

II. Xenobiotic Tolerability Test (XTT)

1. Are you presently using prescription drugs?

Yes (1 pt.)

If yes, how many are you currently taking? ____ (1 pt. each)

No (0 pt.)

2. Are you presently taking one or more of the following over-the-counter drugs?

Cimetidine (2 pts.)

Acetaminophen (2 pts.)

Estradiol (2 pts.)

3. If you have used or currently use prescription drugs, which of the following scenarios best represents your response to them:

Experience side effects, drug(s) is (are) efficacious at lowered dose(s) (3 pts.)

Experience side effects, drug(s) is (are) efficacious at usual dose(s) (2 pts.)

Experience no side effects, drug(s) is (are) usually not efficacious (2 pts.)

Experience *no* side effects, drug(s) is (are) usually efficacious (0 pt.)

4. Do you currently use or within the last 6 months had you regularly used tobacco products?

Yes (2 pts.) No (0 pt.)

5. Do you have strong negative reactions to caffeine or caffeine containing products?

Yes (1 pt.) No (0 pt.) Don't know (0 pt.)

6. Do you commonly experience "brain fog," fatigue, or drowsiness?

Yes (1 pt.) No (0 pt.)

7. Do you develop symptoms on exposure to fragrances, exhaust fumes, or strong odors?

Yes (1 pt.) No (0 pt.) Don't know (0 pt.)

8. Do you feel ill after you consume even small amounts of alcohol?

Yes (1 pt.) No (0 pt.) Don't know (0 pt.)

10. Do you have a personal history of

Environmental and/or chemical sensitivities (5 pts.)

Chronic fatigue syndrome (5 pts.)

Multiple chemical sensitivity (5 pts.)

Fibromyalgia (3 pts.)

Parkinson's type symptoms (3 pts.)

Alcohol or chemical dependence (2 pts.)

Asthma (1 pt.)

11. Do you have a history of significant exposure to harmful chemicals such as herbicides, insecticides, pesticides, or organic solvents?

Yes (1 pt.) No (0 pt.)

12. Do you have an adverse or allergic reaction when you consume sulfite containing foods such as wine, dried fruit, salad bar vegetables, etc?

Yes (1 pt.) No (0 pt.) Don't know (0 pt.)

GRAND TOTAL: _____

For Practitioner Use Only:

OVERALL SCORE TABULATION

Recommended protocols based on new detoxification questionnaire (MSQ and XTT)

MSQ SCORE _____ (High >50; moderate 15-49; Low <14)

XTT SCORE _____ (High >10; moderate 5-9; Low <4)

MSQ Score	XTT Score	Description	Functional Medicine Protocol		
			Medical Food	Diet	Additional Nutraceutical Support
50 or >	10 or >	High level of general symptoms and indicated symptoms of elevated toxic load	Medical food for imbalanced detoxifiers	28-day elimination diet	Bifunctional, antioxidant, and chlorophyllin nutraceuticals
15-49	5-9	Moderate level of general symptoms with moderate symptoms of toxic load	Medical food for imbalanced detoxifiers	10-day elimination diet	Consider bifunctional, antioxidant, and chlorophyllin nutraceuticals
14 or <	4 or <	Low level of general symptoms and minimal indicators of toxic load			Maintenance

Additional Symptom-Specific Support

Symptom	Nutraceutical Support
Water retention and/or frequent or urgent urination	Kidney support nutraceuticals
Heartburn and/or intestinal/stomach pain	Functional dyspepsia nutraceuticals
Diarrhea, constipation, and/or intestinal/stomach pain	Probiotics

Note: Patients with high MSQ but low XTT may be exhibiting pathology that is not related to toxic load. Other mechanisms should be considered such as inflammation/immune/allergic gastrointestinal dysfunction, oxidative stress, hormonal/neurotransmitter dysfunction, nutritional depletion, and/or mind body. Individualize support with specific medical foods, diet, and/or nutraceuticals.

Yeast Questionnaire — Adult

In Section A circle the score for each **YES** answer. For Sections B and C score as indicated. Record total scores at the end of the questionnaire. Add the totals to get your **GRAND TOTAL SCORE**.

Section A — History

1. Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for one month or longer? 35
2. Have you ever taken other "broad spectrum" antibiotics for urinary, respiratory, or other infections for two months or longer, or in shorter courses four or more times in a one year period? 35
3. Have you ever taken a "broad spectrum" antibiotic drug? 6
4. Have you ever been bothered by persistent prostatitis, vaginitis, or other reproductive organ problems? 25
5. Have you been pregnant: two or more times? 5
1 time? 3
6. Have you taken birth control pills for more than two years? .. 15
For six months to two years? 8
7. Have you taken prednisone, Decadron, or other cortisone-type drugs for more than two weeks? 15
For two 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
9. Are symptoms worse on damp, muggy days or in moldy places? 20
10. Have you had athlete's foot, ring worm, "jock itch," or other chronic fungous infections of the skin or nails?
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

Section B — Major Symptoms

Enter the appropriate score for each symptom below.

If a symptom is *occasional* or *mild* Score 3 points
 If a symptom is *frequent* or *moderately severe* Score 6 points
 If a symptom is *severe* or *disabling* Score 9 points

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. Joint pain _____
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 _____

Section C — Other Symptoms

Enter the appropriate score for each symptom below.

If a symptom is *occasional* or *mild* Score 1 points
 If a symptom is *frequent* or *moderately severe* Score 2 points
 If a symptom is *severe* or *disabling* Score 3 points

1. Drowsiness _____
2. Irritability or jitteriness _____
3. Incoordination _____
4. Inability to concentrate _____
5. Frequent mood swings _____
6. Headache _____
7. Dizziness/loss of balance _____
8. Pressure above ears, feeling of head tingling _____
9. Itching _____
10. Other rashes _____
11. Heartburn _____
12. Indigestion _____
13. Belching and intestinal gas _____
14. Mucus in stools _____
15. Hemorrhoids _____
16. Dry mouth _____
17. Rash or blisters in mouth _____
18. Bad breath _____
19. Joint swelling or arthritis _____
20. Nasal congestion or discharge _____
21. Postnasal drip _____
22. Nasal itching _____
23. Sore or dry throat _____
24. Cough _____
25. Pain or tightness in chest _____
26. Wheezing or shortness of breath _____
27. Urgency or urinary frequency _____
28. Burning on urination _____
29. Failing vision _____
30. Burning or tearing of eyes _____
31. Recurrent infections or fluid in ears _____
32. Ear pain or deafness _____

Scores: Section A _____ Section B _____ Section C _____

GRAND TOTAL SCORE _____

The **GRAND TOTAL SCORE** will help determine if your health problems are yeast connected. Scores in women will run higher because more questions apply only to women than to men.

Yeast connected health problems are almost **CERTAINLY PRESENT** in women with scores over 180, and in men with scores over 140.

Yeast connected problems are **PROBABLY PRESENT** in women with scores over 120 and in men with scores over 90.

Yeast connected problems are **POSSIBLY PRESENT** in women with scores over 60 and in men with scores over 40.

Scores less than 60 in women and 40 in men: yeasts are less apt to cause health problems.