

Candida Questionnaire

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 other 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 many 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)**
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, ringworm, jock itch or other chronic fungus 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 columns: If a symptom is occasional or mild 3 points. If a symptom is frequent and/or moderately severe 6 points. If a symptom is severe and/or disabling 9 points. 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 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 intestinal cystitis

Section B Total _____

Section C: Other Symptoms

- ___ 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 post nasal 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

Total Score Section C _____

Total Score Section A _____

Total Score Section B _____

Grand Total Score _____

women over 180, men over 140 – almost certainly present
women over 120, men over 90 – probably present
less than 60 in women, 40 in men – less apt to cause problems