

Candida Questionnaire and Score Sheet

This questionnaire lists factors in your medical history that promote the growth of the common yeast, Candida Albicans and symptoms commonly found in individuals with yeast-connected illnesses.

Section A: History

Instructions: For each yes answer in section A, Circle the Point Score in that section. Total your score and record it in the box at the end of the section. Then move on to Sections B and C, scoring as directed.

1. Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotic for acne for 1 month or longer?	50
2. Have you ever taken other "broad spectrum" antibiotics for urinary, respiratory or other infections for 2 months or longer, or in shorter courses 4 or more times in a 1 year period?	50
3. Have you ever taken a "broad spectrum" antibiotic drug - even for one period?	6
4. Have you ever been bothered by persistent prostatitis, vaginitis, or other problems that affect your reproductive organs?	25
5. Have you ever been pregnant	5
- 2 or more times?	3
- 1 time?	15
6. Have you taken birth control pills for	8
- more than 2 years?	15
- 6 months to 2 years?	6
7. Have you taken prednisone, Decadron or other cortisone type drugs for...	20
- more than 2 weeks?	5
- 2 weeks or less?	20
8. Does exposure to perfumes, insecticides, fabric shop odors or other chemicals provoke...	5
- Moderate to severe symptoms?	20
- Mild symptoms?	10
9. Are symptoms worse on damp, muggy days or in moldy places?	10
10. Have you had athlete's foot, ring worm, "jock itch" or other chronic fungous infections of the skin or nails?	10
- Moderate to severe symptoms?	10
- Mild to moderate symptoms?	10
11. Do you crave sugar?	10
12. Do you crave breads?	10
13. Do you crave alcoholic beverages?	10
14. Does tobacco smoke really bother you?	10
Total Score - Section A	

Section B: Major Symptoms

Instructions: 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 and/or moderately severe.....score 6 points.

If a symptom is severe and/or disabling.....score 9 points.

Total the score for this section and record it in the box at the end of this section.

	Point Score
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. Insomnia	
8. Muscle aches	
9. Muscle weakness or paralysis	
10. Joint pain or swelling	
11. Abdominal pain	
12. Constipation	
13. Diarrhea	
14. Bloating, belching or intestinal gas	
15. Troublesome vaginal burning, itching or discharge	
16. Prostatitis	
17. Impotence	
18. Loss of sexual desire or feeling	
19. Endometriosis or infertility	
20. Cramps and/or other menstrual irregularities	
21. Premenstrual tension	
22. Attacks of anxiety or crying	
23. Cold hands or feet and/or chilliness	
24. Shaking or irritable when hungry	
Total Score - Section B	

Section C: Other Symptoms

Instructions: 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 and/or moderately severe.....score 6 points.

If a symptom is severe and/or persistent.....score 9 points.

Total the score for this section and record it in the box at the end of this section.

	Point Score
1. Drowsiness	
2. Irritability or jitteryness	
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/tingling	
9. Tendency to bruise easily	
10. Chronic rashes or itching	
11. Psoriasis or recurrent hives	
12. Indigestion or heartburn	
13. Food sensitivity or intolerance	
14. Mucus in stools	
15. Hemorrhoids or rectal itching	
16. Dry Mouth or throat	
17. Rash or blisters in mouth	
18. Bad breath	
19. Foot, hair or body odor not relieved by washing	
20. Nasal congestion, discharge or post nasal drip	
21. Nasal itching	
22. Sore or dry throat	
23. Laryngitis, loss of voice	

24. Cough or recurrent bronchitis	
25. Pain or tightness in chest	
26. Wheezing or shortness of breath	
27. Urgency frequency, urgency or incontinence	
28. Burning on urination	
29. Spots in front of eyes or erratic vision	
30. Burning or tearing of eyes	
31. Recurrent infections or fluid in ears	
32. Ear pain or deafness	
Total Score - Section C	

Test Scoring & Results

Total Score - Section A	
Total Score - Section B	
Total Score - Section C	
Grand Total Score (add sections A, B & C)	

The **Grand Total Score** will help you and your health care provider decide if your health problems are yeast-connected. Scores for woman will typically run higher.

Yeast-connected health problems are almost certainly present in woman with scores over **180**, and in men with scores over **140**.

Yeast-connected health problems are probably present in woman with scores over **120** and in men with scores over **90**.

Yeast-connected health problems are possibly present in woman with scores over **60** and in men with scores over **40**.

With scores less than **60** for woman and **40** for men, yeast are less apt to cause health problems.

If you think your health is being affected by Candida and would like help in eliminating it, contact Dr. Louise at <http://www.medical-intuitives.com>.

Find out what you can do to live a better, healthier life!