

Name _____ **Date:** _____

CANDIDA QUESTIONNAIRE AND SCORE SHEET*

The questionnaire lists factors in your medical history which promote the growth of the common yeast, **Candida albicans** (Section A), and symptoms 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 the section. Then move on to Section B and C and score as directed.

Section A: History

	Point Score
1. Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for one month (or longer)?	35
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)?	35
3. Have you taken a broad spectrum antibiotic drug- even a single course?	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 <hr style="width: 50%; margin: 0 auto;"/> 3
6. Have you ever taken birth control pills... For more than 2 years? _____ For 6 months to 2 years? _____	15 <hr style="width: 50%; margin: 0 auto;"/> 8
7. Have you taken prednisone, Decadron or other cortisone-type drugs by mouth or inhalation ** more than two weeks? _____ 2 weeks or less? _____	15 <hr style="width: 50%; margin: 0 auto;"/> 6
8. Does exposure to perfumes, insecticides, fabric, shop odors and other chemicals provoke... moderate to severe symptoms? _____ mild symptoms? _____	 20 <hr style="width: 50%; margin: 0 auto;"/> 5
9. Are your 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? If so, have such infections been... severe/persistent? _____ mild to moderate? _____	 20 <hr style="width: 50%; margin: 0 auto;"/> 10
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, Section A	

* Filling out and scoring this questionnaire should help you and your physician evaluate the role **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. In addition, laboratory studies, X-rays and other types of tests may also be appropriate.

**The use of nasal or bronchial sprays containing cortisone and/or other steroids, promote yeast overgrowth in the respiratory tract.

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 or moderately severe**score 6 points

If a symptom is **severe or disabling**score 9 points

Add total score and record it on the line at the end of this section.

	Point Score
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 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	
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 points

If a symptom is **frequent or moderately severe**score 2 points

If a symptom is **severe or disabling**score 3 points

Add total score and record it on the line at the end of this section.

	Point Score
1. Drowsiness	
2. Irritability or jitteriness	
3. Incoordination	

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Total score, Section C.....

Total score, Section B.....

Total score, Section A.....

GRAND TOTAL SCORE (Add up Total Score From Section A, B, and C).....

The Grand Total Score will help you and your physician decide if your health problems are yeast connected. Scores in woman 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**.