

## DO YOU YEAST OVERGROWTH?

Questions 1-5: Yes = 4 pts, No = 0 pts		Yes	No
1	Do you have now or have you ever had mercury silver amalgam dental fillings?		
2	Have you taken multiple courses of antibiotics?		
3	Have you ever taken birth control pills??		
4	Have you had recurrent vaginal yeast infections?		
5	Do you have fungal infections under your toenails or fingernails?		
Questions 6-10: Yes = 3 pts, No = 0 pts			
6	Do you crave carbohydrates (pasta, breads, sugar)?		
7	Do you experience heartburn or indigestion?		
8	Do you experience rectal itching or jock itch?		
9	Do you have multiple allergies or hives?		
10	Do you experience abdominal bloating, cramping, or gas?		
Questions 11-19: Yes = 2 pts, No = 0 pts			
11	? Do you find it difficult to concentrate?		
12	Do you often feel "spacey" or in a mental fog?		
13	Do you become moody or depressed easily?		
14	Are you easily irritated?		
15	Do you have a white-coated tongue?		
16	Do you have constipation or diarrhea?		
17	Are you sensitive to wine or beer?		
18	Are you sensitive to perfumes, insecticides, fabric shop odors, or cigarettes?		
19	Are your symptoms worse on damp or muggy days or in moldy places?		
<b>ADD TOTAL SCORE</b>			

Total Score 15 or less = Probably don't have a yeast overgrowth.

Score 16-25 = Yeast overgrowth is a possibility.

Score 26 or above = Yeast overgrowth is very likely.