

YEAST QUESTIONNAIRE

Answering these questions and adding up the scores will help you decide if yeasts contribute to your health problems. Yet you will not obtain an automatic “yes” or “no” answer.

For each “yes” answer in Section A, circle the Point score for each question or sub-question. Total your score and record it in the space indicated at the end of the section. Then move on to Section B and C and score each section as instructed.

Add the total of your scores to get your **Grand Total Score.** _____

Patient Name: _____ **Date completed:** _____

SECTION A: HISTORY	Point Score
1. Have you ever taken tetracyclines (Sumycin®, Panmycin®, Vibramycin®, Minocin®, etc.) or other antibiotics fro acne for 1 month (or longer)?	35
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)?	35
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 affective your reproductive organs?	25
5. Have you been pregnant... 2 or more times? 1 time?	5 1
6. Have you taken birth control pills... For more than 2 years? For 6 months to 2 years?	15 8
7. Have you taken prednisone, Decadron® or other cortisone-type drugs... For more than 2 weeks? Fro 2 weeks or less?	15 6
8. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke... Moderate to severe symptoms? Mild symptoms?	20 5
9. Are your symptoms worse on damp, muggy days or in moldy places?	20
10. Have you had athlete’s foot, ring worm, “jock itch” or other chronic infections of the skin or nails? Have such infections been... Severe or persistent? Mild to moderate?	20 10
11. Do you crave sugar?	10
12. Do you crave breads?	10
13. Do you crave alcoholic beverages?	10
14. Does tobacco smoke <i>really</i> bother you?	10

Total Score, Section A _____

*Including Keflex®, ampicillin, amoxicillin, Ceclor®, Bactrim® and Septra®. Such antibiotics kill off “good germs/bacteria” while they’re killing off those which cause infection.

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SECTION B: MAJOR SYMPTOMS

For each of your symptoms, enter the appropriate figure in the Point Score column:

If a symptom is *occasional or mild*score 3 points

If a symptom is *frequent and/or moderately severe* score 6 points

If a symptom is *severe and/or disabling*score 9 points

Add total score and record in the space indicated at the end of this section.

	Point Score
1. Fatigue or lethargy	
2. Feeling of being "drained"	
3. Poor memory	
4. Feeling "spacey" or "unreal"	
5. Depression	
6. Inability to make decisions	
7. Numbness, burning or tingling	
8. Muscle aches or weakness	
9. Pain and/or swelling in joints	
10. Abdominal pain	
11. Constipation	
12. Diarrhea	
13. Bloating, belching or intestinal gas	
14. Troublesome vaginal burning, itching or discharge	
15. Persistent vaginal burning or itching	
16. Prostatitis	
17. Impotence	
18. Loss of sexual desire or feeling	
19. Endometriosis or infertility	
20. Cramps and/or other menstrual irregularities	
21. Premenstrual tension	
22. Attacks of anxiety or crying	
23. Cold hands or feet and/or chilliness	
24. Shaking or irritable when hungry	

Total Score, Section B _____

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SECTION C: OTHER SYMPTOMS *

For each of your symptoms, enter the appropriate figure in the Point Score column:
 If a symptom is *occasional or mild*.....score 1 point
 If a symptom is *frequent and/or moderately severe*.....score 2 points
 If a symptom is *severe and/or disabling*.....score 3 points
 Add total score and record it in the space provided at the end of this section.

	Point Score
1. Drowsiness	
2. Irritability or jitteriness	
3. Incoordination	
4. Inability to concentrate	
5. Frequent mood swings	
6. Headache	
7. Dizziness/loss of balance	
8. Pressure above ears/feeling of head swelling	
9. Tendency to bruise easily	
10. Chronic rashes or itching	
11. Numbness, tingling	
12. Indigestion or heartburn	
13. Food sensitivity or intolerance	
14. Mucus in stools	
15. Rectal itching	
16. Dry mouth or throat	
17. Rash or blisters in mouth	
18. Bad breath	
19. Foot, body or hair odor not relieved by washing	
20. Nasal congestion or postnasal drip	
21. Nasal itching	
22. Sore throat	
23. Laryngitis, loss of voice	
24. Cough or recurrent bronchitis	
25. Pain or tightness in chest	
26. Wheezing or shortness of breath	
27. Urgency or urinary frequency	
28. Burning upon urination	
29. Spots in front of eyes or erratic vision	
30. Burning or tearing of eyes	
31. Recurrent infections or fluid in ears	
32. Ear pain or deafness	

Total Score, Section C _____

*While the symptoms in this section commonly occur in people with yeast connected illness they are also found in other individuals.

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Total Score, Section A _____

Total Score, Section B _____

Total Score, Section C _____

GRAND TOTAL SCORE _____

The Grand Total Score will help you and your physician decide if your health problems are yeast connected. Scores in women will run higher as 7 items in the questionnaire apply exclusively to women, while only 2 apply exclusively to men.

Yeast-connected health problems are **almost certainly present** in women with scores *over 180*, and in men with scores *over 140*.

Yeast-connected health problems are **probably present** in women with scores *over 120*, and in men with scores *over 90*.

Yeast-connected health problems are **possibly present** in women with scores *over 60*, and in men with scores *over 40*.

With scores of less than 60 in women and 40 in men, yeasts are less apt to cause health problems.