

CANDIDA QUESTIONNAIRE

Name _____ Date _____

SECTION A: HISTORY

Circle the point score if your answer

is yes to any of the following:

Point score:

- | | |
|---|----|
| 1. Have you taken tetracyclines or other antibiotics for acne
35
for one month or longer? | |
| 2. Have you, at any time in your life, taken "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?)
35 | |
| 3. Have you taken a broad spectrum antibiotic drug-even a
single course?
6 | |
| 4. Have you, at any time in your life, been bothered be
persistent proctitis, vaginitis or other problems affecting
your reproductive organs? | 25 |
| 5. Have you been pregnant.....
2 or more times? 5
1 time? 3 | |
| 6. Have you taken birth control pills...
for more than 2 years? 15
for 6 months to two years? 8 | |
| 7. Have you taken prednisone, Decadron or other cortisone-type
drugs....
for more than 2 weeks? 15
for less than 2 weeks? 6 | |
| 8. Does exposure to perfumes, insecticides, fabric shop odors
and other chemicals provoke...
moderate to severe symptoms? 20
mild symptoms? 5 | |

CANDIDA QUESTIONNAIRE

9. Are your symptoms worse on damp, muggy days or in moldy places? 20

10. 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

mild to 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 _____

CANDIDA QUESTIONNAIRE

SECTION B: MAJOR SYMPTOMS

For each of your symptoms, enter the appropriate figure in the Point Score column:

3 pointsif your symptom is occasional or mild

6 pointsif your symptom is frequent or moderately severe

9 points.....if your symptom is severe and/or disabling

Point Score:

1. Fatigue or lethargy.....
2. Feeling of being "drained".....
3. Poor memory.....
4. Feeling "spacey" 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.....

CANDIDA QUESTIONNAIRE

- 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 _____

CANDIDA QUESTIONNAIRE

SECTION C: OTHER SYMPTOMS

For each of your symptoms, enter your appropriate figure in the Point Score Column:

- 1 point.....if your symptom is occasional or mild
- 2 points.....if your symptom is frequent and/or moderately severe
- 3 points.....if your symptom is severe and/or disabling

Point Score:

1. Drowsiness.....

Point Score:

2. Irritability or jitteriness.....

3. Incoordination.....

4. Inability to concentrate.....

5. Frequent mood swings.....

6. Headache.....

7. Dizziness/loss of balance.....

8. Pressure above ears, feeling of head swelling.....

9. Tendency to bruise easily.....

10. Chronic rashes or itching.....

11. Numbness, tingling.....

12. Indigestion or heartburn.....

13. Food sensitivity or intolerance.....

CANDIDA QUESTIONNAIRE

- 14. Mucus in stools.....
- 15. Rectal itching.....
- 16. Dry mouth or throat.....
- 17. Rash or blisters in mouth.....
- 18. Bad Breath.....
- 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.....
- 24. Cough or recurrent bronchitis.....
- 25. Pain or tightness in chest.....
- 26. Wheezing or shortness of breath.....
- 27. Urinary frequency or urgency.....
- 28. Burning on urination.....
- 29. Spots in front of eyes or erratic vision.....
- 30. Burning or tearing or eyes.....
- 31. Recurrent infections or fluid in ears.....
- 32. Ear pain or deafness.....

Total Score, Section

C _____

Total Score, Section A _____

Total Score, Section B _____

GRAND TOTAL SCORE _____

CANDIDA QUESTIONNAIRE

The grand total score will help you and your physician 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 related health problems are almost certainly present in women with scores over 180, and in men with scores over 140.

Yeast related health problems are probably present in women with scores over 120 and in men with scores over 90.

Yeast related 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, yeasts are less apt to cause health problems.

Adapted from William Crook's "The Yeast Connection"