



CANDIDA QUESTIONNAIRE

Name: _____

Date: _____

HISTORY

POINT SCORE

- | | |
|--|----|
| 1. Have you taken antibiotics for acne for 1 month or longer? | 25 |
| 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 short courses four or more times in a 1 year period? | 20 |
| 3. Have you ever taken a broad-spectrum antibiotic (even a single course)? | 6 |
| 4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problem affecting your reproductive organs? | 25 |
| 5. Have you been pregnant? | |
| One time | 3 |
| Two or more times | 5 |
| 6. Have you taken birth control pills? | |
| For 6 months to 2 years | 8 |
| For more than 2 years | 15 |
| 7. Have you taken prednisone or other cortisone-type drugs? | |
| For 2 weeks or less | 6 |
| For more than 2 weeks | 15 |
| 8. Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke: | |
| mild symptoms | 5 |
| moderate to severe symptoms | 20 |
| 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 infections of the skin or nails? | |
| Mild to moderate | 10 |
| Severe or persistent | 20 |
| 11. Do you crave sugar? | 10 |
| 12. Do you crave breads? | 10 |
| 13. Do you crave alcoholic beverages? | 10 |
| 14. Does tobacco smoke <i>really</i> bother you? | 10 |

Total score of this section _____



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MAJOR SYMPTOMS

For each of your symptoms, enter the appropriate figure into 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 sever and/or disabling, score 9 points.**

1. Fatigue or lethargy _____
2. Feeling if being “drained” _____
3. Poor memory _____
4. Feeling “spacey” or “unreal” _____
5. Depression _____
6. Numbness, burning, or tingling _____
7. Muscle aches _____
8. Muscle weakness or paralysis _____
9. Pain and/or swelling in joints _____
10. Abdominal pain _____
11. Constipation _____
12. Diarrhea _____
13. Bloating _____
14. Persistent vaginal itch _____
15. Persistant vaginal burning _____
16. Prostatitis _____
17. Impotence _____
18. Loss if sexual desire _____
19. Endomitriosis _____
20. Cramps and/or other menstrual irregularities _____
21. Premenstrual tension _____
22. Spots in front of eyes _____
23. Erratic vision _____

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 and tingling _____
9. Itching _____
10. Other rashes _____
11. Heartburn _____
12. Indigestion _____
13. Belching and intestinal gas _____
14. Mucus in stools _____
15. Hemorrhoids _____
16. Dry mouth _____
17. Rash or blisters in mouth _____
18. Bad breath _____
19. Joint swelling or arthritis _____
20. Nasal congestion or discharge _____
21. Postnasal drip _____
22. Nasal itching _____
23. Sore or dry throat _____
24. Cough _____
25. Pain or tightness in chest _____
26. Wheezing or shortness of breath _____
27. Urinary urgency or frequency _____
28. Burning on urination _____
29. Failing vision _____
30. Burning or tearing of eyes _____
31. Recurrent infections or fluid in ears _____
32. Ear pain or deafness _____

Total score of this section _____

Total score of this section _____

TOTAL SCORE OF ALL THREE SECTIONS _____

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 point.**
- **If a symptom is frequent and/or moderately severe, score 2 points.**
- **If a symptom is severe and/or disabling, score 3 points.**

1. Drowsiness _____
2. Irritability _____

INTERPRETATION

	WOMEN	MEN
Yeast connected health problems are:		
▪ Almost certainly present	>180	>140
▪ Probably present	120-180	90-140
▪ Possibly present	60-119	40-89
▪ Less likely present	<60	<40