

## Candida Questionnaire and Score Sheet\*

This questionnaire lists factors in your medical history that promote the growth of the common yeast, *Candida Albicans* (Section A), and symptoms commonly found in individuals with yeast-connected illness (Sections B and C). For each ves 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, and score as directed.

Section A: History	Point Score
1. Have you taken tetracyclines (Sumycin, Panmycin~, Vibramycin, Minocin, etc.) or other antibiotics for acne for 1 month (or longer)?	50
2. Have you, at any time in your life, taken other 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?	50
3. Have you taken an antibiotic drug - even for one period?	6
4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs?	25
5. Have you been pregnant....	5
2 or more times?	5
1 time?	3
6. Have you taken birth control pills.... for more than 2 years?	15
6 months to 2 years?	8
7. Have you taken prednisone, Decadron, or other cortisone-type drugs by mouth or inhalation for...	15
more than 2 weeks?	
2 weeks or less?	6
8. Does exposure to perfumes, insecticides, fabric shop odors, or other chemicals provoke...	20
moderate to severe symptoms?	
mild symptoms?	5
9. Are your symptoms worse on damp, muggy days or in moldy places?	20
10. Have you had athlete's foot, ringworm, "jock itch" or other chronic fungus infections of the skin or nails?	20
Have Such infections been...	
severe or persistent?	
mild or moderate?	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
<b>Total Score, Section A</b>	

A

## Section B: Major Symptoms

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. Inability, to make decisions	
6. Numbness, burning or tingling	
7. Insomnia	
8. Muscle aches	
9. Muscle weakness or paralysis	
10. Pain and/or swelling in joints	
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	
<b>Total Score, Section B</b>	

## Section C: Other Symptoms\*

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 jitteriness	
3. Incoordination	
4. Inability to concentrate	
5. Frequent mood swings	
6. Headaches	
7. Dizziness/loss of balance	
8. Pressure above ears ... feeling of head swelling	
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. 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 or post nasal drip	

\*While the symptoms in this section occur commonly in patients with yeast-connected illness, they also occur commonly in patients who do not have candida.

## Section C: Other Symptoms (continued)

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.

page	Total your score from previous
21. Nasal itching	
22. Sore throat	
23. Laryngitis, loss of voice	
24. Cough or recurrent bronchitis	
25. Pain or tightness in chest	
26. Wheezing or shortness of breath	
27. Urinary 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	
Total Score, Section B	
Total Score, Section A	
<b>GRAND TOTAL SCORE</b> (add totals from Sections A, B, C)	

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

- Yeast-connected health problems are almost certainly present in women with scores over **180**, and in men with scores over **140**.
- Yeast-connected health problems are probably present in women with scores over **120**, and in men with scores over **90**.
- Yeast-connected health problems are possibly present in women with scores over **60**, and in men with scores over **40**.
- With scores less than **60** for women and **40** for men, yeast are less apt to cause health problems.

This questionnaire is available in quantity from Professional Books, Inc., P.O. Box 3246, Jackson, TN 38302. Prices upon request. Copyright 1984. The Yeast Connection by William G. Crook, M.D. Reprinted with permission.