

Candida Questionnaire

Name: _____ Date: _____

This questionnaire lists factors in your medical history that promote the growth of the common yeast, *Candida albicans* (Section A), and symptoms commonly found in individuals with yeast connected illness (Sections B and C).

Section A: History <i>For each 'yes' answer, circle the Point Score in that section.</i>	Point Score
1. Have you taken tetracycline or other antibiotics for acne for 1 month or longer?	50
2. Have you, at any time in your life, taken other antibiotics for respiratory, urinary or other infections for 2 months or longer, or for shorter periods 4 or more times in a 1 year span?	50
3. Have you taken an antibiotic drug just once for any period of time?	6
4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs?	25
5. Have you been pregnant... 2 or more times? 1 time?	5 3
6. Have you taken birth control pills for... more than 2 years? 6 months to 2 years?	15 8
7. Have you taken prednisone or any other cortisone-type drug by mouth or inhalation** for more than 2 weeks?	15
8. Does exposure to perfumes, insecticides, fabric shop odours, or other chemicals provoke moderate to severe symptoms?	20
9. Are your symptoms worse on damp, muggy days or in mouldy places?	20
10. Have you had athlete's foot, ringworm, "jock itch" or other chronic fungal infections of the skin or nails? Have such infections been severe or persistent?	20
11. Do you crave sugar?	10
12. Do you crave bread?	10
13. Do you crave alcoholic beverages?	10
14. Does tobacco smoke really bother you?	10
Total Score for Section A	

Filling out and scoring this questionnaire will help you and your healthcare practitioner evaluate how *Candida albicans* may be contributing to your health problems, yet it will not provide an automatic yes or no answer. A comprehensive history and physical examination are important, and laboratory studies and other types of tests may also be appropriate. ** The use of nasal or bronchial sprays containing cortisone and/or other steroids promotes overgrowth in the respiratory tract.

Section B: Major Symptoms	Point Score
<i>For each symptom that is present, enter the appropriate number in the Point Score column.</i>	
<i>If a symptom is occasional or mild...</i>	<i>score 3 points</i>
<i>If a symptom is frequent and/or moderately severe...</i>	<i>score 6 points</i>
<i>If a symptom is severe and/or disabling...</i>	<i>score 9 points</i>
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 the joints?	
11. Abdominal pain?	
12. Constipation?	
13. 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 for Section B	

Section C: Other Symptoms		
<i>For each symptom that is present, enter the appropriate number in the Point Score column.</i>		
<i>If a symptom is occasional or mild...</i>	<i>score 3 points</i>	
<i>If a symptom is frequent and/or moderately severe...</i>	<i>score 6 points</i>	
<i>If a symptom is severe and/or disabling...</i>	<i>score 9 points</i>	
		Point Score
1. Drowsiness?		
2. Irritability or jitteriness?		
3. Incoordination?		
4. Inability to concentrate?		
5. Frequent mood swings?		
6. Headaches?		
7. Dizziness/loss of balance?		
8. Pressure above ears or a feeling of the head swelling?		
9. Tendency to bruise easily?		
10. Chronic rashes or itching?		
11. Psoriasis or recurrent hives?		
12. Indigestion or heart burn?		
13. Food sensitivity or intolerance?		

14. Mucous in stools?	
15. Rectal itching?	
16. Dry mouth or throat?	
17. Rash or blisters in mouth?	
18. Bad breath?	
19. Foot, hair or body odour not relieved by washing?	
20. Nasal congestion?	
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, urgency or incontinence?	
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 the ears?	
32. Ear pain or deafness?	
Total Score for Section C	

*** While symptoms in this section occur commonly in patients with yeast-connected illness, they also occur commonly in patients who do not have Candida.**

Score for Section A	
Score for Section B	
Score for Section C	
Grand Total Score (adding all sections)	

The Grand Total Score will help you and your practitioner decide if your health problems are yeast-connected. Scores for women will run higher, as 7 items in this questionnaire apply exclusively to women, while only 2 apply 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 less than **60** for women and **40** for men, yeast are ***less likely*** to be related to health problems.