

Candida Questionnaire and Score Sheet

This questionnaire lists factors in your medical history that promote the growth of the common yeast, *Candida albicans* (Section A), and symptoms commonly found in individuals with yeast-connected illness (Sections B and C).

For children, there is a different questionnaire. (For instance, a child does not have to have taken any antibiotics to have yeast problems.)

Important Information: Please read before taking Candida Questionnaire.

Filling out and scoring this questionnaire should help you and your physician evaluate how *Candida albicans* may be contributing to your health problems. However, it will not provide an automatic yes or no answer. A comprehensive history and physical examination are important. In addition, laboratory studies, x-rays, and other types of tests may also be appropriate.

Section A: History Point Score

For each **YES** answer in Section A, circle the **Point Score**. Total your score, and record it at the end of the section. Then move on to Sections B and C, and score as directed.

	Point score
Have you taken tetracyclines (Sumycin®, Panmycin®, Vibramycin®, Minocin®,etc.) or other antibiotics for acne for 1 month (or longer)?	50
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?	50
Have you taken a broad spectrum antibiotic drug – even for one period?	6
Have you, at any time in your life, been bothered by persistent Prostatitis, Vaginitis, or other problems affecting your reproductive organs?	25
Have you been pregnant 2 or more times?	5
Pregnant 1 time?	3
Have you taken birth control pills for more than 2 years?	15
Taken birth control pills 6 months to 2 years?	8
(I would add 30 Pts if around the time you started to take birth control pills, you had a general decline in your health.)	30
Taken these drugs 2 weeks or less?	6
Does exposure to perfumes, insecticides, fabric shop odors, or other chemicals provoke moderate to severe symptoms?	20
Does exposure produce symptoms?	5
Are your symptoms worse on damp, muggy days or in moldy places?	20
Have you had athlete's foot, ringworm, "jock itch" or other chronic fungus infections of the skin or nails that have been severe or persistent?	20

Mild or moderate?	10
Do you crave sugar?	10
Do you crave breads?	10
Do you crave alcoholic beverages?	10
Does tobacco smoke really bother you?	10
Total Score, Section A	

Section B: Major Symptoms

**The use of nasal or bronchial sprays containing cortisone and/or other steroids promotes overgrowth in the respiratory tract.

If a symptom is occasional or mild, **score 3 Pts.**

If a symptom is frequent and/or moderately severe, **score 6 Pts.**

If a symptom is severe and/or disabling, **score 9 Pts.**

	Point score
Fatigue or lethargy	
Feeling of being "drained"	
Poor memory	
Feeling "spacey" or "unreal"	
Inability to make decisions	
Numbness, burning or tingling	
Insomnia	
Muscle aches	
Muscle weakness or paralysis	
Pain and/or swelling in joints	
Abdominal pain	
Constipation	
Diarrhea	
Bloating, belching or intestinal gas	
Troublesome vaginal burning, itching or discharge	
Prostatitis	

Impotence	
Loss of sexual desire	
Total Score, Section B	

Section C: Other Symptoms*

*While the symptoms in this section occur commonly in patients with yeast-connected illness, they also occur commonly in patients who do not have Candida.

If a symptom is occasional or mild, **score 3 Pts.**

If a symptom is frequent and/or moderately severe, **score 6 Pts.**

If a symptom is severe and/or disabling, **score 9 Pts.**

	Point score
Drowsiness	
Irritability or jitteriness	
In coordination	
Inability to concentrate	
Frequent mood swings	
Headaches	
Dizziness/loss of balance	
Pressure above ears, feeling of head swelling	
Tendency to bruise easily	
Chronic rashes or itching	
Psoriasis or recurrent hives	
Indigestion or heartburn	
Food sensitivity or intolerance	
Mucus in stools	
Rectal itching	
Dry mouth or throat	
Rash or blisters in mouth	
Bad breath	
Foot, hair, or body odor not relieved by washing	

Nasal congestion or post nasal drip	
Nasal itching	
Sore throat	
Laryngitis, loss of voice	
Cough or recurrent bronchitis	
Pain or tightness in chest	
Wheezing or shortness of breath	
Urinary frequency, urgency or incontinence	
Burning on urination	
Spots in front of eyes or erratic vision	
Burning or tearing of eyes	
Recurrent infections or fluid in ears	
Ear pain or deafness	
Total Score, Section C	
Total Score, Section B	
Total Score, Section A	
Grand Total Score (add totals from Sections A, B, and C)	

The Grand Total Score will help you and your physician decide if your health problems are yeast-connected. Scores for women will run higher, as 7 items in this questionnaire apply exclusively to women, while only 2 apply exclusively to men. Check your total score to the table below.

Point Score Table	<i>Women</i>	<i>Men</i>
Yeast-connected health problems are almost certainly present	Over 180	Over 140
Yeast-connected health problems are probably present	Over 120	Over 90
Yeast-connected health problems are possibly present	Over 60	Over 40
Yeast are less apt to cause health problems	Less than 60	Less than 40

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