

Candida Questionnaire

The total score will help you and your naturopath decide if your health problems are yeast-connected. Scores in women will run higher, as seven items in the questionnaire apply exclusively to women, while only two apply exclusively to men.

Yeast-connected health problems are almost certainly present in women with scores over 140 and in men with scores over 130.

Yeast-connected health problems are possibly present in women with scores between 60 and 140 and in men with scores between 40 and 130.

With scores of less than 60 in women and 40 in men, yeast is less apt to be the cause of health problems.

SECTION 1: HISTORY

For each of your symptoms, circle the number in the point score column. Add total score and record it at the end of this section.

| Symptom | Point Score |
|--|--------------------|
| 1. Have you taken tetracyclines or other antibiotics for acne for 1 month (or longer)? | 25 |
| 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 1-year period)? | 20 |
| Have you ever taken a broad spectrum antibiotic drug (even one 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: | |
| 2 or more times? | 5 |
| 1 time? | 3 |
| Have you taken birth control pills: | |
| For more than 2 years? | 15 |
| For 6 months to 2 years? | 6 |
| Have you taken prednisone or other cortisone-type drugs: | |
| For more than 2 weeks? | 15 |
| For 2 weeks or less? | 6 |
| Does exposure to perfumes, insecticides, fabric shop odours, and other chemicals provoke: | |
| Mild symptoms? | 5 |
| Moderate to severe symptoms? | 20 |
| Are your symptoms worse on damp/muggy days or in mouldy places? | 20 |
| . Have you had athlete's foot, ringworm, or other chronic fungal infections of the skin or nails? | |
| Have the infections been: | Y N |
| Severe to persistent? | 20 |
| Moderate to severe? | 10 |
| . 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 – SECTION A = _____

Candida Questionnaire – continued

SECTION B: MAJOR SYMPTOMS

For each of **your** symptoms, enter the appropriate number in the point score column:

| | |
|---|----------|
| If you never have the symptom | 0 points |
| If a symptom is occasional or mild | 3 points |
| If a symptom is frequent and/or moderately severe | 6 points |
| If a symptom is severe and/or disabling | 9 points |

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

| <u>Symptom</u> | <u>Point Score</u> |
|--|--------------------|
| 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 | |
| Troublesome vaginal discharge | |
| Persistent vaginal itching or burning | |
| Prostatitis | |
| Impotence | |
| Loss of sexual drive | |
| Endometriosis | |
| Cramps and/or other menstrual irregularities | |
| Premenstrual tension | |
| Spots in front of eyes | |
| Erratic vision | |

TOTAL SCORE – SECTION B = _____

SECTION C: OTHER SYMPTOMS

For each of **your** symptoms, enter the appropriate number in the point score column:

| | |
|---|----------|
| If a symptom is occasional or mild | 3 points |
| If a symptom is frequent and/or moderately severe | 6 points |
| If a symptom is severe and/or disabling | 9 points |

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

| <u>Symptom</u> | <u>Point Score</u> |
|---|--------------------|
| Drowsiness | |
| Irritability or jitteriness | |
| Disco-ordination | |
| Inability to concentrate | |
| Frequent mood swings | |
| Headache | |
| Dizziness (loss of balance) | |
| Pressure above ears/Felling of head swelling and tingling | |
| Itching | |
| Other rashes | |
| Indigestion | |
| Belching and intestinal gas | |
| Mucous 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 mouth | |
| Cough | |
| Pain or tightness in chest | |
| Wheezing or shortness in breath | |
| Urgency or urinary frequency | |
| Burning on urination | |
| Failing vision | |
| Burning or tearing of eyes | |
| Recurrent ear infections or fluid in ears | |
| Ear pain or deafness | |

TOTAL SCORE – SECTION C = _____

TOTAL SCORE – SECTION A = _____

TOTAL SCORE – SECTION B = _____

TOTAL SCORE – SECTION C = _____

TOTAL SCORE (A + B + C) = _____