

Candida Questionnaire

Section A: History <i>For each 'yes' answer, circle the Point in that section</i>	Point score
1. Have you taken tetracycline or other antibiotics for acne for 1 month or longer?	25
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 for shorter periods, 4 or more times in a 1 year span?	20
3. Have you taken a broad spectrum antibiotic drug - even for 1 period?	6
4. Have you taken prednisone, Decadron or other cortisone type drugs by mouth or inhalation a. for more than 2 weeks? b. for 2 weeks or less	15 6
5. If you have ever had thrush, athlete's foot, ringworm, jock itch or other chronic fungus infections of the skin or nails, have such infections been.. a. severe or persistent? b. mild or moderate?	20 10
6. Do you crave sugar/sweets?	10
7. Do you crave breads?	10
8. Do you crave alcoholic beverages?	10
Total Score for Section A	

Section B: Secondary Indicators <i>For each symptom that is present, enter the appropriate number in the Point score column:</i> * If a symptom is occasional or mild... score 3 points * If a symptom is frequent or moderately severe... score 6 points * If a symptom is severe and/or disabling... score 9 points	Point Score
1. Fatigue or lethargy	
2. Feeling of being "drained"	
3. Drowsiness	
4. Feeling "foggy" or "spacey"	
5. Inability to make decisions	
6. Inability to concentrate	
7. Poor memory	
8. Frequent mood swings	
9. Attacks of anxiety or crying	
10. Headaches	
11. Abdominal pain	
12. Constipation	

13. Diarrhea	
14. Bloating, belching or intestinal gas	
15. Indigestion or heartburn	
16. Chronic rashes or itching	
17. Psoriasis or recurrent hives	
18. Rectal itching	
Total Score for Section B	

Section C: Minor Indicators <i>For each symptom that is present, enter the appropriate number in the Point Score column:</i> <i>For each symptom that is present, enter the appropriate number in the Point score column:</i> <i>* If a symptom is occasional or mild... score 1 points</i> <i>* If a symptom is frequent or moderately severe... score 3 points</i> <i>* If a symptom is severe and/or disabling... score 5 points</i>	Point Score
1. Irritability or jitteriness	
2. Dizziness/loss of balance	
3. Pressure above eyes or in ears, feeling of head swelling	
4. Tendency to bruise easily	
5. Food sensitivity or intolerance	
6. Dry mouth or throat	
7. Bad breath	
8. Foot, hair or body odor not relieved by washing	
9. Nasal congestion or post-nasal drip	
10. Nasal itching	
11. Sore throat	
12. Laryngitis, loss of voice	
13. Cough or recurrent bronchitis	
14. Burning or tearing of eyes	
15. Recurrent infections of fluid in ears	
16. Ear pain or deafness	
17. Numbness, burning or tingling	
18. Muscle aches	
19. Muscle weakness or paralysis	
20. Pain and/or swelling in joints	
21. Impotence	
22. Urinary frequency, urgency or incontinence	
23. Burning on urination	

24. Loss of sexual desire or feeling	
Total Score Section C	

Female Specific History <i>1-3 Circle the score. 4-7 use scoring points below:</i> <i>* If a symptom is occasional or mild... score 3 points</i> <i>* If a symptom is frequent or moderately severe... score 6 points</i> <i>* If a symptom is severe and/or disabling... score 9 points</i>	Point Score
1. Have you at any time in your life been bothered by persistent vaginitis or other problems affecting your reproductive organs?	25
2. Have you been pregnant.. a. 2 or more times? b. 1 time?	5 3
3. Have you taken birth control pills for.... a. more than 2 years? b. 6 months to 2 years?	15 6
4. Troublesome vaginal burning, itching or discharge	
5. Endometriosis of infertility	
6. Severe cramps and/or other menstrual irregularities	
7. Premenstrual tension	
Female Specific Total Score	

Combined Score

Section A _____/116
 Section B _____/162
 Section C _____/120
 Female Specific _____/81

Total Score: _____

Women	Men	
0-90	0-78	Candida unlikely an issue
88-229	76-196	Candida possibly present
223-479	193-398	Candida likely present