

# Fecal Microbiota Transplant (FMT) Donor Screening Questionnaire

Downloaded from  
<https://humanmicrobiome.info/fmt-questionnaire/>

This questionnaire is not exhaustive. If you think of something else, please include it. If there is something you don't want to disclose then please state that, instead of being untruthful about it.

This summary & list of studies give a good idea of the kind of things that affect a child's health:  
<https://humanmicrobiome.info/maternity>

## Questionnaire for a child donor:

Age?

Please review the stool chart and note your stool type:

How consistently are your stools each type? Are there foods that cause changes in the type of stool you have? If so, which foods cause what changes?

How often do you have a bowel movement?

Do you have medical coverage for screening tests? (*I should be able to cover any copays*)

Have you had past/recent blood tests? Any abnormal results?

History of, or known exposure to, HIV, HBV or HCV, syphilis, human T-lymphotropic virus I and II, malaria, trypanosomiasis, tuberculosis?

Tattoo or body piercing within previous 6 months?

Known systemic infection or current communicable disease?

Previous reception of blood products?

## Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Recent (<6 months) needle stick accident?

Recent medical treatment in poorly hygienic conditions?

Risk of transmission of diseases caused by prions?

Recent parasitosis or infection from rotavirus, Giardia lamblia and other microbes with GI involvement?

Recent (<6 months) travel in tropical countries, countries at high risk of communicable diseases or traveler's diarrhea?

Surgeries or hospitalizations?

Breast fed? For how long?

Vaginal birth or c-section?

Health status/fitness of self? Including physical fitness, body fat percentage, etc.

Health status/fitness of siblings?

Any diseases or illnesses that run in the family (Alzheimer's, cancers, depression/suicide, heart failure, etc.)?

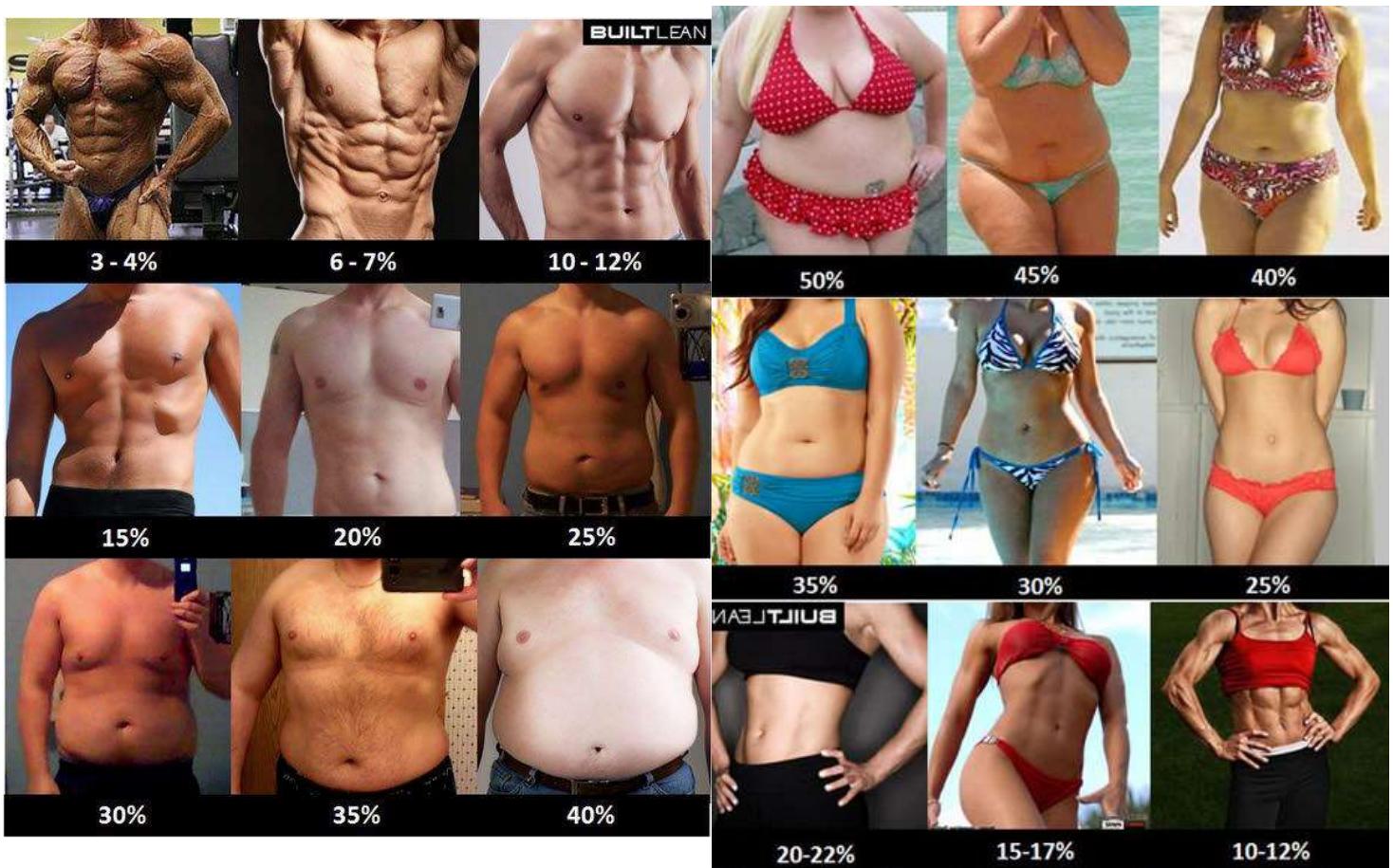
Any congenital/birth defect/disease of self or immediate family members?

What's your current diet like, and your dietary history?

Any food cravings? Any food intolerances?

Allergies?

According to these images, what body fat percentage are you?



Please list all instances of antibiotic, antiviral, or antifungal usage, and at what ages and duration taken.

Prescription or OTC drugs or supplements?

Issues with sleep such as insomnia, frequent waking during night, nightmares, sleep paralysis, etc.? Do you dream every night and remember them when you wake? How would you rate the quality of your sleep?

Skin (dryness, excess sweating, rashes, eczema, dandruff, dermatitis, psoriasis, etc.)?

Have A's in class always came easy?

Any problems with hair, eye sight, teeth/mouth (including cavities & fillings - when was the last time you went to dentist?), ears/hearing, body odors including bad breath, weight/fitness issues, heart, lungs/breathing, bladder, hormonal, any kind of sensitivities.

Mental/emotional health, happiness, mood, anxiety, depression, headaches, or any other neurological or psychiatric conditions?

Joint/muscle pain/stiffness?

Digestion: issues with constipation/diarrhea, excessive gas, overly foul BMs, acid reflux, ulcers, heartburn, etc.?

Any addictions or addictive behavior?

Do you get sick often? When under stress?

**Screening questions for the father:**

*(Microbiomes run in families, are passed down from both parents (see zika for recent & popular example), and are shaped by genetics)*

Age at time of conception of child donor?

Health status/fitness of self? Including physical fitness, body fat percentage, etc.

Have you had past and/or recent blood/medical tests? Any abnormal results?

Surgeries or hospitalizations?

Any diseases or illnesses that run in the family (Alzheimer's, cancers, depression/suicide, etc.)?

Any congenital/birth defect/disease of self or immediate family members?

Food intolerances?

Chronic digestion issues?

Allergies?

Chronic sleep issues?

History of antibiotic, antiviral, or antifungal usage? How near to time of conception of child?

Drug use around time of conception?

Skin (dryness, excess sweating, rashes, eczema, dandruff, dermatitis, psoriasis, etc.)?

Mental/emotional health, happiness, mood, anxiety, depression, or any other neurological or psychiatric conditions?

Joint/muscle pain/stiffness?

Addictions or addictive behavior?

Hormonal issues?

### **Screening questions for the mother:**

Age at time of conception of child donor?

Health status/fitness of self? Including physical fitness, body fat percentage, etc.

Have you had past and/or recent blood/medical tests? Any abnormal results?

Surgeries or hospitalizations?

Any diseases or illnesses that run in the family (Alzheimer's, cancers, depression/suicide, etc.)?

Any congenital/birth defect/disease of self or immediate family members?

What's your current diet like, and your dietary history (especially around conception, birth, & breast feeding)?

Any food intolerances?

Allergies?

History of antibiotic, antiviral, or antifungal usage? If so, at what ages and before/after which kids?

Any drug use? While pregnant/breast feeding?

Issues with sleep such as insomnia, frequent waking during night, nightmares, sleep paralysis, etc.? How would you rate the quality of your sleep?

Skin (dryness, excess sweating, rashes, eczema, dandruff, dermatitis, psoriasis, etc.)?

Weight/fitness issues, heart, lungs, bladder, etc., hormonal, any kind of sensitivities.

Mental/emotional health, happiness, mood, anxiety, depression, or any other neurological or psychiatric conditions?

Joint/muscle pain/stiffness?

Chronic digestion issues?

Addictions or addictive behavior?