functional nutrition alliance

POSSIBLE YEAST SYMPTOM QUESTIONNAIRE

The purpose of this questionnaire is to give us the opportunity to look at where yeast overgrowth may be working against you, your weight management goals and your mental focus and clarity. Choose the answer that best fits your symptoms for each question posed.

Select an answer for each question and add any comments that you deem pertinent.

PART A

I feel fatigue or lethargy through the day:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I get irritable or uncomfortable when hungry:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I experience headaches:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I feel anxiety, sometimes without apparent cause:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I experience depression:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I feel spacey, light-headed, or disoriented:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have poor memory:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have an inability to make decisions and to concentrate:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

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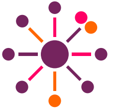

I experience bloating and gas:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have chronic diarrhea:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have chronic constipation:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I experience abdominal pain:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have a loss of sexual interest or ability:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have troublesome vaginal burning, itching, or discharge:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I experience premenstrual or menstrual tension or cramps:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I experience muscle aches and weakness:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I get cold hands or feet or physical chilliness:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I experience pain or swelling in my joints:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have chronic eczema, rashes, or itching:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have body odor or bad breath not relieved by washing:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

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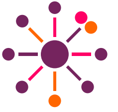

I have chronic sore throat, laryngitis, cough, or tender glands:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have urinary frequency, burning, or urgency:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I experience pain or tightness in my chest, wheezing, or shortness of breath:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have recurrent ear infections, fluid in ears, or nasal congestion:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have a tendency to bruise easily:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I experience insomnia:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have a lack of coordination, dizziness, or poor balance:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

I have food sensitivities or intolerances:

❏ never have symptom ❏ mild ❏ moderate ❏ severe

SCORING PART A:

never have symptom = 0
mild = 4
moderate = 8
severe = 12

Total Score Part A: _______

continue to Part B ➛

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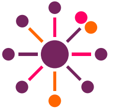

PART B

35. I have taken tetracycline or other antibiotics for one month or longer:

❏ Yes ❏ No

35. I have taken frequent short courses of other broad-spectrum antibiotics:

❏ Yes ❏ No

15. I have taken prednisone or other cortisone-type drugs for one month or more:

❏ Yes ❏ No

10. I have taken birth control pills for more than one year:

❏ Yes ❏ No

25. I have had persistent yeast infections, prostatitis, vaginitis, or other reproductive problems:

❏ Yes ❏ No

20. I have been exposed to high mold environments and have a sensitivity to mold:

❏ Yes ❏ No

20. I suffer athlete's foot, nail or skin fungus, ringworm, or other chronic fungus:

❏ Yes ❏ No

10. I have been treated for internal parasites:

❏ Yes ❏ No

20. Exposure to perfumes, insecticides, or other chemicals provokes noticeable symptoms for me:

❏ Yes ❏ No

10. Tobacco smoke really bothers me:

❏ Yes ❏ No

10. I crave and/or consume sweets:

❏ Yes ❏ No

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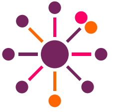

10. I crave and/or consume starches such as pastas and breads:

❏ Yes ❏ No

10. I crave and/or consume alcoholic beverages:

❏ Yes ❏ No

SCORING PART B:

Yes = add the number indicated next to question
No = 0

Total Score Part B: ________

TOTAL SCORE (ADD A + B): ______

Scores over 100 suggest possibility of yeast overgrowth
Scores over 175 indicate high probability

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