



Yeast Overgrowth Questionnaire

Read each question carefully, and record the number next to a question if it applies to you. When you finish, add up the numbers you have recorded.

- | | |
|---|---|
| Do you experience fatigue? | 3 |
| Do you feel lethargic? | 2 |
| Do you have recurrent vaginal yeast infections? | 4 |
| Have you taken antibiotics multiple times during your life? | 3 |
| Do you have abdominal bloating, cramping or gas? | 3 |
| Do you have indigestion or heartburn? | 2 |
| Do you have flushing, headache, congestion or itchy skin after alcohol? | 2 |
| Do you crave sugar or bread products? | 2 |
| Do you have difficulty concentrating? | 1 |
| Do you have depressed moods? | 1 |
| Do you develop skin rashes or hives? | 2 |
| Do you have athletes foot? | 4 |
| Do you have jock itch? | 4 |
| Do you have fungal infections under your toenails or fingernails? | 3 |
| Do you have allergy symptoms? | 1 |
| Do you have recurrent respiratory infections? | 1 |

Do you experience joint pain? 1

Do you experience muscle pain? 1

TOTAL SCORE _____

<10 yeast overgrowth unlikely

10-16 yeast overgrowth is a possibility

>16 yeast overgrowth is very likely

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