

## CANDIDA QUESTIONNAIRE AND SCORE SHEET

This questionnaire is designed for adults and the scoring system isn't appropriate for children. It lists factors in your medical history which 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 in the box at the end of the section. Then move on to Sections B and C and score as directed.

Filling out and scoring this questionnaire should help you and your physician evaluate the possible role of yeasts in contributing to your health problems. Yet it will not provide an automatic "Yes" or "No" answer.

### SECTION A: HISTORY

	Point Score
1. Have you taken tetracyclines (Sumycin®, Panmycin®, Vibramycin®, Minocen®, etc.) or other antibiotics for acne for 1 month (or longer)?	35
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 shorter courses 4 or more times in a 1-year period)?	35
3. Have you taken a broad spectrum antibiotic drug*—even a single course?	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... 2 or more times?	5
1 time?	3
6. Have you taken birth control pills... For more than 2 years?	15
For 6 months to 2 years?	8
7. Have you taken prednisone, Decadron® or other cortisone-type drugs... For more than 2 weeks?	15
For 2 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, ring worm, "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 <i>really</i> bother you?	10
Total Score, Section A .....	

### SECTION B: MAJOR SYMPTOMS

\*Including Keflex®, ampicillin, amoxicillin, Ceclor®, Bactrim®, and Septra®. Such antibiotics kill off the "good germs" while they're killing off those which cause infection.

For each symptom which is present, enter the appropriate figure 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.

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

	Point Score
1. Fatigue or lethargy	
2. Feeling of being "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 irritable when hungry	
Total Score, Section B .....	

**SECTION C: OTHER SYMPTOMS\***

For each symptom which is present, 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 persistent** ..... score 3 points.

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

	<b>Point Score</b>
1. Drowsiness	
2. Irritability or jitteriness	
3. In-coordination	
4. Inability to concentrate	
5. Frequent mood swings	
6. Headache	
7. Dizziness/loss of balance	
8. Pressure above ears...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 sensitivity or intolerance	
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 post nasal drip	

(This Section is continued on next page)

The Candida Questionnaire is reprinted from "The Yeast Connection Handbook" by William Crook, M.D., and is used with permission.

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

