

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 (Section 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 that 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

1. Have you taken tetracycline (Sumycin, Panmycin, Vibramycin, Minocin, etc) other antibiotics for acne for 1 month or longer? If yes 35 points

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 one year period?) If yes 35 points

3. Have you taken a broad-spectrum antibiotic drug even a single course? If yes 6 points

4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs? If yes 25 points

5. Have you been pregnant two or more times If once then 3 points; if twice then 5

6. Have you taken birth control pills? For more than 2 years - 15 points; For 6 months to 2 years - 8 points

7. Have you taken prednisone, Decadron or other cortisone-type drugs? For more than 2 weeks - 15 points; for 2 weeks or less - 6 points

8. Does exposure to perfumes, insecticides, fabric soap odors and other chemicals provoke - Moderate to severe symptoms? 20 Points
Mild symptoms? 5 points

9. Are your symptoms worse on damp, muggy days or in moldy places? If yes 20 points

10. Have you had athlete's foot, ring worm, 'Joke itch' or other chronic fungus infections of the skin or nails? Have such infections been - Severe or persistent? 20 points
Mild to moderate? 10 points

11. Do you crave sugar? If yes 10 points

12. Do you crave breads? If yes 10 points

13. Do you crave alcoholic beverages? If yes 10 points

14. Does tobacco smoke really bother you? If yes 10 points

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 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" ⁶ 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 disabling*----- Score 3 points

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

	Point Score
1. Drowsiness	
2. Irritability or jitteriness	
3. In coordination	
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. Foot, 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 infection of fluid in ears	
32. Ear pain or deafness	

Total Score, Section C

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 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, yeast are less apt to cause health problems.