

Candida Questionnaire

History

Circle the appropriate point score for each “yes” question.

Have you taken tetracyclines? (Panmycin®, Sumycin®, Minocin®,etc) or other antibiotics for acne for one month or longer?	25
Have you, at any time in your life, taken other “broad spectrum” antibiotics (ampicillin, amoxicillin, Ceclor®, Bactrim®, Keflex®, Septra®, etc.) for respiratory, urinary or other infections for 2 months or longer, OR in short courses 4 or more times in a one-year period?	20
Have you ever taken a broad spectrum anti-biotic – even a single 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...	
One time?	3
Two or more times?	5
Have you taken birth control pills...	
For 6 months to 2 years?	8
For more than 2 years?	15
Have you taken prednisone, Decadron®, or other cortisone-type drugs...	
For 2 weeks or less?	6
For more than 2 weeks?	15
Does exposure to perfumes, insecticides, fabric shop odors & other chemicals provoke	
Mild symptoms?	5
Moderate symptoms?	20
Are your symptoms worse on damp, muggy days or in moldy places?	20
Have you had athlete’s foot, ringworm, “jock itch,” or other chronic infections of the skin or nails?	
Mild to moderate?	10
Severe or persistent?	20
Do you crave sugar?	10
Do you crave breads?	10
Do you crave alcoholic beverages?	10
Does tobacco smoke <i>really</i> bother you?	10
TOTAL SCORE	

Major Symptoms

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

If a symptom is: Occasional or mild -	Score 3 points
Frequent and/or moderately severe-	Score 6 points
Severe and/or disabling -	Score 9 points

Symptom	Point Score
Fatigue or lethargy	
Feeling of being “drained”	
Poor memory	
Feeling “spacey” or “unreal”	
Depression	
Numbness, burning or tingling	
Muscle aches	
Muscle weakness or paralysis	
Pain and/or swelling in joints	
Abdominal pain	
Constipation	
Diarrhea	
Bloating	

Persistent vaginal itch	
Persistent vaginal burning	
Prostatitis	
Impotence	
Loss of sexual desire	
Endometriosis	
Cramps and/or other menstrual irregularities	
Premenstrual tension	
Spots in front of eyes	
Erratic vision	
TOTAL SCORE	

Other Symptoms

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

If a symptom is: Occasional or mild - Score 1 points
 Frequent and/or moderately severe- Score 2 points
 Severe and/or disabling - Score 3 points

Symptom	Point Score	Symptom	Point Score
Drowsiness		Irritability	
Incoordination		Inability to Concentrate	
Frequent mood swings		Headache	
Dizziness/loss of balance		Pressure above ears, feeling of head swelling & tingling	
Itching		Other rashes	
Heartburn		Indigestion	
Belching & intestinal gas		Mucus 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 throat		Cough	
Pain or tightness in chest		Wheezing or shortness of breath	
Urinary urgency, frequency, bedwetting		Burning on urination	
Failing vision		Burning or tearing of eyes	
Recurrent infection or fluid in ears		Ear pain or deafness	
TOTAL SCORE		TOTAL SCORE	

TOTAL ALL SCORES

History _____
Major Symptoms _____
Other Symptoms _____ + _____

GRAND TOTAL _____

Interpretation

Yeast-connected health problems are almost certainly present	Women >180	Men >140
Yeast-connected health problems are probably present	120-180	90-140
Yeast-connected health problems are possibly present	60-119	40-89
Yeast-connected health problems are less likely present	<60	<40