

Yeast Exposure Questionnaire

Circle One
Female Male

Name: _____ Date: _____ DOB: _____

Section A: History		Your Score
1.	Have you ever taken tetracycline (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotic 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... 2 or more times? / 1 time?	5 / 3
6.	Have you taken birth control pills...for > 2 years? / for 6 months to 2 years?	15/6
7.	Have you ever taken Prednizone, Decadron or other cortisone-type drugs... for > 2 weeks / 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.	If you have had athlete’s foot, ring worm, “jock itch” or other chronic fungus infections of the skin or nails, have such infections been... severe or persistent? / mild to moderate or sporadic?	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 really bother you?	10
TOTAL SCORE, SECTION A: (please post this score below, for Section A)		

GRAND TOTAL SCORE

<p>YOUR SCORES:</p> <p>Total Score, Section A: _____</p> <p>Total Score, Section B: _____</p> <p>Total Score, Section C: _____</p> <p>YOUR GRAND TOTAL: _____</p>	<p>Using your Grand Total and consulting the chart below please Summarize Your Evaluation by circling only ONE based on your scoring:</p> <p style="text-align: center;">Almost Certainly Probably</p> <p style="text-align: center;">Possibly Unlikely</p>
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The Grand Score will help you and your Health Care Practitioner decide if your health problems are yeast-related. Scores in women will run higher as 7 items in the questionnaire apply exclusively to women, while only 2 apply exclusively to men.

	WOMEN	MEN
Almost Certain Related, if GREATER than:	180	140
Probably Related, if GREATER than:	120	90
Possibly Related, if GREATER than:	60	40
Unlikely Related, if LESS than:	60	40

Have these findings been clinically confirmed bio-energetically: YES NO