

Candida Questionnaire and Score Sheet

If you'd like to know if your health problems are yeastconnected, take this comprehensive questionnaire.

Questions in Section A focus on your medical history—factors that promote the growth of *Candida albicans* and that frequently are found in people with yeast-related health problems.

In Section B you'll find a list of 23 symptoms that are often present in patients with yeast-related health problems. Section C consists of 33 other symptoms that are sometimes seen in people with yeast-related problems—yet they also may be found in people with other disorders.

Filling out and scoring this questionnaire should help you and your physician evaluate the possible role *Candida albicans* contributes 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 or other antibiotics for acne for 1 month (or longer)?	35
2. Have you at any time in your life taken broadspectrum antibiotics or other antibacterial medication for respiratory, urinary or other infections for two months or longer, or in shorter courses four or more times in a one-year period?	35
3. Have you taken a broad-spectrum antibiotic drug—even in a single dose?	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. Are you bothered by memory or concentration problems—do you sometimes feel spaced out?	20

	Point Score
6. Do you feel “sick all over” yet, in spite of visits to many different physicians, the causes haven’t been found?	20
7. Have you been pregnant...	
Two or more times?	5
One time?	3
8. Have you taken birth control pills...	
For more than two years?	15
For six months to two years?	8
9. Have you taken steroids orally, by injection or inhalation?	
For more than two weeks?	15
For two weeks or less?	6
10. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke . . .	20 Moderate to severe symptoms?
Mild symptoms?	5
11. Does tobacco smoke really bother you?	10
12. Are your symptoms worse on damp, muggy days or in moldy places?	20
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
Mild to moderate?	10
14. Do you crave sugar?	10

TOTAL SCORE, Section A

Section B: Major Symptoms

For each of your symptoms, enter the appropriate figure 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.

Point Score

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 and/or diarrhea

11. Bloating, belching or intestinal gas

12. Troublesome vaginal burning, itching or discharge

13. Prostatitis

14. Impotence

Point Score

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

TOTAL SCORE, Section B

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

Point Score

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

Point Score

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 and your physician decide if your health problems are yeast-connected. Scores in women will run higher, as seven items in the questionnaire apply exclusively to women, while only two apply exclusively to men.

Yeast-connected health problems are almost certainly present in women with scores more than 180, and in men with scores **more than 140**.

Yeast-connected health problems are probably present in women with scores **more than 120**, and in men with scores **more than 90**.

Yeast-connected health problems are possibly present in women with scores **more than 60**, and in men with scores **more than 40**.

With scores of less than 60 in women and 40 in men, yeasts are less apt to cause health problems.