



Download File: Candida Questionnaire

CANDIDA QUESTIONNAIRE

The following questionnaire will determine if you have a Candida overgrowth. Ultimately if you feel you have the symptoms it may be useful to get medical advice from your GP. For each yes answer in section A, record the Point Score. Total your score and record it at the end of the section. Then move on to Sections B and C, scoring as directed.

	Point Score If Yes
<hr/> History (Section A) <hr/>	
1. Have you ever taken tetracycline or other antibiotics for acne for one month or longer?	25
2. Have you ever taken other "broad-spectrum" antibiotics for respiratory, urinary, or other infections for two months or longer, or in short courses four or more times in one year?	20
3. Have you ever taken a "broad-spectrum" antibiotic (even a single course)?	6
4. Have you ever been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs?	25
5. Have you been pregnant...?	
One time?	3
Two or more times?	5
6. Have you taken birth control pills...?	
For six months to two years?	8
For more than two years?	15
7. Have you taken prednisone or other cortisone type drugs...?	
For two weeks or less?	6
For more than two weeks?	15
8. Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke...	
Mild symptoms?	5
Moderate to severe symptoms?	20

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 infections of the skin or nails?	
Mild to moderate?	10
Severe to persistent?	20
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 For This Section _____

Major Symptoms (Section B)

For each of your symptoms, enter the appropriate figure in the Point Score column.

If symptom is occasional or mild	3 points
If symptom is frequent and/or moderately severe	6 points
If symptom is severe and/or disabling	9 points

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. Persistent vaginal itch _____
- 15. Persistent vaginal burning _____
- 16. Prostatitis _____
- 17. Impotence _____
- 18. Loss of sexual desire _____
- 19. Endometriosis _____
- 20. Cramping and other menstrual irregularities _____
- 21. Premenstrual tension _____
- 22. Spots in front of eyes _____
- 23. Erratic vision _____

Total Score For This Section _____

Other Symptoms (Section C)

For each of your symptoms, enter the appropriate figure in the Point Score column.

- If symptom is occasional or mild **1 point**
- If symptom is frequent and/or moderately severe **2 points**
- If symptom is severe and/or disabling **3 points**

- 1. Drowsiness _____
- 2. Irritability _____
- 3. Lack of coordination _____
- 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 stool _____
- 15. Hemorrhoids _____
- 16. Dry mouth _____
- 17. Rash or blisters 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 on urination _____
- 29. Failing vision _____
- 30. Burning or tearing of eyes _____
- 31. Recurrent infections or fluid in ears _____
- 32. Ear pain or deafness _____

Total Score For This Section _____

Point Score Totals

Total from Section A _____

Total from Section B _____

Total from Section C _____

Total For All Sections _____

Results

	Women	Men
Yeast-connected health problems are almost certainly present	>180	>140
Yeast-connected health problems are Probably present	120-180	90-140
Yeast-connected health problems are possibly present	60-119	40-89
Yeast-connected health problems are less likely to be present	<60	<40

(Dr. Crook's, 2005, *The Yeast Connection Handbook*, 15-19 www.yeastconnection.com)

For the majority of people, the results will most likely show that they have a possible Candida overgrowth in the body. This will be holding back your weight loss. If the results show that you are less likely to have a Candida overgrowth, then you can move on from this section as this isn't a problem for you, whereas if you scored more than 60 then I advise you to follow the 'Anti Candida 2 Week Diet' before you move onto Part 1 which you will find in Appendix 3.

It will take about two weeks to bring your gut into a healthy, balanced level, so you will need to stick to this for the full two weeks before starting on the diet. You will probably find that you lose a few pounds during this time due to the increase in your bowel movements. You should also start to feel a lot less bloated and lethargic.