

Candida Questionnaire

Section A: History

Circle the score to the right of each question when a response is "yes", then add up all the circled numbers and write the total at the bottom of the section.

1. Have you taken tetracycline (Sumycin®, Panmycin®, Vibramycin®, Minocin®, etc.) 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? _____ **15**
 - b. for 2 weeks or less? _____ **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? _____ **20**
 - b. mild or moderate? _____ **10**
6. Do you crave sugar/ sweets? _____ **10**
7. Do you crave breads? _____ **10**
8. Do you crave alcoholic beverages? _____ **10**

Section A: Total Score _____

Section B- Secondary Indicators

For each symptom that is present, enter the appropriate number in the Point Score column:

- 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

Total the scores for this section and record them at the end of this section.

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 _____

Section B: Total Score _____

Section C- Minor Indicators

For each symptom that is present, enter the appropriate number in the Point Score column:

- If a symptom is occasional or mild,
Score 1 point
- If a symptom is frequent or moderately severe,
Score 3 points
- If a symptom is severe and/or disabling,
Score 5 points

Total the scores for this section and record them at the end of this section.

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 or 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 _____

- 6. Severe cramps and/or other menstrual irregularities _____
- 7. Premenstrual tension _____

Combined Score
Section A _____/116
Section B _____/162
Section C _____/120
Female specific _____/81
Total Score _____

Section C: Total Score _____

Female Specific History

1-3 circle the score. 4-7 use scoring points below.

- *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

Total the scores for this section and record at the bottom of this section.

- 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? _____ **5**
 - b. 1 time? _____ **3**
- 3. Have you taken birth control pills for...
 - a. more than 2 years? _____ **15**
 - b. 6 months to 2 years? _____ **6**
- 4. Troublesome vaginal burning, itching or discharge _____
- 5. Endometriosis or infertility _____

Women	Men	
0-90	0-78	Candida unlikely an issue
88-229	76-196	Candida possibly present
223-479	190-398	Candida likely present