

# Parasite Questionnaire

## Para Kit



### QUESTIONS

### RATING SCALE

	Never	Occasionally	Often	Regularly
Do you have a history of giardia, pinworms, or other parasites?		N	Y	6
Do you work in childcare?		N	Y	6
Do you have a history of or currently have cancer?		N	Y	20
Do you experience restless sleep (toss or turn, or wake up often)?	0	1	2	3
Do you have acne, eczema, hives, itching, rashes, skin issues?	0	2	4	6
Do you have frequent diarrhea or loose stools?	0	1	2	3
Do you have alternating constipation and diarrhea?	0	1	2	3
Do you have SIBO (small intestinal bacterial overgrowth), or feel bloated or gassy?	0	1	2	3
Do you have bowel urgency or occasional accidents?	0	1	2	3
Do you experience abdominal pains, burning, or cramps?	0	1	2	3
Do you have rectal and/or anal itching?	0	2	4	6
Do you have anal fissures (small, painful tears or cracks)?	0	2	4	6
Do you have stomach or small intestinal ulcers or lesions?	0	1	2	3
Do you grind your teeth when sleeping?	0	2	4	6
Do you pick your nose, or have excess boogers in your nose or scab-like boogers?	0	2	4	6
Do you bite your fingers?	0	2	4	6
Do you have headaches/migraines?	0	1	2	3
Are you irritable for no apparent reason?	0	2	4	6
Do you have a mood disorder, anxiety, depression, or suicidal thoughts?	0	1	2	3
Do you have hyperactive tendencies (nervousness)?	0	1	2	3
Do you have dark circles under your eyes?	0	1	2	3
Do you need extra sleep and wake up unrefreshed?	0	1	2	3
Do you need extra sleep and wake up unrefreshed?	0	2	4	6
Do you get fevers of unknown origin?	0	2	3	4
Do you experience night sweats (not menopausal)?	0	1	2	3
Do you kiss your pets or allow pets to lick your face?	0	1	2	3
Do you sleep with pets on your bed?	0	1	2	4
Do you experience an increase of symptoms around a full moon?	0	2	6	8
Do you have anemia (low iron/hemoglobin on blood test)?	0	1	2	3
Do you have iron deficiency?	0	2	4	6
Do you have vitamin B6 deficiency?	0	2	4	6
Do you have zinc deficiency and/or white spots on nails?	0	2	4	6
Do you have frequent colds, flu, or sore throats?	0	1	2	3
Do you travel in developing nations?	0	2	4	6
Do you sleep with pets on the bed?	0	1	2	3
Do you experience bed-wetting?	0	1	2	3
Do you frequently vomit?	0	1	2	3
Do you have a loss of appetite?	0	1	2	3
Are you hungry all the time, bottomless pit, hungry after meals?	0	2	4	6
Do you have strong sugar and processed food cravings?	0	1	2	3

**Parasite Infection Subtotal**

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### QUESTIONS

- Do you have asthma or breathing problems?
- Do you have pain in belly button area (umbilicus)?
- Do you have blurry, unclear vision?
- Do you have eye floaters?
- Do you have lethargy and apathy (disinterest)?
- Do you have menstrual problems?
- Do you have dry lips?
- Do you drool while asleep?
- Do you have occult blood in stool (from lab test)?
- Do you swim in creeks, lakes, or rivers?

### RATING SCALE

Never	Occasionally	Often	Regularly
0	2	4	6
0	1	2	4
0	1	2	3
0	2	4	6
0	1	2	4
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	2	4	6

### Parasite Infection Total

### INSTRUCTIONS

Rate each of the questions to the best of your ability based on the last **90 days**. For Yes/No answers, circle the number provided next to your answer. Total your score in the space provided. Compare your results with the rating system. A score in the yellow or red range suggests this area is more likely a problem for you.

GREEN	YELLOW	RED
0-46	47-96	97-242