

Candida Questionnaire And Score Sheet

This questionnaire is designed for adults and the scoring system isn't appropriate for children. It lists factors in your medical history which promote the growth of *Candida albicans* (Section A), and symptoms commonly found in individuals with yeast-connected illness (Sections B and C). For each "Yes" answer in Section A, circle the Point Score in that section. Total your score and record it in the box at the end of the section. Then move on to Sections B and C and score as directed.

Filling out and scoring this questionnaire should help you and your physician evaluate the possible role of candida in contributing to your health problems. Yet it will not provide an automatic "Yes" or "No" answer.

SECTION A: HISTORY

	Point Score
1. Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for 1 month (or longer)?	
2. 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)?	
3. Have you taken a broad spectrum antibiotic drug, even a single course?	
4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs?	
5. Have you been pregnant 2 or more times? 1 time?	
6. Have you taken birth control pills... For more than 2 years? For more than 6 months to 2 years?	
7. Have you taken prednisone, Decadron, or other cortisone-type drugs... For more than 2 weeks? For 2 weeks or less?	
8. Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke Moderate to severe symptoms? Mild symptoms?	
9. Are your symptoms worse on damp, muggy days, or in moldy places?	
10. Have you had athlete's foot, ring worm, "jock itch," or other chronic	

fungal infections of the skin or nails?

Have such infections been...

Severe or persistent?

Mild to moderate?

11. Do you crave sugar?

12. Do you crave breads?

13. Do you crave alcoholic beverages?

14. Does tobacco smoke really bother you?

Total Score, Section A _____

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..... Score 3 points

If a symptom is frequent and/or moderately severe..... Score 6 points

If a symptom is severe and/or disabling..... Score 9 points

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

	Point Score
1. Fatigue or lethargy	
2. Feeling of being "drained"	
3. Depression	
4. Poor memory	
5. Feeling "spacey" or "unreal"	
6. Inability to make decisions	
7. Numbness, burning, or tingling	
8. Headache	
9. Muscle aches	
10. Muscle weakness or paralysis	
11. Pain and/or swelling in joints	
12. Abdominal pain	
13. Constipation and/or diarrhea	
14. Bloating, belching, or intestinal gas	
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..... _____

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.....Score 1 point
- If a symptom is frequent and/or moderately severe..... Score 2 points
- If a symptom is severe and/or disabling..... Score 3 points

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

- 1. Drowsiness
- 2. Irritability or jitteriness
- 3. Incoordination
- 4. Inability to concentrate
- 5. Frequent mood swings
- 6. Insomnia
- 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
- 14. Mucus in stools
- 15. Rectal itching
- 16. Dry mouth or throat
- 17. Rash or blisters in mouth
- 18. Bad breath
- 19. Food, hair, or body odor not relieved by washing

- 20. Nasal congestion or postnasal drip _____
- 21. Nasal itching _____
- 22. Sore throat _____
- 23. Laryngitis, loss of voice _____
- 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 of 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 _____

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-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 probably present in women with scores over 120 and in men with scores over 90.

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, yeasts are less apt to cause health problems.