

# Candida Questionnaire

## Section A: History

Section A: History	Point Score
1. Have you taken tetracyclines( Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for 1 month (or longer)?	50
2. Have you, at any time in your life, taken other "broad spectrum" antibiotics for respiratory, urinary, or other infections for 2 months or longer, or for shorter periods 4 or more times in a 1 year span?	50
3. Have you taken a broad spectrum antibiotic drug-even for one period?	6
4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs?	25
5. Have you been pregnant .....2 or more times	5
Have you been pregnant .....1 time?	3
6. Have you taken birth control pills....for more than 2 years?	15
.....6 months to 2 years?	8
7. Have you taken prednisone, Decadron, or other cortisone-type drugs by mouth or inhalation ( promotes respiratory tract overgrowth) more than 2 weeks?	15
8. Does exposure to perfumes, insecticides, fabric shop odors, or other chemicals provoke .....moderate to severe symptoms?	20
.....mild symptoms?	5
9. Are your symptoms worse on damp, muggy days or in moldy places?	20
10. Have you had athlete's foot, ringworm, "jock itch" or other chronic fungus infections of the skin or nails? Have such infections been.....severe or persistant?	20
.....mild or 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
-----Total Score, Section A	

For each symptom that is present, enter the appropriate number in the column:

If a symptom is occasional or mild.....score 3 points.

If a symptom is frequent and /or moderately severe.....score 6 points.

If a symptom is severe and/or disabling.....score 9 points.

## Section B: Major Symptoms

Section B: Major Symptoms	Point Score
1. Fatigue or lethargy	
2. Feeling of being "drained"	
3. Poor memory	
4. Feeling "spacy" or "unreal"	
5. Inability to make decisions	
6. Numbness, burning or tingling	
7. Insomnia	
8. Muscle aches	
9. Muscle weakness or paralysis	
10. Pain and/or swelling in joints	
11. Abdominal pain	
12. Constipation	
13. Diarrhea	
14. Bloating, belching or intestinal gas	
15. Troublesome vaginal burning, itching or discharge	
16. Prostatitis	
17. Impotence	
18. Loss of sexual desire or feeling	
19. Endometriosis or infertility	
20. Cramps and /or other menstrual irregularities	
21. Premenstrual tension	
22. Attacks of anxiety or crying	
23. Cold hands or feet and/or chilliness	
24. Shaking or irritable when hungry	
-----Total Score, Section B	

Total Score, Section B

For each symptom that is present, enter the appropriate number in the column:  
 If a symptom is occasional or mild.....score 3 points.  
 If a symptom is frequent and /or moderately severe.....score 6 points.  
 If a symptom is severe and/or disabling.....score 9 points.

## Section C: Other Symptoms

Section C: Other Symptoms	Point Score
---------------------------	-------------

1. Drowsiness	
2. Irritability or jitteriness	
3. Incoordination	
4. Inability to concentrate	
5. Frequent mood swings	
6. Headaches	
7. Dizziness/loss of balance	
8. Pressure above ears...feeling of head swelling	
9. Tendency to bruise easily	
10. Chronic rashes or itching	
11. Psoriasis or recurrent hives	
12. Indigestion or heartburn	
13. Food sensitivity or intolerance	
14. Mucus in stools	
15. Rectal itching	
16. Dry mouth or throat	
17. Rash or blisters in mouth	
18. Loss of sexual desire or feeling	
19. Foot, hair or body odor not relieved by washing	
20. Nasal congestion or post nasal drip	
21. Nasal itching	
22. Sore throat	
23. Laryngitis, loss of voice	
24. Cough or recurrent bronchitis	
25. Pain or tightness in chest	
26. Wheezing or shortness of breath	
27. urinary frequency, urgency or incontinence	
28. Burning on urination	
29. Recurrent infections or fluid in ears	
30. Ear pain or deafness	

Total Score, Section C

<b>Total Score, Section A</b>	
<b>Total Score, Section B</b>	
<b>Total Score, Section C</b>	
<b>Grand Total Score (add totals from A,B, and C)</b>	

(Scores for women will run higher as 7 of the contained items apply to women only.)

.....Yeast connected health problems are almost  
 Certainly present with Female scores over 180...../ Male scores over 140  
 Probably present - .....Female scores over 120...../ Male scores over ...90  
 Possibly present- .....Female scores over ..60...../ Male scores over ...40  
 less than likely a cause. Female scores under 60...../ Male scores under 40