



The Sugar Overload Questionnaire

Part I: History

Have you taken tetracyclines (Sumycin®, Panmycin®, Vibramycin®, Minocin®, etc.) or other antibiotics for acne for 1 month (or longer)?	YES	NO
Have you, at any time in your life, taken other "broad spectrum" antibiotics for respiratory, urinary or other infections for 2 months or longer, or for shorter periods 4 or more times in a 1-year span?	YES	NO
Have you taken a broad spectrum antibiotic drug - even for one period?	YES	NO
Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs?	YES	NO
For how long have you ever taken birth control pills?	YES	NO
For how long have you ever taken prednisone, Decadron®, or other cortisone-type drugs by mouth or inhalation**?	YES	NO
Does exposure to perfumes, insecticides, fabric shop odors, or other chemicals provoke mild, moderate or severe symptoms?	YES	NO
Are your symptoms worse on damp, muggy days or in moldy places?	YES	NO
Have you had athlete's foot, ringworm, "jock itch" or other chronic fungus infections of the skin or nails?	YES	NO
Do you crave sugar?	YES	NO
Do you crave breads?	YES	NO
Do you crave alcoholic beverages?	YES	NO
Does tobacco smoke really bother you?	YES	NO

Part II: Major Symptoms

Symptom	No Symptoms	Mild Symptoms	Occasional Symptoms	Severe Symptoms
Inability to concentrate				
Frequent mood swings				
Headaches				
Dizziness/loss of balance				
Tendency to bruise easily				
Chronic rashes or itching				
Indigestion or heartburn				
Food sensitivity or intolerance				
Mucus in stools				
Rectal itching				
Dry mouth or throat				
Bad breath				
Foot, hair or body odor not relieved by washing				
Sore throat				
Laryngitis, loss of voice				
Cough or recurrent bronchitis				
Urinary frequency, urgency or incontinence				
Burning on urination				