

CANDIDA QUESTIONNAIRE

SECTION 1: HISTORY

	Point Score
Have you taken tetracycline or other antibiotics for acne for one month or longer?	25
Have you at any time in your life taken other broad-spectrum antibiotics for respiratory, urinary, or other infections for two months or longer, or in short courses four or more times in a one-year period?	20
Have you ever taken a broad-spectrum antibiotic (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: One time?	3
Two or more times?	5
Have you taken birth control pills: For six months to two years?	8
More than two years?	15
Have you taken Prednisone or other cortisone- type drugs for two weeks or less?	6
For more than two weeks?	15
Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke: Mild symptoms?	5
Moderate to severe 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? 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 really bother you?	10

TOTAL SCORE FOR THIS SECTION: _____

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SECTION 2: 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

	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	

TOTAL SCORE FOR THIS SECTION: _____

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SECTION 3: 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

	Point Score
Drowsiness	
Irritability	
Lack of coordination	
Inability to concentrate	
Frequent mood swings	
Headache	
Dizziness / loss of balance	
Pressure above ears, feeling of head swelling and tingling	
Itching	
Other rashes	
Heartburn	
Indigestion	
Belching and 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 or frequency	

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SECTION 3: OTHER SYMPTOMS (CONT.)

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

	Point Score
Burning on urination	
Failing vision	
Burning or tearing of eyes	
Recurrent infections or fluid in ears	
Ear pain or deafness	

TOTAL SCORE FOR THIS SECTION: _____

SECTION 1: _____

SECTION 2: _____

SECTION 3: _____

TOTAL SCORE FOR ALL 3 SECTIONS: _____

INTERPRETATION

Yeast-connected health problems are almost certainly present

WOMEN

>180

MEN

>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 to be present

<60

<40