms

Have you experienced any of the following digestive symptoms?

Symptom	Never	Sometimes	Often
Bloating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Symptom	Never	Sometimes	Often
Burping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea after eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternating constipation/diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you been diagnosed with any digestive conditions?

- IBS
- Leaky gut
- SIBO
- GERD / reflux
- Food sensitivities
- Crohn's disease
- Ulcerative colitis
- Candida overgrowth
- Other: _____

Section 3: Cognitive & Physical Symptoms

Symptom	Never	Sometimes	Often
Brain fog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory challenges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood swings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you experienced difficulty losing weight despite consistent efforts?

Yes No

Do you experience strong or frequent cravings?

Sugar

Carbohydrates

Salty foods

Processed foods

Caffeine

Other: _____

Do cravings noticeably impact mood?

Yes No

Section 4: Medication & Health History

Have you taken antibiotics in the past 2–3 years?

No

Yes → How often? _____

Current medications: _____

Supplements currently taken:

Probiotic

Digestive enzymes

Multivitamin

Herbal supplements

Other: _____

Section 5: Diet & Nutrition Patterns

How would you describe your typical diet?

Mostly whole foods

Mixed whole & processed foods

Frequently processed foods

High sugar intake

High carbohydrate intake

How often do you consume:

Food Type	Rarely Weekly Daily		
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Processed foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Sugary foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Caffeinated drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Daily water intake:

Mostly filtered water

Mixed filtered & tap water

Mostly tap water

Do certain foods cause digestive or mood symptoms?

Section 6: Probiotic & Prebiotic Foods

Check foods eaten regularly:

Probiotic Foods

Yogurt (live cultures)

Kefir

Aged cheeses

Lassi

Sauerkraut

Kimchi

Pickled vegetables (brine)

Kombucha

Tempeh

Miso

Natto

Healthy Fats

Olive oil

Coconut oil

Butter or ghee

Avocado

- Nuts
- Seeds (chia, flax, pumpkin, sesame, sunflower)

Prebiotic Foods

- Bananas
- Apples
- Berries
- Tomatoes
- Oats
- Barley
- Beans
- Lentils
- Chickpeas

Resistant Starches

- Green bananas
- Green peas
- Lentils
- Rolled oats
- Cannellini beans

Inulin Foods

- Garlic
- Onions
- Leeks
- Asparagus
- Artichokes
- Chicory root

Polyphenol Foods

- Coffee
- Tea
- Dark chocolate
- Fruits
- Vegetables

Section 7: Lifestyle Factors

Do you practice any of the following?

Practice **Never** **Occasionally** **Regularly**

Meditation

Mindfulness

Relaxation exercises

Prayer or stillness practice

Do you practice fasting?

No

Yes → Describe: _____

Section 8: Sleep & Environment

How would you describe your sleep?

Restful

Interrupted

Difficulty falling asleep

Wake feeling tired

Irregular sleep schedule

Average hours of sleep per night: _____

Describe your current emotional environment (home, work, relationships):

Do you feel supported in your daily environment?

Yes Sometimes No

Section 9: Clinical Reflection (For Provider)

Observed patterns:

Potential gut-brain considerations:

Recommendations:

- Psychoeducation on gut-brain connection
 - Referral to physician or nutrition specialist
 - Stress reduction interventions
 - Sleep support interventions
 - Mindfulness interventions
 - Nutrition tracking
 - Other: _____
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