

Pt Name \_\_\_\_\_ Date \_\_\_\_\_ **CANDIDA QUESTIONNAIRE**

Instructions: 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, scoring as directed:

1. Have Taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotic for acne for 3 months or longer?

50

2. Have you ever taken other "broad spectrum" antibiotics for urinary, respiratory or other infections for 2 months or longer, or in shorter courses 4 or more times in a 1 year period?

50

3. Have you ever taken a "broad spectrum" antibiotic drug - even for one period?

6

4. Have you ever been bothered by persistent prostatitis, vaginitis, or other problems that affect your reproductive organs?

25

5. Have you ever been pregnant - 2 or more times?

5

1 time?

3

6. Have you taken birth control pills for - more than 2 years?

15

6 months to 2 years?

8

7. Have you taken prednisone, Decadron or other cortisone type drugs for... - more than 2 weeks?

6

2 weeks **or less?**

50

8. Does exposure to perfumes, insecticides, fabric shop odors or other chemicals provoke... - Moderate to severe symptoms?

20

Mild symptoms?

5

9. Are 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?

20

- Moderate to severe symptoms?

10

- Mild to moderate symptoms?

10

11. Do you crave sugar?

10

12. Do you crave breads or other foods high in carbohydrates?

10

13. Do you crave alcoholic beverages?

10

14. Does tobacco smoke really bother you?

10

TOTAL SCORE- Section A

Instructions: For each symptom that is present, enter the appropriate number in the Point Score Column.

If the symptom is occasional or mild

score 3 points

If the symptom is frequent and/or modestly severe

score 6 points

If a symptom is severe and/or disabling

score 9 points

1. Fatigue or lethargy

3/6/9

2. Feeling of being drained

3/6/9

3. Poor memory

3/6/9

4. Feeling spacey or unreal

3/6/9

5. Depression

3/6/9

6. Numbness, burning, or tingling

3/6/9

7. Insomnia

3/6/9

8. Muscle aches

3/6/9

9. Muscle weakness or paralysis

3/6/9

10. Joint pain or swelling

3/6/9

11. Abdominal pain

3/6/9

12. Constipation

3/6/9

13. Diarrhea

3/6/9

14. Bloating, belching or intestinal gas

3/6/9

15. Troublesome vaginal burning, itching or discharge

3/6/9

16. Prostatitis

3/6/9

17. Impotence

3/6/9

18. Loss of sexual desire or feeling

3/6/9

19. Endometriosis or infertility

3/6/9

20. Cramps or other menstrual irregularities

3/6/9

21. Premenstrual tension

3/6/9

22. Attacks of anxiety or crying

3/6/9

23. Cold hands or feet and or chilliness

3/6/9

24. Shaking or irritable when hungry

3/6/9

TOTAL SCORE – Section B

Instructions: For each symptom that is present, enter the appropriate number in the Point Score Column.

If the symptom is occasional or mild

score 3 points

If the symptom is frequent and/or modestly severe

score 6 points

If a symptom is severe and/or persistent

score 9 points

1. Drowsiness

3/6/9

2. Irritability or jitteryness

3/6/9

3. Incoordination

3/6/9

4. Inability to concentrate

3/6/9

5. Frequent mood swings

3/6/9

6. Headache

3/6/9

7. Dizziness/loss of balance

3/6/9

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

3/6/9

9. Tendency to bruise easily

3/6/9

10. Chronic rashes or itching

3/6/9

11. Psoriasis or recurrent hives

3/6/9

12. Indigestion or heartburn

3/6/9

13. Food sensitivity or intolerance

3/6/9

14. Mucus in stool

3/6/9

15. Hemorrhoids or rectal itching

3/6/9

16. Dry mouth or throat

3/6/9

17. Rash, blisters, in mouth

3/6/9

18. Bad breath

3/6/9

19. Foot, hair or body odor not relieved by washing

3/6/9

20. Nasal congestion, discharge or post nasal drip

3/6/9

21. Nasal itching

3/6/9

22. Sore or dry throat

3/6/9

23. Laryngitis, loss of voice

3/6/9

24. Cough or recurrent bronchitis

3/6/9

25. Pain or tightness in chest

3/6/9

26. Wheezing or shortness of breath

3/6/9

27. Urgency frequency, urgency or incontinence

3/6/9

28. Burning on urination

3/6/9

29. Spots in front of eyes or erratic vision

3/6/9

30. Burning or tearing of eyes

3/6/9

31. Recurrent infections or fluid in ears

3/6/9

32. Ear pain or deafness

3/6/9

TOTAL SCORE - Section C

TOTAL SCORES:

Section A- \_\_\_\_\_

Section B- \_\_\_\_\_

Section C- \_\_\_\_\_

Grand Total \_\_\_\_\_ Score

The Grand Total Score will help you and your health care provider decide if your health problems are yeast-connected. Scores for women will typically run higher.

Yeast-connected health problems are almost certainly present in women with scores over 189 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 apt to cause health problems.

This information is provided for educational purposes only and is not intended to diagnose, treat, cure, or prevent any disease.