

Candida Questionnaire

Name: _____ Date _____

This candida questionnaire is designed for adults and the scoring system isn't appropriate for children 12 and under. It lists factors in your medical history which promote the growth of Candida Albicans (Section A), and symptoms commonly found in individuals with yeast-connected illness (Sections B and C).

For each "Yes" answer in Section A, circle the point score in that section. Record your total score in the box at the end of the section. Then move on to Sections B and C and score as directed.

Filling out and scoring this questionnaire should help you and your doctor evaluate the possible role of Candida in contributing to your health problems. Yet it will not provide an automatic "Yes" or "No" answer.

scores

Section A: History

Have you taken tetracyclines (Symycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for one month or longer?

25

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 in shorter courses 4 or more times in a 1-year period?

20

Have you taken a broad spectrum antibiotic* -- even in a single course? (Including Keflex, ampicillin, amoxicillin, Ceclor, Bactrim, and Septra). Such antibiotics kill off "good germs" while they are killing off those which cause infection.

6

Have you, at anytime in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs?

25

Have been pregnant 2 or more times?
1 time?

5
3

Have you taken birth control pills for more than 2 years?
For 6 months to 2 years?

15
8

Have you taken Prednisone, Decadron or other cortisone-type drugs for more than 2 weeks?
For 2 weeks or less?

15
6

Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke moderate to severe symptoms?
Mild symptoms?

20
5

Are your symptoms worse on damp, muggy days or in moldy places?

20

Have you had athlete's foot, ring worm, jock itch, or other chronic fungus infections of the skin or nails?
Have such infections been severe or persistent?
Mild to moderate?

-
20
10

Do you crave sugar?

10

Do you crave breads?

10

Do you crave alcoholic beverages?

10

Does tobacco smoke really bother you?

10

(Point Score) Add up the total points in Section A

Section B: Major Symptoms

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

- 3 points - for occasional or Mild**
6 points - for frequent and/or Moderately Severe
9 points - for severe and/or Disabling

points

Add total score and record it in the box at the end of this section:

1. Fatigue or lethargy	
2. Feeling of being "drained"	
3. Poor memory	
4. Feeling "spacey" or "unreal"	
5. Depression	
6. Numbness, burning, or tingling	
7. Muscle aches	
8. Muscle weakness or paralysis	
9. Pain and/or swelling in joints	
10. Abdominal pain	
11. Constipation	
12. Diarrhea	
13. Bloating	
14. Troublesome vaginal discharge	
15. Persistent vaginal burning or itching	
16. Prostatitis	
17. Impotence	
18. Loss of sexual desire	
19. Endometriosis	
20. Cramps and/or other menstrual irregularities	
21. Premenstrual tension	
22. Spots in front of the eyes	
23. Erratic vision	
(Point Score) Add up the total points in Section B	_____

Section C: Other Symptoms

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

1 point for occasional or Mild

2 points for frequent and/or Moderately Severe

3 points for severe and/or Disabling

Add total score and record it in the box at the end of this section:

points

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 and tingling

9. Itching

10. Other rashes

11. Heartburn

12. Indigestion

13. Belching and intestinal gas

14. Mucus in stools

15. Hemorrhoids

16. Dry mouth

17. Rash or blister in mouth

18. Bad breath

19. Joint swelling or arthritis

20. Nasal congestion or discharge

21. Postnasal drip

22. Nasal itching

23. Sore or dry throat

24. Cough

25. Pain or tightness in chest

26. Wheezing or shortness of breath

27. Urinary urgency or frequency

28. Burning or tearing of eyes

29. Failing vision

30. Burning on urination

31. Recurrent infections or fluid in ears

32. Ear pain or deafness

(Point Score) Add up the total points in Section C

Add up the all the total scores in each section

Total Score, Section A _____

Total Score, Section B _____

Total Score, Section C _____

GRAND TOTAL SCORE _____

The Grand Total Score will help you and Dr. Hardy 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.

If your score is:	Symptoms are:
180 (women)	Almost Certainly
140 (men)	Yeast Connected
120 (women)	Probably
90 (men)	Yeast Connected
60 (women)	Possibly
40 (men)	Yeast Connected
Less Than: 60 (women) 40 (men)	Probably Not Yeast Connected

Note: This test is not for diagnosing illness. If you have a serious health problem consult with your health practitioner.



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