

## CANDIDA QUESTIONNAIRE



### *History*

	<b>Point score</b>
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?	
One time	3
Two or more times	5
6. Have you taken birth control pills?	
For 6 months to 2 years	8
For more than 2 years	15
7. Have you taken prednisone or other cortisone-type drugs?	
For 2 weeks or less	6
For more than 2 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 or persistent	20
11. Do you crave sugar?	10
12. Do you crave breads?	10
13. Do you crave alcoholic beverages?	0
14. Does tobacco smoke really bother you?	10
<b>Total score of this section</b>	<b>_____</b>

**Address your Candida. Call us at (705) 575-7560 or email [candice@healingclinic.ca](mailto:candice@healingclinic.ca)**

### Major Symptoms

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

- If a symptom is occasional or mild, score 3 points.
- If a symptom is frequent or moderately severe, or both, score 6 points.
- If a symptom is severe or disabling, or both, score 9 points.

	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	___
<b>Total score of this section</b>	___

*Other Symptoms*

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

- If a symptom is occasional or mild, score 1 point.
- If a symptom is frequent or moderately severe, or both, score 2 points.
- If a symptom is severe or disabling, or both, score 3 points.

	<b>Point score</b>
1. Drowsiness	___
2. Irritability	___
3. Incoordination	___
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 stools	___
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	___

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	<b>Point score</b>
29. Failing vision	___
30. Burning or tearing of eyes	___
31. Recurrent infections or fluid in ears	___
32. Ear pain or deafness	___
<b>Total score of this section</b>	___
<b>TOTAL SCORE OF ALL THREE SECTIONS</b>	___

### **Interpretation**

<b>Yeast-connected health problems</b>	<b>Women</b>	<b>Men</b>
Almost certainly present	>180	>140
Probably present	120–180	90–140
Possibly present	60–119	40–89
Less likely present	<60	<40

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