

## Parasite Questionnaire

Name:

Email:

There are many causes for each symptom listed below. One of the most common causes is the presence of parasites. Please circle the appropriate number next to each question.

**A= symptom never occurs**

**B= symptom occurs occasionally**

**C= symptom occurs often**

**D= symptom occurs most of the time**

| Name  | A                       | B                       | C                       | D                       |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. Chronic fatigue for no apparent reason     | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 2. Swollen or achy joints                     | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 3. Increased appetite,hungry after meals      | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 4. Eat out at restaurants                     | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 5. Nervous or irritable                       | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 6. Restless sleep/teeth grinding while asleep | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 7. Night sweats                               | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 8. Blurry, unclear vision                     | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 9. Fevers of unknown origin                   | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 10. Frequent colds, flu, sore throats         | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 11. Recurrent feelings of unwellness          | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 12. Constipation                              | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 13. Diarrhea alternating with constipation    | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 14. Thinning or loss of hair                  | <input type="radio"/> 0 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| 15. Allergies, food sensitivities             | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 6 |
| 16. Irritable bowel, irregular bowel          | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 6 |
| 17. Rectal, anal itching                      | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 6 |
| 18. Bloating or gas                           | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 6 |
| 19. Abdominal or liver pain/cramps            | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 4 | <input type="radio"/> 6 |
| 20. Mucus in nose that is moist or encrusted  | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 21. Dark circles under the eyes               | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 22. Bowel urgency                             | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 23. Skin problems, rashes, hives, itchy skin  | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 24. Vertical wrinkles around mouth            | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 25. Kiss pets, allow pets to lick your face   | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 26. Go barefoot outside the home              | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 27. Travel in 3rd world countries             | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 28. Eat lightly cooked pork/ salmon products  | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 29. Eat sushi, sashimi                        | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 30. Swim in creeks, rivers, lakes             | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 31. History of parasitic infection            | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 32. Loose stools or diarrhea                  | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 33. Pale, anemic or yellowish skin            | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 34. Foul-smelling stools                      | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 35. Low back or kidney pain                   | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |
| 36. Indigestion, malabsorption                | <input type="radio"/> 0 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 |

**Total(A+B+C+D) : 0**

**Scoring index:**

**0-19 Parasitic presence not obvious**

**20-29 Begin to suspect parasitic infection**

**30-39 Strong possibility, further testing needed**

**40+ Odds are strong that parasites are present**

Note: If your score is 15 or higher, there is some liklihood parasites may be affecting your health. You are strongly encouraged to consult your health care practitioner for further discussion and

laboratory testing.

This questionnaire was developed by Timothy Kuss, PhD, and Jack Tips, ND.