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**Candida Symptom Questionnaire**

This questionnaire lists factors in your medical history that promote the growth of the common yeast, Candida Albicans and symptoms commonly found with yeast-connected illnesses.

Follow the instructions of each section.

**Section A: History**

Instructions: For each yes answer in section A, Place an X at 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 you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotic for acne for 1 month 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?
3. \* Including Keflex, ampicillin, amoxicillin, Ceclor, Bactrim, and Septra. Such antibiotics kill off "good germs" while they are killing off those which cause infection [ ] 50

Have you ever taken a "broad spectrum" antibiotic drug – even for one course [ ] 06

1. Have you ever been bothered by persistent prostatitis, vaginitis, or other problems that affect your reproductive organs? [ ] 25
2. Have you ever been pregnant:

1 time? [ ] 03

2 or more times? [ ] 05

1. Have you taken birth control pills:

for more than 2 years? [ ] 15

for 6 months to 2 years? [ ] 08

1. Have you taken prednisone, Decadron or other cortisone type drugs:

for 2 weeks or less? [ ] 06

for more than 2 weeks? [ ] 15

1. Does exposure to perfumes, insecticides, fabric shop odors or other chemicals provoke:

mild symptoms? [ ] 05

moderate to severe symptoms? [ ] 20

1. Are symptoms worse on damp, muggy days or in moldy places? [ ] 20
2. Have you had athlete’s foot, ring worm, "jock itch" or other chronic fungous infections of the skin or nails?

mild to moderate symptoms? [ ] 10

moderate to severe symptoms? [ ] 20

1. Do you crave sugar? [ ] 10
2. Do you crave breads or other foods high in carbohydrates? [ ] 10
3. Do you crave alcoholic beverages? [ ] 10
4. Does tobacco smoke really bother you? [ ] 10

Total Score – Section A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B: Major Symptoms**

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

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.

Total the score for this section and record it in the box at the end of this section.

1. Fatigue or lethargy ………………………………....................................... [ ]

2. Feeling of being "drained" ………………………………........................... [ ]

3. Poor memory ………………………………............................................... [ ]

4. Feeling "spacey" or "unreal" ……………………….................................... [ ]

5. Depression ………………………………................................................... [ ]

6. Numbness, burning or tingling …………………….................................... [ ]

7. Insomnia ………………………………...................................................... [ ]

8. Muscle aches ………………………………............................................... [ ]

9. Muscle weakness or paralysis ……………………….................................. [ ]

10. Joint pain or swelling …………………………….................................... [ ]

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 when hungry ……………..….................................... [ ]

Total Score – Section B………………………………................................... \_\_\_\_\_\_\_\_\_\_\_\_\_

**Section C: Other Symptoms**

Instructions: For each symptom, enter the appropriate number 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.

Total the score for this section and record it in the box at the end of this section.

1. Drowsiness ………………………………................................................. [ ]

2. Irritability or jitteriness ………………………………................................ [ ]

3. Incoordination ………………………………............................................ [ ]

4. Inability to concentrate ………………………………............................... [ ]

5. Frequent mood swings ………………………………................................ [ ]

6. Headache ……………………………….................................................... [ ]

7. Dizziness/loss of balance ………………………………............................. [ ]

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

9. Tendency to bruise easily ………………………………............................ [ ]

10. Chronic rashes or itching ………………………………........................... [ ]

11. Psoriasis or recurrent hives ……………………………........................... [ ]

12. Indigestion or heartburn ………………………………............................ [ ]

13. Food sensitivity or intolerance ……………………….............................. [ ]

14. Mucus in stools ………………………………......................................... [ ]

15. Hemorrhoids or 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, discharge or post nasal drip ………………………….. [ ]

21. Nasal itching ……………………………….............................................. [ ]

22. Sore or dry throat ………………………………...................................... [ ]

23. Laryngitis, loss of voice ………………………………............................. [ ]

24. Cough or recurrent bronchitis ……………………………….................... [ ]

25. Pain or tightness in chest ………………………………............................ [ ]

26. Wheezing or shortness of breath ………………………………................ [ ]

27. Urgency frequency, urgency or incontinence ………………………...…. [ ]

28. Burning on urination ……………………………….................................. [ ]

29. Spots in front of eyes or erratic vision ………………………………....... [ ]

30. Burning or tearing of eyes ……………………………….......................... [ ]

31. Recurrent infections or fluid in ears ………………………………........... [ ]

32. Ear pain or deafness ………………………………................................... [ ]

Total Score – Section C ………………………………................................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-quiz on Candida and Candidiasis intestinal yeast infections symptoms

Test Scoring & Results

Total Score – Section A……………………………….................................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Score – Section B ………………………………................................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Score – Section C ………………………………................................... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grand Total Score (add sections A, B & C) ……………………………….... \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Scores for woman will typically run higher.
* Yeast-connected health problems are almost certainly present in woman with scores over 180, and in men with scores over 140.
* Yeast-connected health problems are probably present in woman with scores over 120 and in men with scores over 90.
* Yeast-connected health problems are possibly present in woman with scores over 60 and in men with scores over 40.
* With scores less than 60 for woman and 40 for men, yeast are less apt to cause health problems.