

SECTION A: HISTORY

	Point Score
1. Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for skin, acne or anything else for 1 month (or longer)?	25
2. Have you, <i>at any time in your life</i> , taken other "broad spectrum" antibiotics for respiratory, urinary or other infections in shorter courses 4 or more times in a 1 year period?	20
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 recurrent or persistent prostatitis, vaginitis or other problems affecting your reproductive organs?	25
5. Have you taken birth control pills...	
For more than 5 years	25
For more than 2 years?	15
For 6 months to 2 years?	8
6. Have you been pregnant...	
2 or more times?	5
1 time?	3
7. Have you taken prednisone, Decadron or other cortisone type drugs...	
For more than 6 months	25
For more than 2 weeks?	15
For 2 weeks or less	6
8. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke...	
Moderate to severe symptoms?	20
Mild symptoms?	5

List symptoms: _____

9. Are your symptoms worse on damp, muggy days or in moldy places? 20

List symptoms: _____

10. Have you had athlete's foot, ring worm "jock itch" or other chronic fungous infections of the skin or nails? (Y / N)	
Have such infections been...	
Severe or persistent?	20
Mild to moderate?	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
15. Have you ever had parasitic infection, dysentery or unexplained episode of prolonged diarrhea and or intestinal distress?	15
16. Have you ever consumed chlorinated (or chemically treated) drinking water for 3 or more months?	15
17. Do you consume commercially raised flesh foods (antibiotic fed) on a regular basis?	15
18. Do you eat processed foods regularly?	20
19. Do you drink alcohol or consume coffee daily?	20
20. Do you have or have you ever had an ulcer, colitis, crohn's disease or diverticulitis?	35

Total Score, Section A

SECTION B: MAJOR SYMPTOMS

For each of your symptoms, enter the appropriate figure in the Point Score column:

- If a symptom is occasional or mild score 3 pts.
 - If a symptom is frequent &/or moderate score 6 pts.
 - If a symptom is severe or disabling score 9 pts.
- Add total score and record it in the box at the end of this section.

	Point Score
1. Fatigue or lethargy	_____
2. Feeling of being "drained"	_____
3. Poor memory	_____
4. Feeling "spacey" or "unreal"	_____
5. Depression	_____
6. Numbness, burning or tingling	_____
7. Muscle aches	_____
8. Muscle weakness or paralysis	_____
9. Pain and/or swelling in joints	_____
10. Abdominal pain	_____

11. Constipation	_____
12. Diarrhea	_____
13. Bloating	_____
14. Troublesome vaginal discharge	_____
15. Persistent vaginal burning or itching	_____
16. Prostatitis	_____
17. Impotence	_____
18. Loss of sexual desire	_____
19. Endometriosis	_____
20. Cramps and/or other menstrual irregularities	_____
21. Premenstrual tension	_____
22. Spots in front of eyes	_____
23. Erratic vision	_____
24. Eczema, dermatitis, psoriasis	_____

Total Score, Section B

SECTION C: OTHER SYMPTOMS

For each of your symptoms, enter the appropriate figure in the Point Score column:

- If a symptom is occasional or mild score 1 pt
 - If a symptom is frequent &/or moderately severe score 2 pts
 - If a symptom is severe &/or disabling score 3 pts
- Add total score and record it in the box at the end of this section.

	Point Score
1. Drowsiness	_____
2. Irritability or jitteriness	_____
3. Incoordination	_____