|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **History** | **Point Score** | |
|  |  |  |  |  |
| 1. |  | Have you ever taken tetracycline or other antibiotics for acne for one month or longer? | 25 |  |
| 2. |  | Have you ever taken other “broad-spectrum” antibiotics for respiratory, urinary, or other infections for two months or longer, or in short courses four or more times in one year? | 20 |  |
| 3. |  | Have you ever taken a “broad-spectrum” antibiotic (even a single course)? | 6 |  |
| 4. |  | Have you ever been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs? | 25 |  |
| 5. |  | Have you been pregnant… |  |  |
|  |  | One time? | 3 |  |
|  |  | Two or more times? | 5 |  |
| 6. |  | Have you taken birth control pills… |  |  |
|  |  | For six months to two years? | 8 |  |
|  |  | For more than two years? | 15 |  |
| 7. |  | Have you taken prednisone or other cortisone type drugs… |  |  |
|  |  | For two weeks or less? | 6 |  |
|  |  | For more than two weeks? | 15 |  |
| 8. |  | Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke… |  |  |
|  |  | Mild symptoms? | 5 |  |
|  |  | Moderate to severe symptoms? | 20 |  |
| 9. |  | Are your symptoms worse on damp, muggy days or in moldy places? | 20 |  |
| 10. |  | Have you had athlete’s foot, ringworm, “jock itch,” or other chronic infections of the skin or nails? |  |  |
|  |  | Mild to moderate? | 10 |  |
|  |  | Severe to persistent? | 20 |  |
| 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 For This Section** | \_\_\_\_\_\_\_ |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Major Symptoms** |  |  |
|  |  |  |  |  |
|  |  | For each of your symptoms, enter the appopriate figure in the Point Score column. |  |  |
|  |  | If symptom is occasional or mild | score 3 points | |
|  |  | If symptom is frequent and/or moderately severe | score 6 points | |
|  |  | If symptom is severe and/or disabling | score 9 points | |
|  |  |  |  |  |
| 1. |  | Fatigue or lethargy | \_\_\_\_\_\_\_ |  |
| 2. |  | Feeling of being drained | \_\_\_\_\_\_\_ |  |
| 3. |  | Poor memory | \_\_\_\_\_\_\_ |  |
| 4. |  | Feeling “spacey” or “unreal” | \_\_\_\_\_\_\_ |  |
| 5. |  | Depression | \_\_\_\_\_\_\_ |  |
| 6. |  | Numbness, burning, or tingling | \_\_\_\_\_\_\_ |  |
| 7. |  | Muscle aches | \_\_\_\_\_\_\_ |  |
| 8. |  | Muscle weakness or paralysis | \_\_\_\_\_\_\_ |  |
| 9. |  | Pain and/or swelling in joints | \_\_\_\_\_\_\_ |  |
| 10. |  | Abdominal pain | \_\_\_\_\_\_\_ |  |
| 11. |  | Constipation | \_\_\_\_\_\_\_ |  |
| 12. |  | Diarrhea | \_\_\_\_\_\_\_ |  |
| 13. |  | Bloating | \_\_\_\_\_\_\_ |  |
| 14. |  | Persistent vaginal itch | \_\_\_\_\_\_\_ |  |
| 15. |  | Persistent vaginal burning | \_\_\_\_\_\_\_ |  |
| 16. |  | Prostatitis | \_\_\_\_\_\_\_ |  |
| 17. |  | Impotence | \_\_\_\_\_\_\_ |  |
| 18. |  | Loss of sexual desire | \_\_\_\_\_\_\_ |  |
| 19. |  | Endometriosis | \_\_\_\_\_\_\_ |  |
| 20. |  | Cramping and other menstrual irregularities | \_\_\_\_\_\_\_ |  |
| 21. |  | Premenstrual tension | \_\_\_\_\_\_\_ |  |
| 22. |  | Spots in front of eyes | \_\_\_\_\_\_\_ |  |
| 23. |  | Erratic vision | \_\_\_\_\_\_\_ |  |
|  |  |  |  |  |
|  |  | **Total Score For This Section** | \_\_\_\_\_\_\_ |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Other Symptoms** |  |  |
|  |  |  |  |  |
|  |  | For each of your symptoms, enter the appopriate figure in the Point Score column. |  |  |
|  |  | If symptom is occasional or mild | score 1 points | |
|  |  | If symptom is frequent and/or moderately severe | score 2 points | |
|  |  | If symptom is severe and/or disabling | score 3 points | |
|  |  |  |  |  |
| 1. |  | Drowsiness | \_\_\_\_\_\_\_ |  |
| 2. |  | Irritability | \_\_\_\_\_\_\_ |  |
| 3. |  | Lack of coordination | \_\_\_\_\_\_\_ |  |
| 4. |  | Inability to concentrate | \_\_\_\_\_\_\_ |  |
| 5. |  | Frequent mood swings | \_\_\_\_\_\_\_ |  |
| 6. |  | Headache | \_\_\_\_\_\_\_ |  |
| 7. |  | Dizziness/loss of balance | \_\_\_\_\_\_\_ |  |
| 8. |  | Pressure above ears, feeling of head swelling and tingling | \_\_\_\_\_\_\_ |  |
| 9. |  | Itching | \_\_\_\_\_\_\_ |  |
| 10. |  | Other rashes | \_\_\_\_\_\_\_ |  |
| 11. |  | Heartburn | \_\_\_\_\_\_\_ |  |
| 12. |  | Indigestion | \_\_\_\_\_\_\_ |  |
| 13. |  | Belching and intestinal gas | \_\_\_\_\_\_\_ |  |
| 14. |  | Mucus in stool | \_\_\_\_\_\_\_ |  |
| 15. |  | Hemorrhoids | \_\_\_\_\_\_\_ |  |
| 16. |  | Dry mouth | \_\_\_\_\_\_\_ |  |
| 17. |  | Rash or blisters in mouth | \_\_\_\_\_\_\_ |  |
| 18. |  | Bad breath | \_\_\_\_\_\_\_ |  |
| 19. |  | Joint swelling or arthritis | \_\_\_\_\_\_\_ |  |
| 20. |  | Nasal congestion or discharge | \_\_\_\_\_\_\_ |  |
| 21. |  | Postnasal drip | \_\_\_\_\_\_\_ |  |
| 22. |  | Nasal itching | \_\_\_\_\_\_\_ |  |
| 23. |  | Sore or dry throat | \_\_\_\_\_\_\_ |  |
| 24. |  | Cough | \_\_\_\_\_\_\_ |  |
| 25. |  | Pain or tightness in chest | \_\_\_\_\_\_\_ |  |
| 26. |  | Wheezing or shortness of breath | \_\_\_\_\_\_\_ |  |
| 27. |  | Urinary urgency or frequency | \_\_\_\_\_\_\_ |  |
| 28. |  | Burning on urination | \_\_\_\_\_\_\_ |  |
| 29. |  | Failing vision | \_\_\_\_\_\_\_ |  |
| 30. |  | Burning or tearing of eyes | \_\_\_\_\_\_\_ |  |
| 31. |  | Recurrent infections or fluid in ears | \_\_\_\_\_\_\_ |  |
| 32. |  | Ear pain of deafness | \_\_\_\_\_\_\_ |  |
|  |  |  |  |  |
|  |  | **Total Score For This Section** | \_\_\_\_\_\_\_ |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Point Score Totals** |  |  |
|  |  |  |  |  |
|  |  | Total from section one | \_\_\_\_\_\_\_ |  |
|  |  | Total from section two | \_\_\_\_\_\_\_ |  |
|  |  | Total from section three | \_\_\_\_\_\_\_ |  |
|  |  |  |  |  |
|  |  | **Total All Sections** | \_\_\_\_\_\_\_ |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **Results** | **Women** | **Men** |
|  |  |  |  |  |
|  |  | Yeast-connected health problems are almost certainly present | >180 | >140 |
|  |  | Yeast-connected health problems are probably present | 120-180 | 90-140 |
|  |  | Yeast-connected health problems are possibly present | 60-119 | 40-89 |
|  |  | Yeast-connected health problems are less likely to be present | <60 | <40 |