

Candida Questionnaire

Section A: History

1. Have you taken tetracycline or antibiotics for acne for 1 month or longer?
(35 points)
2. Have you at any time in your life taken broad-spectrum antibiotics or other antibacterial medication for respiratory, urinary or other infections for 2 months, or in shorter courses at least 4 times within 1 year?
(35 points)
3. Have you taken a broad-spectrum antibiotic drug - even in a single dose?
(6 points)
4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs?
(25 points)
5. Are you bothered by memory or concentration problems - do you sometimes have a spaced out feeling?
(20 points)
6. Do you feel "sick all over" yet, in spite of visits to many different physicians, the causes haven't been found?
(20 points)
7. Have you been pregnant 2 or more times? **(5 points)**
One time? **(3 points)**
8. Have you taken birth control pills for more than 2 years? **(15 points)** For six months to 2 years?
(8 points)
9. Have you taken steroids orally, by injection, or inhalation for more than 2 weeks? **(15points)**
For 2 weeks or less? **(6 points)**
10. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke
Moderate to Severe symptoms? **(20 points)**
Mild symptoms? **(6 points)**
11. Does tobacco smoke really bother you?
(10 points)
12. Are your symptoms worse on damp, muggy days or in moldy places?
(20 points)
13. Have you had athlete's foot, ring worm, jock itch or other chronic fungous infections of the skin or nails?
Have such infections been severe or persistent? **(20 points)**
Mild or moderate? **(10 points)**
14. Do you crave sugar? **(10 points)**

Section A Total _____

Section B: Major Symptoms

For each of your symptoms, enter the appropriate number in the point score column: If a symptom is occasional or mild 3 points If a symptom is frequent and/or moderately severe 6 points If a symptom is severe and/or disabling 9 points. Add total score and record it at the end of this section.

1. Fatigue or lethargy ____
2. Feeling of being 'drained' ____
3. Depression or manic depression ____
4. Numbness, burning, or tingling ____
5. Headache ____
6. Muscle aches ____
7. Muscle weakness or paralysis ____
8. Pain and/or swelling in joints ____
9. Abdominal pain ____
10. Constipation or diarrhea ____
11. Bloating, belching, or intestinal gas ____
12. Troublesome vaginal burning, itching or discharge ____
13. Prostatitis ____
14. Impotence ____
15. Loss of sexual desire or feeling ____
16. Endometriosis or infertility ____
17. Cramps and/or other menstrual irregularities ____
18. Premenstrual tension ____
19. Attacks of anxiety or crying ____
20. Cold hands or feet, low body temperature ____
21. Hypothyroidism ____
22. Shaking or irritable when hungry ____
23. Cystitis or interstitial cystitis ____

Section B Total _____

Section C: Other Symptoms

For each of your symptoms, enter the appropriate figure in the point score column: If a symptom is occasional or mild 1 point If a symptom is frequent and/or moderately severe 2 points If a symptom is severe and/or disabling 3 points Add total score and record it at the end of this section.

1. Drowsiness, including inappropriate drowsiness ____
2. Irritability ____
3. Incoordination ____
4. Frequent mood swings ____
5. Insomnia ____
6. Dizziness/loss of balance ____
7. Pressure above ears...feeling of head swelling ____
8. Sinus problems...tenderness of cheekbones or forehead ____
9. Tendency to bruise easily ____
10. Eczema, itching eyes ____
11. Psoriasis ____
12. Chronic hives (urticaria) ____
13. Indigestion or heartburn ____
14. Sensitivity to milk, wheat, corn, or other common foods ____
15. Mucus in stools ____
16. Rectal itching ____
17. Dry mouth or throat ____
18. Mouth rashes, including 'white' tongue ____
19. Bad breath ____
20. Foot, hair or body odor not relieved by washing ____
21. Nasal congestion or postnasal drip ____
22. Nasal itching ____
23. Sore throat ____

24. Laryngitis, loss of voice ____
25. Cough or recurrent bronchitis ____
26. Pain or tightness in chest ____
27. Wheezing or shortness of breath ____
28. Urinary frequency or urgency ____
29. Burning on urination ____
30. Spots in front of eyes or erratic vision ____
31. Burning or tearing eyes ____
32. Recurrent infections or fluid in ears ____
33. Ear pain or deafness ____

Total Score Section C _____ **Total Score Section A** _____ **Total Score Section B** _____

Grand Total Score _____

The Grand Total Score will help you decide if your health problems are yeast connected. Scores in women will run higher, as 7 items in the 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 of less than 60 in women and 40 in men, yeasts are less apt to cause health problems.

This questionnaire is based on Dr. William Crook's book The Yeast Connection.