

Candida Questionnaire: Are your health problems yeast related?

	YES	NO
Have you taken repeated courses of antibiotic drugs?		
Have you been troubled by premenstrual tension, abdominal pain, menstrual problems, vaginitis, prostatitis or loss of sexual interest?		
Does exposure to tobacco, perfume or other chemical odors provoke moderate to severe symptoms?		
Do you crave sugar, breads, and alcoholic beverages?		
Are you bothered by recurrent digestive problems?		
Do fatigue or symptoms of depression bother you?		
Do hives, psoriasis, or other chronic skin rashes bother you?		
Have you ever taken birth control pills?		
Do headaches, muscle and joint pains, or lack of coordination of movement bother you?		
Do you feel bad all over, yet the cause has not been found?		

If you have three or four YES answers, yeasts probably play a role in your illness.
 If you have five to seven YES answers, yeasts probably cause your symptoms.
 If you have more than eight YES answers, yeasts almost certainly are involved.

SECTION A: HISTORY

For each question answered with yes, score two points.

	POINTS
Have you ever taken antibiotics for a month or more?	
Have you at any time in your life taken "broad spectrum" antibiotics for respiratory, urinary or other infections (for two months or longer, or in shorter courses four or more times in a year?)	
Have you taken a "broad spectrum" antibiotic drug-even a single course?	
Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting reproductive organs?	
Have you been pregnant two or more times?	
One pregnancy?	
Have you taken Prednisone, Decadron, or other cortisone-type drug for more than two weeks?	
For two weeks or less?	
Have you taken birth control pills for more than two years?	
For more than six months and up to two years?	
Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke moderate to severe symptoms?	
Mild symptoms?	
Are your symptoms worse on damp, muggy days or in moldy places?	
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?	
Mild to moderate?	
Do you crave sugar or sweet foods?	
Do you crave breads?	
Do you crave alcoholic beverages?	
Does tobacco smoke really bother you?	

TOTAL SCORE FROM SECTION A (Maximum 38) _____

SECTION B: MAJOR SYMPTOMS

For each of your symptoms, enter the score figure in the point's column:
 If a symptom is occasional or mild score one point;
 If a symptom is frequent and/or moderately severe score two points; or
 If a symptom is severe and/or disabling score three points.

	POINTS
Fatigue or lethargy	
Feeling of being drained	
Poor memory	
Feeling spacey or unreal	
Depression	
Numbness, burning or tingling	
Muscle aches	
Muscle weakness or paralysis	
Pain and/or swelling in joints	
Abdominal pain	
Constipation	
Diarrhea	
Bloating	
Troublesome vaginal discharge	
Persistent vaginal burning or itching	
Prostatitis	
Impotence	
Loss of sexual desire	
Cramps and/or other menstrual irregularities	
Premenstrual tension	
Spots in front of the eyes	
Erratic vision	

TOTAL SCORE FROM SECTION B (Maximum 66) _____

SECTION C: OTHER SYMPTOMS

For each of your symptoms, enter the score figure in the point's column:
 If a symptom is occasional or mild, score one point;
 If a symptom is frequent and/or moderately severe, score two points; or
 If a symptom is severe and/or disabling, score three points.

	POINTS
Drowsiness	
Lack of coordination	
Irritability or jitteriness	
Inability to concentrate	
Frequent mood swings	
Headaches	
Dizziness/loss of balance	
Pressure above ears, feeling of head swelling or tingling	
Itching	
Other rashes	
Heartburn	
Indigestion	
Belching and intestinal gas	
Mucus in stools	
Hemorrhoids	
Dry mouth	
Rash or blisters in mouth	
Bad breath	
Joint swelling or arthritis	
Nasal congestion or discharge	
Post nasal drip	
Nasal itching	
Sore or dry throat	
Cough	
Pain or tightness in chest	
Wheezing or shortness of breath	
Urgency or urinary frequency	
Burning on urination	
Burning or watering of the eyes	
Failing vision	
Recurrent infections or fluid in the ears	
Ear pain or deafness	

TOTAL SCORE, SECTION A	_____	/38
TOTAL SCORE, SECTION B	_____	/66
TOTAL SCORE, SECTION C	_____	/96
GRAND TOTAL	_____	/200

A score of over 40 indicates yeasts may play a part in your health. A score of over 60 indicates that yeasts are likely to play a significant role in your health.