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If you would like to know if your health problems are yeast-related take this comprehensive test. Questions in Section A focus on your medical history-factors that promote the growth of Candida albicansan and that are frequently found people with yeast-related health problems. In Section B you will find a list of 23 symptoms that are often present in patients with yeast-related health problems. Section C consists of 33 other symptoms that are sometimes seen in people with yeast-related problems – yet they may also be found in people with other disorders.

Fill out and score the questionnaire should help you, and your physician, evaluate the possible role that candida albicansans plays in your health problems.

SECTION A: HISTORY

- Have you ever taken tetracycline, or other antibiotics, for acne for one month or longer? (points 35)
- Have you, at any time in your life, taken broad-spectrum antibiotics or other antibacterial medication for respiratory, urinary or other infections for two months or longer, or in shorter courses four or more times in a one-year period? (Points 35).
- Have you taken a broad-spectrum antibiotic drug even in a single dose? (points 6)
- Have you at any time in your life been bothered by persistent prostatitis, vaginitis
 or other problems affecting your reproductive organs? (points 25)
- Are you bothered by memory or concentration problems do you some times feel spaced out? (points 20)
- Do you feel "sick all over", yet despite visits to many different physicians the cause has not been found? (points 20)
- Have you been pregnant two or more times? (points 5)
- One time? (points 3)
- Have you taken birth control pills for more than two years? (points 15)
- For six months to two years? (points 8)
- Have you taken steroids orally, by injection or inhalation for more than two weeks? (points 15)
- For two weeks or less? (points 6)
- Does exposure to perfume, insecticides, fabric shop odors and other chemicals provoke symptoms?
 Moderate to severe (points 20)
 - Mild (points 5)
- Does tobacco smoke really bother you? (points 10)
- Are your symptoms worse on damp, muggy days or in moldy places? (points 20)
- Have you had athlete's foot, ring worm, jock itch or other chronic fun-gal infections of the skin or nails?
 Severe or persistent (points 20)
 Mild to moderate (points 10)
- Do you have crave sugar? (points 10)

Total Score, Section A SECTION B: MAJOR SYMPTOMS			
For each of your symptoms, enter the appropriate figure in the pint score column.			
 If a symptom is occasional or mild If a symptom is frequent and/ or moderately severe If a symptom is severe and/ or disabling 	3 points 6 points 9 points		
Add total score and record it at the end of this section.			
 Fatigue or lethargy Feeling of being "drained" Depression or manic depression Numbness, burning or tingling Headache Muscle aches Muscle weakness or paralysis Paint and/ or swelling in joints Abdominal pain Constipation and/ or diarrhea Bloating, belching or intestinal gas Troublesome vaginal burning, itching or discharge Prostatitis Impotence Loss of sexual desire or feeling Endometriosis or infertility Cramps and/ or other menstrual irregularities Premenstrual tension Attacks of anxiety or crying Cold hands or feet, low bode temperature Hypothyroidism Shaking or irritable when hungry Cystitis or interstitial cystitis 			
TOTAL SCORE, SECTION B			
SECTION C: OTHER SYMPTOMS			
For each of your symptoms, enter the appropriate figure in the point sc	ore column.		
 If a symptom is occasional or mild If a symptom is frequent and/ or moderately severe If a symptom is severe and/ or disabling 	3 points 6 points 9 points		
Add total score and record it at the end of his section.			
 Drowsiness, including inappropriate drowsiness Irritability In coordination Frequent mood swings Insomnia 			

•	Dizziness/ loss of balance	
•	Pressure above ears, tenderness of cheekbones or forehead	
•	Tendency to bruise easily	
	Eczema, itching eyes	
•	Psoriasis	
•	Chronic hives (urticaria)	
•	Indigestion or heartburn	
•	Sensitivity to milk, wheat, corn or other common foods	
•	Mucus in stools	
•	Rectal itching	
•	Dry mouth or throat	
•	Mouth rashes, including "white" tongue	
•	Bad breath	
•	Foot, hair or body odor not relieved by washing	
•	Nasal congestion or postnasal drip	
•	Nasal itching	
•	Sore throat	
•	Laryngitis, loss of voice	
•	Cough or recurrent bronchitis	
•	Pain or tightness in chest	
•	Wheezing or shortness of breath	
•	Urinary frequency or urgency	
•	Burning on urination	
•	Spots in front of eyes or erratic vision	
•	Burning or tearing eyes	
•	Recurrent infections or fluid in ears	
•	Ear pain or deafness	
•	Lai pain of dodinoso	
	TOTAL SCORE, SECTION C	
	GRAND TOTAL (SECTION A. B AND C)	

The **Grand Total Score** will help you and your physician decide if your health problems are yeast-connected. Scores in women will run higher, as seven items in the questionnaire apply to women, while only two apply exclusively to men.

- Yeast –connected health problems are almost certainly present in women with scores of **more than 180**, and in men with of **more than 140**.
- Yeast-connected health problems are probably present in women with scores of more than 120, and in men with scores more than 90.
- Yeast-connected health problems are possibly present in women with scores of more than 60, and in me of more than 40.
- With scores of less than 60 in women and 40 in men, yeasts are less apt ti be the cause of health problems.

Score of **60-99** yeast a possible cause of health problems

Score of 100-139 yeast a probable cause of health problems.

Score of **140 or more** yeast **almost certainly** a cause of health problems.