

## CANDIDA QUESTIONNAIRE

From: [HerbScientist.com](http://HerbScientist.com)

This questionnaire has been modified from the one that was designed for adults by Dr. William Crook, author of *The Yeast Connection*. Section A asks about factors in your medical history that promote the growth of candida, and Sections B and C ask about symptoms that commonly occur in people with yeast-connected illnesses. Although this questionnaire does not provide you with an absolute “Yes” or “No” answer, your results will provide you and your doctor with guidance on whether you have candida overgrowth.

### **Section A: History**

For each of the following, circle the point score for that question, if applicable.

1. Have you taken antibiotics for acne for at least one month?  
Point Score: 35
2. Have you taken antibiotics for any other purpose for 2 months or longer, or in shorter courses 4 or more times within a 1 year period?  
Point Score: 35
3. Have you ever taken an antibiotic drug even in a single course?  
Point Score: 6
4. Have you ever been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs?  
Point Score: 25
5. Have you been pregnant  
2 or more times? Point Score: 5  
1 time? Point Score: 3
6. Have you taken birth control pills for more than 2 years?  
Point Score: 15  
for 6 months to 2 years? Point Score: 8
7. Have you taken prednisone or other cortisone-type drugs  
for more than 2 weeks? Point Score: 15  
for 2 weeks or less? Point Score: 6
8. Have you had athlete’s foot, ringworm, “jock itch,” or other chronic fungus infections of the skin or nails?  
Severe or persistent: Point Score: 20  
Mild to moderate: Point Score: 10

**Total Score for Section A:** \_\_\_\_\_

## Section B: Major Symptoms

For each of the following, circle the point score for that question, if applicable.

1. Do you have symptoms from exposure to perfumes, insecticides, or other chemicals?  
Moderate to severe: Point Score: 20  
Mild: Point Score: 5
2. Are you bothered by memory or concentrations problems, sometimes even feeling “spaced out?”  
Point Score: 20
3. Do you feel “sick all over” and your doctor doesn’t know why?  
Point Score: 20
4. Are your symptoms worse on damp, muggy days or in moldy places?  
Point Score: 20
5. Does tobacco smoke really bother you?  
Point Score: 10
6. Do you crave sugar?  
Point Score: 10

For each of the following, enter a point score in the blank beside it, if applicable, based on the severity score below:

- 3 points** if a symptom is occasional or mild
- 6 points** if a symptom is frequent or moderately severe
- 9 points** if a symptom is severe or disabling

1. \_\_\_\_\_ Fatigue or lethargy
2. \_\_\_\_\_ Feeling of being “drained
3. \_\_\_\_\_ Depression
4. \_\_\_\_\_ Numbness, burning, or tingling
5. \_\_\_\_\_ Headache
6. \_\_\_\_\_ Muscle aches
7. \_\_\_\_\_ Muscle weakness or paralysis
8. \_\_\_\_\_ Pain and/or swelling in joints
9. \_\_\_\_\_ Abdominal pain
10. \_\_\_\_\_ Constipation and/or diarrhea
11. \_\_\_\_\_ Bloating, belching, or intestinal gas
12. \_\_\_\_\_ Vaginal itching, burning or discharge
13. \_\_\_\_\_ Prostatitis

14. \_\_\_\_\_ Impotence
15. \_\_\_\_\_ Loss of sexual desire or feeling
16. \_\_\_\_\_ Endometriosis or infertility
17. \_\_\_\_\_ Cramps or other menstrual irregularities
18. \_\_\_\_\_ Premenstrual tension
19. \_\_\_\_\_ Attacks of anxiety or crying
20. \_\_\_\_\_ Cold hands or feet
21. \_\_\_\_\_ Hypothyroidism
22. \_\_\_\_\_ Shaking or irritable when hungry
23. \_\_\_\_\_ Cystitis or interstitial cystitis

**Total Score for Section B:** \_\_\_\_\_

### Section C: Other Symptoms

For each of the following, enter a point score in the blank beside it, if applicable, based on the severity score below:

- 1 point** if a symptom is occasional or mild
- 2 points** if a symptom is frequent or moderately severe
- 3 points** if a symptom is severe or disabling

1. \_\_\_\_\_ Drowsiness when not appropriate
2. \_\_\_\_\_ Irritability
3. \_\_\_\_\_ Low coordination
4. \_\_\_\_\_ Mood swings
5. \_\_\_\_\_ Insomnia
6. \_\_\_\_\_ Dizziness or loss of balance
7. \_\_\_\_\_ Pressure above ears, feeling of head swelling
8. \_\_\_\_\_ Sinus problems, tenderness of cheekbones or forehead
9. \_\_\_\_\_ Tendency to bruise easily
10. \_\_\_\_\_ Eczema, itching eyes
11. \_\_\_\_\_ Psoriasis
12. \_\_\_\_\_ Chronic hives
13. \_\_\_\_\_ Indigestion or heartburn
14. \_\_\_\_\_ Sensitivity to mild, wheat, corn or other common foods
15. \_\_\_\_\_ Mucus in stools
16. \_\_\_\_\_ Rectal itching
17. \_\_\_\_\_ Dry mouth or throat
18. \_\_\_\_\_ Mouth rashes, including "white" tongue
19. \_\_\_\_\_ Bad breath
20. \_\_\_\_\_ Foot, hair, or body odor not relieved by washing
21. \_\_\_\_\_ Nasal congestion or postnasal drip
22. \_\_\_\_\_ Nasal itching
23. \_\_\_\_\_ Sore throat
24. \_\_\_\_\_ Laryngitis, loss of voice

- 25. \_\_\_\_\_ Cough or recurrent bronchitis
- 26. \_\_\_\_\_ Pain or tightness in chest
- 27. \_\_\_\_\_ Wheezing or shortness of breath
- 28. \_\_\_\_\_ Urinary frequency or urgency
- 29. \_\_\_\_\_ Burning on urination
- 30. \_\_\_\_\_ Spots in front of eyes or erratic vision
- 31. \_\_\_\_\_ Burning or tearing eyes
- 32. \_\_\_\_\_ Recurrent infections or fluid in ears
- 33. \_\_\_\_\_ Ear pain or deafness

**Total Score for Section C:** \_\_\_\_\_

**GRAND TOTAL SCORES FOR SECTIONS A, B, AND C:** \_\_\_\_\_

**Interpretations of Grand Total Scores**

**Likelihood of Yeast-Based Health Issues**

<u>Women</u>	<u>Men</u>	
more than 180	more than 140	Almost certain
120-179	90-139	Probably present
60-110	40-89	Possibly present
less than 60	less than 40	Not likely

Your score is not just a predictor of yeast-based health issues. It is also an indicator of how far out of balance your intestinal microflora has become. In other words, it shows you how much your body needs and can benefit from probiotic supplements.