

## Candida Questionnaire

### Section A: History

1. Have you taken tetracycline or antibiotics for acne for 1 month or longer? (35 points)
2. Have you at any time in your life taken broad-spectrum antibiotics or other antibacterial medication for respiratory, urinary or other infections for 2 months, or in shorter courses at least 4 times within 1 year? (35 points)
3. Have you taken a broad-spectrum antibiotic drug – even in a single dose? (6 points)
4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs? (25 points)
5. Are you bothered by memory or concentration problems – do you sometimes have a spaced out feeling? (20 points)
6. Do you feel “sick all over” yet, in spite of visits to many different physicians the causes haven’t been found? (20 points)
7. Have you been pregnant 2 or more times? (5 points) One time? (3 points)
8. Have you taken birth control pills for more than 2 years? (15 points) for 6 months to 2 years? (8 points)
9. Have you taken steroids orally, by injection, or inhalation for more than 2 weeks? (15 points) For 2 weeks or less? (6 points)
10. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke moderate to severe symptoms? (20 points) Mild symptoms? (6 points)
11. Does tobacco smoke really bother you? (10 points)
12. Are your symptoms worse on damp, muggy days or in moldy places? (20 points)
13. Have you had athlete’s foot, ring worm, jock itch or other chronic fungous infections of the skin or nails? Have such infections been severe or persistent? (20 points) Mild or moderate? (10 points)
14. Do you crave sugar (10 points)

Section A Total \_\_\_\_\_

**Section B: Major Symptoms**

For each of your symptoms, enter the appropriate number in the point score column: If a symptom is occasional or mild 3 points. If a symptoms is frequent and/or moderately severe 6 points. If a symptom is severe and/or disabling 9 points. Add total score and record it at the end of this section.

- 1. Fatigue or lethargy \_\_\_\_\_
- 2. Feeling of being "drained" \_\_\_\_\_
- 3. Depression or manic depression \_\_\_\_\_
- 4. Numbness, burning, or tingling \_\_\_\_\_
- 5. Headache \_\_\_\_\_
- 6. Muscle aches \_\_\_\_\_
- 7. Muscle weakness or paralysis \_\_\_\_\_
- 8. Pain and/or swelling in joints \_\_\_\_\_
- 9. Abdominal pain \_\_\_\_\_
- 10. Constipation or diarrhea \_\_\_\_\_
- 11. Bloating, belching, or intestinal gas \_\_\_\_\_
- 12. Troublesome vaginal burning, itching, or discharge \_\_\_\_\_
- 13. Prostatitis \_\_\_\_\_
- 14. Impotence \_\_\_\_\_
- 15. Loss of sexual desire or feeling \_\_\_\_\_
- 16. Endometriosis or infertility \_\_\_\_\_
- 17. Cramps and/or other menstrual irregularities \_\_\_\_\_
- 18. Premenstrual tension \_\_\_\_\_
- 19. Attacks of anxiety or crying \_\_\_\_\_
- 20. Cold hands or feet, low body temperature \_\_\_\_\_
- 21. Hypothyroidism \_\_\_\_\_
- 22. Shaking or irritable when hungry \_\_\_\_\_
- 23. Cystitis or interstitial cystitis \_\_\_\_\_

Section B Total \_\_\_\_\_

**Section C: Other symptoms**

For each of your symptoms, enter the appropriate figure in the point score column: If a symptom is occasional or mild 1 point. If a symptom is frequent and/or moderately severe 2 points. If a symptoms is severe and/or disabling 3 points. Add total score and record it at the end of this section.

- 1. Drowsiness, including inappropriate drowsiness \_\_\_\_\_
- 2. Irritability \_\_\_\_\_
- 3. Incoordination \_\_\_\_\_
- 4. Frequent mood swings \_\_\_\_\_
- 5. Insomnia \_\_\_\_\_
- 6. Dizziness/loss of balance \_\_\_\_\_
- 7. Pressure above the ears...feeling of head swelling \_\_\_\_\_
- 8. Sinus problems...tenderness of cheekbones or forehead \_\_\_\_\_
- 9. Tendency to bruise easily \_\_\_\_\_
- 10. Eczema, itching eyes \_\_\_\_\_
- 11. Psoriasis \_\_\_\_\_
- 12. Chronic hives (urticaria) \_\_\_\_\_
- 13. Indigestion or heartburn \_\_\_\_\_
- 14. Sensitivity to milk, wheat, corn or other common foods \_\_\_\_\_
- 15. Mucus in stools \_\_\_\_\_
- 16. Rectal itching \_\_\_\_\_
- 17. Dry mouth or throat \_\_\_\_\_
- 18. Mouth rashes, including "white" tongue \_\_\_\_\_
- 19. Bad breath \_\_\_\_\_
- 20. Foot, hair or body odor not relieved by washing \_\_\_\_\_
- 21. Nasal congestion or postnasal drip \_\_\_\_\_
- 22. Nasal itching \_\_\_\_\_

- 23. Sore throat \_\_\_\_\_
- 24. Laryngitis, loss of voice \_\_\_\_\_
- 25. Cough or recurrent bronchitis \_\_\_\_\_
- 26. Pain or tightness in chest \_\_\_\_\_
- 27. Wheezing or shortness of breath \_\_\_\_\_
- 28. Urinary frequency or urgency \_\_\_\_\_
- 29. Burning on urination \_\_\_\_\_
- 30. Spots in front of eyes or erratic vision \_\_\_\_\_
- 31. Burning or tearing eyes \_\_\_\_\_
- 32. Recurrent infections or fluid in ears \_\_\_\_\_
- 33. Ear pain or deafness \_\_\_\_\_

Total Score Section C \_\_\_\_\_ Total score section A \_\_\_\_\_ Total score section B \_\_\_\_\_

Grand total score \_\_\_\_\_

The grand total score will help you decide if your health problems are yeast connected. Scores in women will run higher, as 7 items in the questionnaire apply exclusively to women, while only 2 apply exclusively 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 health problems are probably present in women with scores over 120, and in men with scores over 90.

Yeast-connected health problems are possibly present in women with scores over 60, and in men with scores over 40.

With scores of less than 60 in women and 40 in men, yeast are less apt to cause health problems.