Yeast Questionnaire and Score Sheet

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. The move on to Section B and C and score as indicated. Add the total of your scores to get your Grand Total Score.

Section A: History

For each "yes" answer in Section A, circle the point score in that section. Record your total score in the space at the end of the section.

Point Score

1. Have you ever taken tetracyclines (Symycin®, Vibramycin®, etc.) or other antibiotics for acne for one 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 two months or longer or in shorter courses four or more times in a one year period? **35**
3. Have you taken a broad spectrum antibiotic* — even in 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 …
   - Two or more times? **5**
   - One time? **3**
6. Have you taken birth control pills …
   - More than two years? **15**
   - Six months to two years? **8**
7. Have you taken Prednisone®, Decadron®, or other cortisone-type drugs …
   - More than two years? **15**
   - Six months to two years? **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…
    - More than two years? **20**
    - Six months to two years? **10**
11. Do you crave sugar? **10**
12. Do you crave bread? **10**
13. Do you crave alcohlic beverages? **10**
14. Does tobacco smoke really bother you? **10**

Total Score, Section A: _____

Including Kelflex®, ampicillin, amoxicillin, Ceclor®, Bactrim®, and Septra®. Such antibiotics fill off "good bacteria" while they are killing off those that cause infection.

Section B: Major Symptoms

For each of your symptoms, enter the appropriate figure in the point score column:

- Occasional or mild … **3 points**
- Frequent and/or moderately severe … **6 points**
- Severe and/or disabling … **9 points**

Add points and record your total score 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. 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. Troublesome vaginal discharge _____
15. Persistent vaginal burning or itching _____
16. Prostatitis _____
17. Impotence _____
18. Loss of sexual desire _____
19. Endometriosis _____
20. Cramps and/or other menstrual Irregularities _____
21. Premenstrual tension _____
22. Spots in front of the eyes _____
23. Erratic vision _____

Total Score, Section B: _____

Section C: Other Symptoms

For each of your symptoms, enter the appropriate figure in the point score column:

- Occasional or mild … **1 points**
- Frequent and/or moderately severe … **2 points**
- Severe and/or disabling … **3 points**

Add points and record your total score at the end of this section.

Point Score

1. Drowsiness _____
2. Irritability or jitteriness _____
3. Uncoordination _____
4. Inability to concentrate _____
5. Frequent mood swings _____

6. Headache _____
7. Dizziness/loss of balance _____
8. Pressure above ears, feeling of head swelling _____
9. Itching _____
10. Rashes _____
11. Heartburn _____
12. Indigestion _____
13. Belching and/or intestinal gas _____
14. Mucus in stools _____
15. Hemorrhoids _____
16. Dry mouth _____
17. Rash or blisters in mouth _____
18. Bad breath _____
19. Endometriosis _____
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 or deafness _____

Total Score, Section C: _____

Total Score, Section A: _____

Total Score, Section B: _____

GRAND TOTAL SCORE: _____

Your **Grand Total Score** will help you and your doctor decide if your health problems are yeast connected. Scores in females will run higher as seven items in the questionnaire apply exclusively to females, while only two apply only to males.

If your score is:	**Symptoms are:**
180 (Female)	**Almost Certainly**
140 (Male)	**Yeast Connected**
120 (Female)	**Probably Yeast**
90 (Male)	**Connected**
Less than:	
60 (Female)	**Probably Not**
40 (Male)	**Yeast Connected**

Form created for your practitioner by
International Foundation for Nutrition and Health
Visit our website - www.ifnh.org

Yeast Questionnaire

Symptoms Questionnaire and Score Sheet

☆☆☆ **Don't Forget** ☆☆☆
Bring the completed form with you to your next appointment

Name _____

Age _____