Candida Questionnaire and Score Sheet*

Section A: History

For each answer in Section A, circle the point score in that section. Total your score, and record it at the end of the section.

		Point Score
1. Have you taken antibiotics for acne for 1 month (or longer)?		50
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?		50
3. Have you taken a broad spectrum 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 …	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 cortisone-type drugs by mouth or inhalation for…		
	more than 2 weeks?	15
	2 weeks or less?	6
8. Does exposure to perfumes, insecticides, fabric shop odors, or other chemicals provoke…	moderate to severe symptoms?	20
	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?		
Have such infections been…	severe or persistent?	20
	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
	Total Score, Section 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**.*

		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	_____

Total Score, Section 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 disabling** score **9 points**.*

		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 of throat	_____
17.	Rash or blisters in mouth	_____
18.	Bad breath	_____
19.	Foot, hair of body odor not relieved by washing	_____
20.	Nasal congestion or post nasal drip	_____
21.	Nasal itching	_____
22.	Sore throat	_____
23.	Laryngitis, loss of voice	_____
24.	Cough or recurrent bronchitis	_____
25.	Pain or tightness in chest	_____

	Point Score
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	_____
GRAND TOTAL SCORE	

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 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 is less apt to cause health problems.

*Questionnaire by Dr. William Crook, a pioneer in diagnosing and treating candidiasis, from *The Body Ecology Diet – Recovering Your Health and Rebuilding Your Immunity* by Donna Gates.