360° Health Care

Candida Questionnaire

History	Score
1. Have you taken antibiotics for acne for 1 month or longer?	25
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 in short courses four or more times in a 1-year period?	20
3. Have you ever taken a broad-spectrum antibiotic (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?	
a. One time	3
b. Two or more times	5
6. Have you taken birth control pills?	
a. For 6 months to 2 years	8
b. For more than 2 years	15
7. Have you taken prednisone or other cortisone-type drugs?	
a. For 2 weeks or less	6
b. For more than 2 weeks	15
8. Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke:	
a. Mild symptoms	5
b. 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?	
a. Mild to moderate	10
b. Severe or 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 of this section	

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For each of your symptoms, enter the appropriate figure in the "point score" column:

Severity	Point Score
If a symptom is occasional or mild	3
If a symptom is frequent or moderately severe, or both	6
If a symptoms is severe or disabling, or both	9

Major Symptoms	Point Score
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. Cramps or other menstrual irregularities, or both	
21. Premenstrual tension	
22. Spots in front of eyes	
23. Erratic vision	
Total score of this section	

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For each of your symptoms, enter the appropriate figure in the "point score" column:

Severity	Point Score
If a symptom is occasional or mild	1
If a symptom is frequent or moderately severe, or both	2
If a symptoms is severe or disabling, or both	3

Other Symptoms	Point Score	Other Symptoms	Point Score
1. Drowsiness		15. Bad breath	
2. Irritability		16. Joint swelling or arthritis	
3. Poor coordination, loss of balance		17. Nasal congestion, nasal discharge or nasal itching	
4. Inability to concentrate		18. Sore or dry throat	
5. Frequent mood swings		19. Cough	
6. Headache		20. Pain or tightness in chest	
7. Pressure above ears, feeling of head swelling and tingling		21. Wheezing or shortness of breath	
8. Itching or skin rashes		22. Urinary urgency or frequency	
9. Heartburn		23. Burning on urination	
10. Indigestion		24. Failing vision	
11. Belching and gas		25. Burning or tearing of eyes	
12. Hemorrhoids		26. Recurrent infection or fluid in ears	
13. Dry mouth		27. Ear pain or deafness	
14. Rash or blisters in mouth		**Total score of this section**	
		Total score of ALL sections	

Interpretation

Candida-related health problem	Women	Men
Almost certainly present	>180	>140
Probably present	120-180	90-140
Possibly present	60-119	40-89
Not likely present	<60	<40

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