

CANDIDA QUESTIONNAIRE

This questionnaire list factors in your medical history that promote the growth of the common yeast *Candida Albicans* (section A) and symptoms commonly found in individuals with yeast-connected illness (sections B and C).

For each yes answer in Section A, circle the Point Score in that section. Total your score and record it at the end of the section. Then move on to Sections B and C and score as directed.

Section A: History

Have you taken tetracyclines (Sumycin®, Panmycin®, Vibramycin®, Minocin®, etc.) or other antibiotics for acne for 1 month (or longer)? **(50 points)** ___ Yes ___ No

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 for shorter periods 4 or more times in a 1-year span?
(50 points) ___ Yes ___ No

Have you taken a broad spectrum antibiotic drug - even for one period?
(6 points) ___ Yes ___ No

Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs?
(25 points) ___ Yes ___ No

How many times have you been pregnant?
2 or more times **(5 points)** ___ Yes ___ No
1 time **(3 points)** ___ Yes ___ No

How long have you taken birth control pills?
More than 2 years **(50 points)** ___ Yes ___ No
6 months to 2 years **(50 points)** ___ Yes ___ No

For how long have you ever taken prednisone, Decadron®, or other cortisone-type drugs by mouth or inhalation**?
More than 2 weeks **(15 points)** ___ Yes ___ No
2 weeks or less **(6 points)** ___ Yes ___ No

Does exposure to perfumes, insecticides, fabric shop odors, or other chemicals provoke mild, moderate or severe symptoms?
Moderate to severe **(20 points)** ___ Yes ___ No
Mild symptoms **(5 points)** ___ Yes ___ No



Are your symptoms worse on damp, muggy days or in moldy places?
(20 points) ___ Yes ___ No

Have you had athlete's foot, ringworm, "jock itch" or other chronic fungus infections of the skin or nails?

Severe or persistent (20 points) ___ Yes ___ No

Mild or moderate (20 points) ___ Yes ___ No

Do you crave sugar? (10 points) ___ Yes ___ No

Do you crave breads? (10 points) ___ Yes ___ No

Do you crave alcoholic beverages? (10 points) ___ Yes ___ No

Does tobacco smoke really bother you? (10 points) ___ Yes ___ No

Total Score, Section A _____



Section B: Major Symptoms

For each symptom that is present, 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 at the end.

Fatigue or lethargy _____

Feeling of being "drained" _____

Poor memory _____

Feeling "spacey" or "unreal" _____

Inability to make decisions _____

Numbness, burning or tingling _____

Insomnia _____

Muscle aches _____

Muscle weakness or paralysis _____

Pain and/or swelling in joints _____

Abdominal pain _____

Constipation _____

Diarrhea _____

Bloating, belching or intestinal gas _____

Vaginal burning, itching or discharge _____

Prostatitis _____

Impotence _____

Loss of sexual desire or feeling _____



Endometriosis or infertility _____

Cramps and/or other menstrual irregularities _____

Premenstrual tension _____

Attacks of anxiety or crying _____

Cold hands or feet and/or chilliness _____

Shaking or irritability when hungry _____

Total Score, Section B _____



Section C: Other Symptoms

For each symptom that is present, 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 at the end.

Drowsiness _____

Irritability or jitteriness _____

Incoordination _____

Inability to concentrate _____

Frequent mood swings _____

Headaches _____

Dizziness/loss of balance _____

Pressure above ears, feeling of head swelling _____

Tendency to bruise easily _____

Chronic rashes or itching _____

Psoriasis or recurrent hives _____

Indigestion or heartburn _____

Food sensitivity or intolerance _____

Mucus in stools _____

Rectal itching _____

Dry mouth or throat _____

Rash or blisters in mouth _____

Bad breath _____



Foot, hair or body odor not relieved by washing _____

Nasal congestion or post nasal drip _____

Nasal itching _____

Sore throat _____

Laryngitis, loss of voice _____

Cough or recurrent bronchitis _____

Pain or tightness in chest _____

Wheezing or shortness of breath _____

Urinary frequency, urgency or incontinence _____

Burning on urination _____

Spots in front of eyes or erratic vision _____

Burning or tearing of eyes _____

Recurrent infections or fluid in ears _____

Ear pain or deafness _____

Total Score, Section C _____

GRAND TOTAL SCORE (add totals from Sections A,B and C) _____

Questionnaire developed by Dr. William G. Crook, author of The Yeast Connection and Women's Health, published by Woman's Connection.
Body Ecology Diet.



RESULTS

The Grand Total Score will help you decide if your health problems are yeast connected. Scores for women will run higher, as 7 items in this 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**.
- With scores **less than 60** for women and **40** for men, yeast are less apt to cause health problems.

