

Name: _____ Date: _____

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.

SECTION A: HISTORY

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

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 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
I 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 two weeks or less?	6
Dose exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke:	
mild symptoms?	20
moderate to severe symptoms?	5
Are your symptoms worse on damp, muggy days or in mouldy places?	20
Have you had athlete's foot, ringworm, 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?	10
Do you crave alcoholic beverages?	10
Does tobacco smoke really bother you?	10
TOTAL SCORE - SECTION A	

TOTAL SCORE - SECTION A	
TOTAL SCORE - SECTION B	
TOTAL SCORE - SECTION C	
TOTAL SCORE	

SECTION B: MAJOR SYMPTOMS

For each of your symptoms, enter the appropriate figure in the point score column:

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.

	MILD - 3	FREQUENT - 6	SEVERE - 9
Fatigue or lethargy			
Felling of being "drained"			
Poor memory			
Felling "spacy" or unreal			
Depression			
Numbness, burning or tingling			
Muscle aches			
Muscle weakness or paralysis			
Pain and/or swelling in joints			
Abdominal pain			
Constipation			
Diarrhea			
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			

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 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 be the cause of health problems.

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 points**

If a symptom is frequent and/or moderately severe - **2 points**

If a symptom is severe and/or disabling - **3 points**

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

	MILD - 1	FREQUENT - 2	SEVERE - 3
Drowsiness			
Irritability or jitteriness			
Uncoordination			
Inability to concentrate			
Frequent mood swings			
Headache			
Dizziness/loss of balance			
Pressure above ears, feeling of head swelling and tingling			
Itching			
Other rashes			
Indigestion			
Belching and intestinal gas			
Mucous in stools			
Hemorrhoids			
Dry mouth			
Rash or blisters in mouth			
Bad breath			
Joint swelling or arthritis			
Nasal congestion or discharge			
Postnasal drip			
Nasal itching			
Sore or dry mouth			
Cough			
Pain or tightness in chest			
Wheezing or shortness of breath			
Urgency or urinary frequency			
Burning on urination			
Failing vision			
Burning or tearing of eyes			
Recurrent ear infections or fluid in ears			
Ear pain or deafness			
TOTAL SCORE - SECTION C			