

# **CANDIDA QUESTIONNAIRE**

The total score will help you and your physician decide if your health problems are yeast-connected.

Scores in women will run higher, as seven items in the questionnaire apply exclusively to women, while only two apply exclusively to men.

\*\*Yeast-connected health problems are almost certainly present in women with scores over 140 and in men with scores over 130.

\*\*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 is less apt to be the cause of health problems.

### **SECTION A: HISTORY**

For each of your symptoms, circle the number in the point score column. Add the total score and record it at the end of this section.

#### **Symptom**

#### **Point Score**

Have you taken tetracyclines or other antibiotics for acne for 1 month (or longer)?

25



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 in shorter courses 4 or more times in a 1-year period)?	20
Have you ever taken a broad spectrum antibiotic drug (even one course)?	6
Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs?	25
Have you been pregnant?	
2 or more times?	5
1 time?	3
Have you taken birth control pills?	
For more than 2 years?	15
For 6 months to 2 years?	6
Have you taken prednisone or other cortisone-type drugs?	
For more than 2 weeks?	15
For 2 weeks or less?	6
Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke:	
Mild symptoms?	5
Moderate to severe symptoms?	20
Are your symptoms worse on damp/muggy days or in moldy places?	20



Have you had athlete's foot, ringworm, or other chronic fungal infections of the skin or nails? Have the infections been:	
Severe to persistent?	20
Mild to moderate?	10
Do you crave sugar?	10
Do you crave breads and carbs?	10
Do you crave alcoholic beverages?	10
Does tobacco smoke really bother you?	10

TOTAL SCORE - SECTION A = \_\_\_\_\_

### **SECTION B: MAJOR SYMPTOMS**

#### For each of your symptoms:

If a symptom is occasional or mild	3 points
If a symptom is frequent and/or moderately severe	6 points
If a symptom is severe and/or disabling	9 points

Add the total score and record it at the end of this section.



#### Symptom

Bloating
Troublesome vaginal discharge
Persistent vaginal itching or burning
Prostatitis
Impotence
Loss of sexual drive
Endometriosis
Cramps and/or other menstrual
irregularities
Premenstrual tension
Spots in front of eyes
Erratic vision

TOTAL SCORE - SECTION B = \_\_\_\_\_

## **SECTION C: OTHER SYMPTOMS**

For each of your symptoms:

If a symptom is occasional or mild	3 points
If a symptom is frequent and/or moderately severe	6 points
If a symptom is severe and/or disabling	9 points

Add the total score and record it at the end of this section.



#### **Symptom**

Drowsiness	Bad Breath
Irritability or Jitteriness	Joint Swelling or Arthritis
Disco-ordination	Nasal Congestion or Discharge
Inability to Concentrate	Postnasal Drip
Frequent Mood Swings	Nasal Itching
Headache	Sore or Dry Mouth
Dizziness (Loss of Balance)	Cough
Pressure Above Ears/Feeling of Head	Pain or Tightness in Chest
Swelling and Tingling	Wheezing or Shortness of Breath
Itching	Urgency or Urinary Frequency
Other Rashes	Burning on Urination
Indigestion	Failing Vision
Belching and Intestinal Gas	Burning or Tearing of Eyes
Mucous in Stools	Recurrent Ear Infections or Fluid in
Hemorrhoids	Ears
Dry Mouth	Ear Pain or Deafness
Rash or Blisters in Mouth	

TOTAL SCORE - SECTION C = \_\_\_\_\_

TOTAL SCORE - SECTION A = \_\_\_\_\_

TOTAL SCORE - SECTION B = \_\_\_\_\_

### TOTAL SCORE (A + B + C) = \_\_\_\_\_