

## 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...<br>One time?   | 3  |
| Two or more times?   | 5  |
| Have you taken birth control pills...<br>For 6 months to 2 years?  | 8  |
| For more than 2 years?   | 15 |
| Have you taken prednisone, Decadron®, or other cortisone-type drugs...<br>For 2 weeks or less?   | 6  |
| For more than 2 weeks?   | 15 |
| Does exposure to perfumes, insecticides, fabric shop odors & other chemicals provoke<br>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?<br>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 |
| <b>TOTAL SCORE</b>   |    |

### 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                               |  |
| <b>TOTAL SCORE</b>                           |  |

**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                                     |             |
| <b>TOTAL SCORE</b>                     |             | <b>TOTAL SCORE</b>                                       |             |

|                         |                       |               |
|-------------------------|-----------------------|---------------|
| <b>TOTAL ALL SCORES</b> | <b>History</b>        | _____         |
|                         | <b>Major Symptoms</b> | _____         |
|                         | <b>Other Symptoms</b> | _____ + _____ |
|                         | <b>GRAND TOTAL</b>    | _____         |

**Interpretation**

|  | <b>Women</b> | <b>Men</b> |
|--|--------------|------------|
| Yeast-connected health problems are almost certainly present | >180         | >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        |

Questionnaire adapted from: Crook WG: *The Yeast Connection*, 2<sup>nd</sup>ed. Professional Books, Jackson, TN  
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