Candida Health Questionnaire

For each "yes" answer in Section A, circle the point score next to the question. Total your score, and record it at the end of the section. Then move on to Sections B and C and score as directed. At the end of the questionnaire, you will add your scores to get your grand total.

SECTION A: History	**Point Score**
1. Have you taken any tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for one month (or longer)?	50
2. 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 for shorter periods four or more times in a one-year span?	50
3. Have you taken an antibiotic drug–even for one round?	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 two or more times?	5
One time?	3
6. Have you taken birth control pills for more than two years?	15
For six months to two years?	8
7. Have you taken prednisone, Decadron, or other cortisone-type drugs by mouth or inhalation for more than two weeks?*	15
For two weeks or less?	6
8. Does exposure to perfumes, insecticides, fabric shop odors, or other chemicals provoke moderate to severe symptoms?	20
Mild symptoms?	5
9. Are your symptoms worse on damp, muggy days or in moldy places?	20
10. Have you had athlete's foot, ringworm, "jock itch," or other chronic fungus infections of the skin or nails?	
Have such infections been severe or persistent?	20
Mild to moderate?	10
11. Do you crave sugar?	10
12. Do you crave breads?	10
13. Do you crave alcoholic beverages?	10
14. Does tobacco smoke really bother you?	10
Total Score, Section A	_____

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

Source: This questionnaire is adapted from William G. Crook, MD, *The Yeast Connection Handbook* (Jackson, TN: Professional Books, Inc, 2000). Used with permission.

SECTION B: Major Symptoms

For each symptom you experience, 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 and record it at the end of this section.

	Point Score
1. Fatigue or lethargy	_____
2. Feeling "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 irritability when hungry	_____
Total Score, Section B	_____

SECTION C: Other Symptoms*

For each symptom you experience, 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 and record it at the end of this section.

*Although the symptoms in this section occur commonly in patients with yeast-connected illness, they also occur commonly in patients who do *not* have candida.

	Point Score
1. Drowsiness	_____
2. Irritability or jitteriness	_____
3. Lack of coordination	_____
4. Inability to concentrate	_____
5. Frequent mood swings	_____
6. Headaches	_____
7. Dizziness and/or loss of balance	_____
8. Pressure above ears or feeling of head swelling	_____
9. Tendency to bruise easily	_____
10. Chronic rashes or itching	_____
11. Psoriasis or recurrent hives	_____
12. Indigestion or heartburn	_____
13. Food sensitivities or intolerances	_____
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 or loss of voice	_____
24. Cough or recurrent bronchitis	_____
25. Pain or tightness in chest	_____
26. Wheezing or shortness of breath	_____
27. Urinary frequency, urgency, or incontinence	_____
28. Burning on urination	_____
29. Erratic vision or spots in front of eyes	_____
30. Burning or tearing of eyes	_____
31. Recurrent infections or fluid in ears	_____
32. Ear pain or deafness	_____
Total Score, Section C	_____
Total Score, Section B	_____
Total Score, Section A	_____
Grand Total Score (Add totals from sections A, B, and C)	_____

The Grand Total Score will help you and your practitioner decide if your health problems are yeast-connected. Scores for women will run higher because seven items apply exclusively to women, while only two 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.
- Scores of less than 60 for women and less than 40 for men indicate that yeast are less apt to cause health problems.