

Microbiome Health Assessment



**Build Your
Resilient Gut**
MICROBIOME & BEYOND

Build Your Resilient Gut: *Microbiome Health Assessment*

First Edition

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Microbiome Health Assessment

01	<h2>Digestion</h2> <p>Do you experience frequent bloating, gas, or indigestion?</p> <p>Do you suffer from constipation, diarrhea, or irregular bowel movements?</p> <p>Do you struggle with food intolerances, sensitivities, or reactions?</p> <p>Are you prone to feeling overly full or uncomfortable after eating?</p> <p>Do you become sleepy, fatigued, exhausted, etc... after meals?</p>	<h2>Yes</h2> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<h2>No</h2> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
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Total:

0 - Excellent!

1 - Moderate Dysbiosis Possible

2+ - Significant Dysbiosis Possible

Microbiome Health Assessment

02 Immune Health

Have you experienced frequent or more severe infections (colds, flu) or a weakened immune system?

Yes

☐

No

☐

Do you suffer from autoimmune conditions (e.g., rheumatoid arthritis, lupus, IBS)?
(3 points)

☐☐

Have you noticed frequent inflammation or unexplained joint pain?

☐☐

Do you/have you taken more than 3 courses of oral antibiotics in your life?

☐☐

Do you struggle with seasonal allergies or frequent skin rashes?

☐☐

Are you sensitive to smells, fragrances, chemicals, etc... ?

☐☐

Total:

- 0 - Excellent!
- 1 - Moderate Dysbiosis Possible
- 2+ - Significant Dysbiosis Possible

Microbiome Health Assessment

03	<h2>Gut-Brain Connection</h2> <p>Do you often experience brain fog or difficulty concentrating?</p> <p>Are you prone to mood swings, anxiety, or depression?</p> <p>Do you frequently experience sleep disturbances or insomnia?</p> <p>Do you have trouble managing stress or feel overwhelmed easily?</p> <p>Have you noticed a change in memory or cognitive performance?</p>	<h3>Yes</h3> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<h3>No</h3> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
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Total:

0 - Excellent!

1 - Moderate Dysbiosis Possible

2+ - Significant Dysbiosis Possible

Microbiome Health Assessment

04	<h2>Skin & Detox</h2> <p>Do you experience frequent skin issues such as acne, eczema, psoriasis, or rashes?</p> <p>Have you noticed premature wrinkles or sagging skin?</p> <p>Do you use antibacterial cleaning products and soaps and/or hand sanitizer regularly?</p> <p>Have you been diagnosed with NAFLD or any other liver or gall-bladder related health problems?</p> <p>Do you regularly consume alcohol, smoke, or have high exposure to environmental toxins?</p>	<h3>Yes</h3> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<h3>No</h3> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Total:

0 - Excellent!

1 - Moderate Dysbiosis Possible

2+ - Significant Dysbiosis Possible

Microbiome Health Assessment

05	<h2>Metabolism</h2> <p>Do you struggle with maintaining a healthy weight or managing blood sugar levels?</p> <p>Do you experience frequent sugar cravings or hunger, even after eating?</p> <p>DHave you noticed fluctuations in energy levels throughout the day?</p> <p>Are you prone to conditions like insulin resistance, diabetes, or metabolic syndrome?</p> <p>Have you experienced difficulty in losing weight despite a healthy diet and regular exercise?</p>	<h3>Yes</h3> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>	<h3>No</h3> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
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Total:

0 - Excellent!

1 - Moderate Dysbiosis Possible

2+ - Significant Dysbiosis Possible

Microbiome Health Assessment

06	Oral Biome	Yes	No
	Do you suffer from persistent bad breath or frequent mouth sores?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you experienced gum disease or bleeding gums?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you experienced cavities as a child and/or adult?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you use alcohol-based antiseptic mouthwash?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you noticed increased sensitivity or inflammation in your mouth?	<input type="checkbox"/>	<input type="checkbox"/>

Total:

0 - Excellent!

1 - Moderate Dysbiosis Possible

2+ - Significant Dysbiosis Possible

Total:

0 - Amazing Biome!

1-4 - Moderate Dysbiosis Possible

5+ - Significant Dysbiosis Possible