



YEAST QUESTIONNAIRE

Answering these questions and adding up the scores will help you and your doctor decide if yeast is likely to be contributing to your health problems. For each "yes" answer in Section A, circle the Point Score in that section. Total the 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 tetracycline's or other antibiotics for acne for a month or longer? _____	35
2. Have you, at any time in your life, taken other "broad spectrum" antibiotics for respiratory, urinary or other infection (for 2 months or longer, or in shorter courses 4 or more times in a one 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....	
2 or more times? _____	5
1 time? _____	3
6. Have you taken birth control pills...	
for more than 2 years? _____	15
for 6 months to 2 years? _____	8
7. Have you taken Prednisone or other cortisone-type drugs...	
for more than 2 weeks? _____	15
for 2 weeks or less? _____	6
8. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke	
moderate to severe symptoms? _____	20
mild symptoms? _____	5

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prostatitis, vaginitis, or other problems affecting your reproductive
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for more than 2 years? 15
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7. Have you taken Prednisone or other cortisone-type drugs...
for more than 2 weeks? 15
for 2 weeks or less? 6

8. Does exposure to perfumes, insecticides, fabric shop odors and
other chemicals provoke
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 fungus infections of the skin or nails?

Have such symptoms been....

Severe or persistent? 20

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 severe and/or disabling.....score 9 points

	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.....

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

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 -----
- 9. Tendency to bruise easily -----
- 10. Chronic earaches 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 post nasal drip -----
- 21. Nasal itching -----
- 22. Sore throat -----
- 23. Laryngitis -----
- 24. Cough or recurrent bronchitis -----
- 25. Pain and tightness in chest -----
- 26. Wheezing or shortness of breath -----
- 27. Urgency or urinary frequency -----
- 28. Burning on urination -----
- 29. Spots in front of eyes -----
- 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 B.....

Total Score, Section A.....

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 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 for women and 40 for men, yeast are less apt, although still possibly the cause of health problems.