

# Candida Screening Questionnaire

Answering these questions and adding up the scores will help you and your clinician decide if yeast may be contributing to your health problems.

For each section read the directions and score as indicated. Total your score and record it at the end of the section. Add the totals for each section to get your Grand Total Score.

## Section A: History

For each “yes” answer, circle the point score for that question. Add up the total score and record it at the end of this section.

SECTION A: HISTORY		Point Score
1	Have you taken tetracyclines (Sumycin, Panmycino, Vibramycin, Minocin, etc.) or other antibiotics for acne for one month (or longer)?	35
2	Have you, at any time in your life, taken other “broad spectrum” antibiotics* for respiratory, urinary, or other infections (for two months or longer, or in shorter courses four or more times in a one-year period)?	35
3	Have you taken a broad spectrum antibiotic drug*, even a single course?	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?	3
	<i>One time?</i>	3
6	Have you taken birth control pills?	5
	<i>Two or more times?</i>	5
7	Have you taken birth control pills?	8
	<i>For six months to two years?</i>	8
8	Have you taken prednisone, decadron or other cortisone-type drugs?	15
	<i>For more than two years?</i>	15
9	Have you taken prednisone, decadron or other cortisone-type drugs?	6
	<i>For two weeks or less?</i>	6
10	Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke symptoms?	15
	<i>For more than two weeks?</i>	15
11	Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke symptoms?	5
	<i>Mild symptoms?</i>	5
12	Are your symptoms worse on damp, muggy days or in moldy places?	20
	<i>Moderate to severe symptoms?</i>	20
13	Have you had athlete’s foot, ringworm, “jock itch,” or other chronic fungus infections of the skin or nails?	10
	<i>Mild to moderate?</i>	10
14	Do you crave sugar?	20
	<i>Severe or persistent?</i>	20
15	Do you crave breads?	10
16	Do you crave alcoholic beverages?	10
17	Does tobacco smoke really bother you?	10
<b>Section A Total</b>		_____

\*Including Keflex, ampicillin, amoxicillin, Ceclor, Bactrim, and Septra. Such antibiotics kill off “good germs” while they’re killing off those which cause infection.

## Section B: Major Symptoms

For each of your symptoms, circle the appropriate figure in the point score column. Add up the total score and record it at the end of this section.

SECTION B: MAJOR SYMPTOMS	Point Score		
	<i>Occasional and/or Mild</i>	<i>Frequent and/ or Moderately Severe</i>	<i>Very Frequent and/or Very Severe or Disabling</i>
<b>1</b> Fatigue or lethargy	<b>3</b>	<b>6</b>	<b>9</b>
<b>2</b> Feeling of being “drained”	<b>3</b>	<b>6</b>	<b>9</b>
<b>3</b> Poor memory	<b>3</b>	<b>6</b>	<b>9</b>
<b>4</b> Depression	<b>3</b>	<b>6</b>	<b>9</b>
<b>5</b> Feeling “spacey” or “unreal”	<b>3</b>	<b>6</b>	<b>9</b>
<b>6</b> Inability to make decisions	<b>3</b>	<b>6</b>	<b>9</b>
<b>7</b> Numbness, burning, or tingling	<b>3</b>	<b>6</b>	<b>9</b>
<b>8</b> Muscle aches or weakness	<b>3</b>	<b>6</b>	<b>9</b>
<b>9</b> Pain and/or swelling in joints	<b>3</b>	<b>6</b>	<b>9</b>
<b>10</b> Abdominal pain	<b>3</b>	<b>6</b>	<b>9</b>
<b>11</b> Constipation	<b>3</b>	<b>6</b>	<b>9</b>
<b>12</b> Diarrhea	<b>3</b>	<b>6</b>	<b>9</b>
<b>13</b> Bloating, belching, or intestinal gas	<b>3</b>	<b>6</b>	<b>9</b>
<b>14</b> Troublesome vaginal burning, itching, or discharge	<b>3</b>	<b>6</b>	<b>9</b>
<b>15</b> Persistent vaginal burning or itching	<b>3</b>	<b>6</b>	<b>9</b>
<b>16</b> Prostatitis	<b>3</b>	<b>6</b>	<b>9</b>
<b>17</b> Impotence	<b>3</b>	<b>6</b>	<b>9</b>
<b>18</b> Loss of sexual desire or feeling	<b>3</b>	<b>6</b>	<b>9</b>
<b>19</b> Endometriosis or infertility	<b>3</b>	<b>6</b>	<b>9</b>
<b>20</b> Cramps and/or other menstrual irregularities	<b>3</b>	<b>6</b>	<b>9</b>
<b>21</b> Premenstrual tension	<b>3</b>	<b>6</b>	<b>9</b>
<b>22</b> Attacks of anxiety or crying	<b>3</b>	<b>6</b>	<b>9</b>
<b>23</b> Cold hands or feet and/or chilliness	<b>3</b>	<b>6</b>	<b>9</b>
<b>24</b> Shaking or irritable when hungry	<b>3</b>	<b>6</b>	<b>9</b>
		<b>Section B Total</b>	_____

## Section C: Other Symptoms\*

For each of your symptoms, circle the appropriate figure in the point score column. Add up the total score and record it at the end of this section.

SECTION C: OTHER SYMPTOMS	Point Score		
	<i>Occasional and/or Mild</i>	<i>Frequent and/ or Moderately Severe</i>	<i>Very Frequent and/or Very Severe or Disabling</i>
<b>1</b> Drowsiness	<b>1</b>	<b>2</b>	<b>3</b>
<b>2</b> Irritability or jitteriness	<b>1</b>	<b>2</b>	<b>3</b>
<b>3</b> Uncoordination	<b>1</b>	<b>2</b>	<b>3</b>
<b>4</b> Inability to concentrate	<b>1</b>	<b>2</b>	<b>3</b>
<b>5</b> Frequent mood swings	<b>1</b>	<b>2</b>	<b>3</b>
<b>6</b> Headache	<b>1</b>	<b>2</b>	<b>3</b>
<b>7</b> Dizziness/loss of balance	<b>1</b>	<b>2</b>	<b>3</b>
<b>8</b> Pressure above ears, feeling of head swelling	<b>1</b>	<b>2</b>	<b>3</b>
<b>9</b> Tendency to bruise easily	<b>1</b>	<b>2</b>	<b>3</b>
<b>10</b> Chronic rashes or itching	<b>1</b>	<b>2</b>	<b>3</b>
<b>13</b> Numbness, tingling	<b>1</b>	<b>2</b>	<b>3</b>
<b>13</b> Indigestion or heartburn	<b>1</b>	<b>2</b>	<b>3</b>
<b>14</b> Food sensitivity or intolerance	<b>1</b>	<b>2</b>	<b>3</b>
<b>14</b> Mucus in stools	<b>1</b>	<b>2</b>	<b>3</b>
<b>15</b> Rectal itching	<b>1</b>	<b>2</b>	<b>3</b>
<b>16</b> Dry mouth or throat	<b>1</b>	<b>2</b>	<b>3</b>
<b>17</b> Rash or blisters in mouth	<b>1</b>	<b>2</b>	<b>3</b>
<b>18</b> Bad breath	<b>1</b>	<b>2</b>	<b>3</b>
<b>19</b> Foot, body, or hair odor not relieved by washing	<b>1</b>	<b>2</b>	<b>3</b>
<b>20</b> Nasal congestion or postnasal drip	<b>1</b>	<b>2</b>	<b>3</b>
<b>21</b> Nasal itching	<b>1</b>	<b>2</b>	<b>3</b>
<b>22</b> Sore throat	<b>1</b>	<b>2</b>	<b>3</b>
<b>23</b> Laryngitis, loss of voice	<b>1</b>	<b>2</b>	<b>3</b>
<b>24</b> Cough or recurrent bronchitis	<b>1</b>	<b>2</b>	<b>3</b>
<b>25</b> Pain or tightness in chest	<b>1</b>	<b>2</b>	<b>3</b>

\*While the symptoms in this section commonly occur in people with yeast-connected illness, they are also found in other individuals

SECTION C: OTHER SYMPTOMS	Point Score		
	<i>Occasional and/or Mild</i>	<i>Frequent and/ or Moderately Severe</i>	<i>Very Frequent and/or Very Severe or Disabling</i>
<b>26</b> Wheezing or shortness of breath	1	2	3
<b>27</b> Urgency or urinary frequency	1	2	3
<b>28</b> Burning on urination	1	2	3
<b>29</b> Spots in front of eyes or erratic vision	1	2	3
<b>30</b> Burning or tearing of eyes	1	2	3
<b>31</b> Recurrent infections or fluid in ears	1	2	3
<b>32</b> Ear pain or deafness	1	2	3
	<b>Section C Total</b>		_____

**Section A Total Score** \_\_\_\_\_

**Section B Total Score** \_\_\_\_\_

**Section C Total Score** \_\_\_\_\_

**Grand Total Score** \_\_\_\_\_

The Grand Total Score will help you and your clinician decide if your health problems are yeast connected. Scores in women will run higher as seven items in the questionnaire apply exclusively to women, while only two apply exclusively to men.

Men	Women	Interpretation
40 or below	60 or below	Yeast is less apt to cause health problems
41-90	61-121	Yeast-connected health problems are possibly present
91-140	121-180	Yeast-connected health problems are probably present
141 or higher	181 or higher	Yeast-connected health problems are almost certainly present

