



CAAB-25

Chronic Ailment Assessment Booklet

CIRCLE the number which best describes the **frequency** of your symptoms. If you do not know the answer to the question, leave it blank. When you are finished, please add the number of points in each section and enter the number in the **Total Point** box. The score for YES in the number inside the paranthesis ().

(0) never or rarely (1) twice a week or less (2) three to six times a week (3) daily or several times a day

PART I

Section A

- 1) Have you taken a broad spectrum antibiotic drug:
 - A) in the last 6 months N Y (10)
 - B) If the response to A is no, have you ever taken antibiotics? N Y (5)
- 2) Have you had recurrent infections requiring prolonged antibiotic use? N Y (20)
- 3) Have you taken birth control pills? N Y (5)
- 4) Have you taken prednisone? N Y (5)
- 5) Have you had athlete's foot, ringworm, jock itch, or other chronic fungus infections of the skin or nails? N Y (5)
- 6) Do you crave sugar? N Y (5)
- 7) Do you crave breads? N Y (5)
- 8) Do you crave alcoholic beverages? N Y (5)
- 9) Have you ever had candida/yeast? N Y (10)
- 10) Endometriosis or infertility N Y (5)
- 11) Symptoms worse on damp, muggy days or in moldy places 0 1 2 3
- 12) Fatigue or lethargy 0 1 2 3
- 13) Poor memory 0 1 2 3
- 14) Depression 0 1 2 3
- 15) Muscle and or joint aches or weakness 0 1 2 3
- 16) Abdominal pain 0 1 2 3
- 17) Constipation 0 1 2 3
- 18) Diarrhea 0 1 2 3
- 19) Bloating, belching, or intestinal gas 0 1 2 3
- 20) Vaginal burning, itching, or discharge 0 1 2 3
- 21) Premenstrual tension 0 1 2 3
- 22) Irritability 0 1 2 3
- 23) Inability to concentrate 0 1 2 3
- 24) Frequent mood swings 0 1 2 3
- 25) Recurrent rashes or itching 0 1 2 3
- 26) Rectal itching 0 1 2 3
- 27) Urgency or urinary frequency 0 1 2 3
- 28) Burning while urinating 0 1 2 3

Total Points _____

Section B

- 1) Have you traveled outside the USA? N Y (5)
- 2) Since traveling abroad, have you had an elevated white blood count, intestinal problems, night sweats, or unexplained fever? N Y (5)
- 3) Do you drink untested or unfiltered water? N Y (5)
- 4) Do you use a microwave oven for cooking (instead of reheating) beef, fish, or pork? N Y (5)
- 5) Do you prefer fish or meat that is undercooked, i.e., rare or medium rare? N Y (5)
- 6) At home, do you use the same cutting board for chicken, fish, and meat as you do for vegetables? N Y (5)
- 7) Have you lived with, or do you currently live with or handle pets? N Y (5)
- 8) Do you work or have children in a daycare center? N Y (5)
- 9) Do you garden or work in a yard to which cats and dogs have access? N Y (5)
- 10) Have you ever had parasites? N Y (10)
- 11) Red blood in stool 0 1 2 3
- 12) Abdominal pain and cramps 0 1 2 3
- 13) Lower back pain 0 1 2 3
- 14) Gas, bloating 0 1 2 3
- 15) Fever 0 1 2 3
- 16) Chronic Fatigue 0 1 2 3
- 17) Constipation 0 1 2 3
- 18) Diarrhea 0 1 2 3
- 19) Foul smelling stools 0 1 2 3
- 20) Anal itching 0 1 2 3
- 21) Bad breath 0 1 2 3
- 22) Grind teeth 0 1 2 3
- 23) Lethargic 0 1 2 3
- 24) Mucus in stool 0 1 2 3
- 25) Lack of stamina 0 1 2 3

Total Points _____