## Parasite Risk Questionnaire

Travel  Have you ever been to Mexico, Africa, Israel, China, Russia, Asia, Europe, or Central or South America?
Have your traveled to Hawaii, the Caribbean, the Bahamas, or other tropical islands?
Do you frequently swim in freshwater lakes, streams, or ponds while abroad?
Did you serve overseas while in the military?
Were you a prisoner of war in World War II, Korea, or Vietnam?
Have you had intestinal problems, unexplained fever, night sweats, or an elevated white blood count during or since traveling abroad?
Water
Is your water supply from a mountainous area?
Do you drink from untested well water?
Have you ever drunk water from lakes, streams, or rivers on hiking or camping trips without first boiling or filtering it?
Do you use plain tap water to clean you contact lenses>
Do you use regular tap water that is unfiltered for colonics or enemas?
Can you trace the onset of symptoms (intermittent constipation and diarrhea, night sweats, muscle aches and pains, unexplained eye ulcers) to any of the above?
Food
Do you regularly eat unpeeled raw fruits or raw vegetables in salads?
Do you frequently eat at sushi bars or salad bars; in delicatessens, vegetarian, Mexican, fish, Indian, Armenian, Greek, Pakistani, Ethiopian, Filipino, Korean, Japanese, Chinese, or Thai restaurants; fast food restaurants; or steak houses?
Do you use a microwave over for cooking (as opposed to reheating) pork, fish, or beef?
Do you prefer fish or meat that is undercooked, i.e. rare or medium rare?
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Do you frequently eat hot dogs made from pork?	
Do you eat smoked or pickled foods, e.g. sausage, lox, herring?	
Do you enjoy raw fishes like sushi and sashimi, Latin American ceviche, or green herring?	r Dutch
Do you enjoy raw meat dishes like Italian carpaccio, steak tar tare, or Mikibbe?	ddle Eastern
At home, do you use the same cutting board for chicken, fish, and meat for vegetables?	as you do
Do you prepare sushi or sashimi dishes at home?	
Can you trace the onset of symptoms (weight loss, anemia, bloating, distabelly) to any of the above?	lended
Pets	
Have you recently gotten a puppy?	
☐ Have you lived with, do you currently live with, or do you frequently hand	lle pets?
Do you forget to wash your hands after petting or cleaning up after you and before eating?	animals,
☐ Does you pet sleep with you in your bed?	
☐ Do your pets eat from your plates?	
☐ Do you clean your cat's litter box?	
☐ Do you keep your pets in your yard where children play?	
Can you trace the onset of your symptoms (abdominal pain, high white count, distended belly in children, unexplained fever) to any of the above?	blood
Workplace  Do you work in a hospital?	
Do you work in a pet shop, zoo, experimental laboratory, or veterinary cli	nic?
☐ Do you work with or around animals?	- dir
Do you work in a day care center?	
Do you garden or work in a yard to which cats and dogs have access?	
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☐ Do work in sanitation?
Can you trace the onset of symptoms (gastrointestinal disorders) to any of the above?
Sexual Practices
☐ Do you engage in oral sex?
☐ Do you practice anal intercourse without the use of a condom?
Have you had sexual relations with a foreign-born individual?
Can you trace the onset of symptoms (persistent reproductive organ problems) to any of the above?
Symptoms (symptoms do have to be persistent)  Do you have a bluish cast around your lips?
Is your abdomen distended no matter what you eat?
☐ Are there dark circles around or under your eyes?
Do you have a history of allergy?
Do you suffer from intermittent diarrhea and constipation, intermittent loose and hard stools, or chronic constipation?
Do you have persistent acne, anorexia, anemia, open ileocecal valve, skim eruptions, PMS, bad breath, itching, pale skin, chronic fatigue, food intolerances, sinus congestion, difficulty breathing, edema, bloody stools, ringing in the ears, analitching, puffy eyes, palpitations, vague abdominal discomfort, or vertigo?
☐ Do you grind your teeth?
Are you experiencing weight loss or weight gain, loss of appetite, insomnia, depression, moodiness, sugar craving, lethargy, or disorientation?

Greater than 40 items checked = High risk for parasite infection

Greater than 30 items checked = Moderate risk for parasite infection

Greater than 20 items checked = Some risk for parasite infection

Children
Does your child have dark circles under his eyes?
☐ Is your child hyperactive?
☐ Has you child been diagnosed with "failure to thrive"?
☐ Does your child grind or clench his teeth at night?
☐ Does your child constantly pick his nose or scratch his behind?
☐ Does your child have the habit of eating dirt?
☐ Does your child wet the bed?
☐ Is your child restless at night?
☐ Does your child cry often for no reason?
☐ Does your child tear his hair out?
☐ Does your child have a limp that orthopedic treatment has not helped?
☐ Does your child have a brassy, staccato-type cough?
☐ Does your child have convulsions or an abnormal electroencephalogram {EEG}?
☐ Does your child have recurring headaches?
Is your child unusually sensitive to light and prone to eyelid twitching, blinking frequently, or squinting?
Does your child have unusual tendencies to bleed in the gums, the rectum, or the nose?
Infants
Does your baby have severe intermittent colic?
Does your baby persistently band his head against his crib?
☐ Is your baby a chronic crier?
Does your baby show a blotchy rash around the perional area?
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