

# Yeast Questionnaire—Adult

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 in that section. Total your score and record it in the box at the end of the section. Then move on to Sections B and C and score as indicated.

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

## SECTION A: HISTORY

	Point Score
1. Have you taken tetracyclines (Sumycin®, Panmycin®, Vibramycin®, Minocin®, etc.) or other antibiotics for 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 affecting your reproductive organs?	25
5. Have you been pregnant . . .	5
2 or more times?	3
1 time?	3
6. Have you taken birth control pills . . .	15
For more than 2 years?	8
For 6 months to 2 years?	8
7. Have you taken prednisone, Decadron® or other cortisone-type drugs . . .	15
For more than 2 weeks?	15
For 2 weeks or less?	6

\* Including Keflex®, ampicillin, amoxicillin, Ceflor®, Bactrim® and Septra®. Such antibiotics kill off "good germs" while they're killing off those which cause infection.

8. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke . . .	20
Moderate to severe symptoms?	20
Mild symptoms?	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 fungous infections of the skin or nails? Have such infections been . . .	20
Severe or persistent?	10
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 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 *score and/or disabling* . . . . . score 9 points  
 Add total score and record it in the box 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 tremble when hungry \_\_\_\_\_
- Total Score, Section B .....

**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 box at the end of this section.

- |   |       |             |
|---|-------|-------------|
| 1. Drowsiness   | _____ | Point Score |
| 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                   | _____ |             |

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

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 on 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 .....
- Total Score, Section A .....
- Total Score, Section B .....
- 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.