



Patient Name: _____ DOB: _____ Date: _____

Candida Questionnaire and Score Sheet

This questionnaire is designed for adults and is not appropriate for children. It lists factors in your medical history that promote the growth of Candida albicans and symptoms commonly found in individuals with yeast-connected illnesses. Filling out a scoring this questionnaire should help you and your physician evaluate the possible role of Candida in contributing to your health problem, but it will not provide an absolute “yes” or “no” answer.

For each “YES” answer in section A, circle the corresponding Point Score in that section. Then move to section B and C and score accordingly.

Section A – History **Point Score**

1. Have you taken tetracyclines (Sumcin[®], Panmycin[®], Vibramycin[®], Minocin[®], 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 anti-biotics for respiratory, urinary or other infections (for 2 months or longer, or in shorter coursed) 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 and 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, ringwork, “jock itch”, or other chronic fungus infections of the skin or nails?
 - Sever 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 *really* bother you?----- 10



Total Score: Section A

For each of your symptoms below, enter the corresponding 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 sever and/or disabling----- score 9 points

Section B – Major Symptoms

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 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 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 ----- _____



For each of your symptoms below, enter the corresponding 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 sever and/or disabling----- score 9 points

Section C – Major Symptoms

Point Score

- 1. Drowsiness-----
- 2. Irritability or jitteriness-----
- 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-----
- 9. Tendency to bruise easily-----
- 10. Chronic rashes or itching-----
- 11. Numbness, tingling-----
- 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. Food, hair, or body odor not relieved by washing-----
- 20. Nasal congestion or post-nasal drip-----
- 21. Nasal itching-----
- 22. Sore throat-----
- 23. Laryngitis, loss of voice-----
- 24. Cough or recurrent bronchitis-----
- 25. Pain or tightness in chest-----
- 26. Wheezing or shortness of breath-----
- 27. Urinary urgency or frequency-----
- 28. Burning during urination-----
- 29. Spots in front of eyes or erratic vision-----
- 30. Burning or tearing of eyes-----
- 31. Recurrent infections or fluid in ears-----
- 32. Ear pain or deafness-----

Total Score, Section C -----



Patient Name: _____ **DOB:** _____ **Date:** _____

Total Score, Section A _____

Total Score, Section B _____

Total Score, Section C _____

Grand Total Score _____

For The Grand Total Score will help you and your physician decide if your health problems are yeast connected. Scores in women will run HIGHER because 7 of the questions in this 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.