

Candida Questionnaire

This questionnaire is based on Dr. William Crook's book The Yeast Connection.

Section A: History

1. Have you taken tetracycline or antibiotics for acne for 1 month or longer (35 points)	
2. Have you at any time in your life taken broad-spectrum antibiotics or antibacterial medication for respiratory, urinary or other infections for 2 months, or in shorter courses at least 4 times within 1 year? (35 POINTS)	
3. Have you taken a broad-spectrum antibiotic drug - even in a single dose? (6 points)	
4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs? (25 points)	
5. Are you bothered by memory or concentration problems - do you sometimes have a spaced out feeling? (20 points)	
6. Do you feel "sick all over" yet, in spite of visits to many different physicians, the causes haven't been found? (20 points)	
7. Have you been pregnant 2 or more times? (5 points) . One time? (3 points)	
8. Have you taken birth control pills for more than 2 years? (15 points) For six months to 2 years? (8 points)	
9. Have you taken steroids orally, by injection, or inhalation for more than 2 weeks? (15 points) . For 2 weeks or less? (6 points)	
10. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke moderate to severe symptoms? (20 points) . Mild symptoms? (6 points)	
11. Does tobacco smoke really bother you? (10 points)	
12. Are your symptoms worse on damp, muggy days or in moldy places? (20 points)	
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 points) . Mild or moderate? (10 points)	
14. Do you crave sugar? (10 points)	
SECTION A TOTAL	

Section B: Major Symptoms

For each of your symptoms, enter the appropriate figure in the point score column:

- 3 POINTS If a symptom is occasional or mild
- 6 POINTS If a symptom is frequent and/or moderately severe
- 9 POINTS If a symptom is severe and/or disabling

Add total score and record it at the end of this section.

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 or diarrhea	
11. Bloating, belching, or intestinal gas	
12. Troublesome vaginal burning, itching or discharge	
13. Prostatitis	
14. Impotence	
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	
Section B Total	

Section C: Other Symptoms

For each of your symptoms, enter the appropriate figure in the point score column:

- 1 POINT If a symptom is occasional or mild 1 point
- 2 POINTS If a symptom is frequent and/or moderately severe 2 points
- 3 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	
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	
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	
SECTION C TOTAL	

The Grand Total Score will help you decide if your health problems are yeast connected. Scores in women will run higher, as 7 items in the questionnaire apply exclusively to women, while only 2 apply exclusively to men.

Total Score Section A _____

Total Score Section B _____

Total Score Section C _____

Grand Total Score A, B & C _____

F with scores > 180 M with scores > 140	Yeast-connected health problems are almost certainly present
F with scores > 120 M with scores > 90	Yeast-connected health problems are probably present
F with scores > 60 M with scores > 40	in Yeast-connected health problems are possibly present in
F with scores < 60 M with scores < 40	yeasts are less apt to cause health problems.