

**Additional Checklist  
Chlamydia**

to be used only together with the Checklist Toxoplasmosis

www.toxoplasmachronic.com

Mr. / Mrs. ....

Age: ..... Years      Duration of symptoms.....      Fluctuation of symptoms ..... yes / no

Chlam. Pneumoniae      IgA.....      IgG.....      LTT.....SI

Chlam. Trachomatis      IgA.....      IgG.....      LTT.....SI

Date: .....

Date: .....

**Treatment:**

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Coughing, obstructive bronchitis, Sinusitis      0 1 2 3 4 5 6 7 8 9 10      0 1 2 3 4 5 6 7 8 9 10

Exsiccation of mucous membranes, Itching ear canal      0 1 2 3 4 5 6 7 8 9 10      0 1 2 3 4 5 6 7 8 9 10

Visual disturbance, burning eyes      0 1 2 3 4 5 6 7 8 9 10      0 1 2 3 4 5 6 7 8 9 10

Pain of soles and tendons      0 1 2 3 4 5 6 7 8 9 10      0 1 2 3 4 5 6 7 8 9 10

Irritation of urinary tract or rectum      0 1 2 3 4 5 6 7 8 9 10      0 1 2 3 4 5 6 7 8 9 10

Pain of Ovaries uterus or prostata      0 1 2 3 4 5 6 7 8 9 10      0 1 2 3 4 5 6 7 8 9 10

Spine pain      0 1 2 3 4 5 6 7 8 9 10      0 1 2 3 4 5 6 7 8 9 10

Burning stomach      0 1 2 3 4 5 6 7 8 9 10      0 1 2 3 4 5 6 7 8 9 10

Heart stitches      0 1 2 3 4 5 6 7 8 9 10      0 1 2 3 4 5 6 7 8 9 10

Skin inflammation      0 1 2 3 4 5 6 7 8 9 10      0 1 2 3 4 5 6 7 8 9 10

Toothache      0 1 2 3 4 5 6 7 8 9 10      0 1 2 3 4 5 6 7 8 9 10

**Score** .....

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If more than 2 of the symptoms listed here apply in addition to the symptoms listed on the checklist toxoplasmosis, there is an increased likelihood of an active chlamydial infection and a determination of the chlamydial antibodies is useful.