

CANDIDA QUESTIONNAIRE

The total score will help you and your physician 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.

** Yeast-connected health problems are almost certainly present in women with scores over 130 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 of less than 60 in women and 40 in men, yeast is less apt to be the cause of health problems.

SECTION A: HISTORY

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

- | | |
|---|-----|
| 1. Have you taken tetracycline or other 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 shorter courses 4 or more times in a 1-year period)? | 20 |
| 3. <u>Have you taken broad-spectrum antibiotic drug, even one course?</u> | 6 |
| 4. Have you, at any time in your life, been bothered by persistent prostatites, <u>vaginitis, or other problems affecting your reproductive organs?</u> | 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 |
| - for six months to 2 years? | 6 |
| 7. Have you taken prednisone or other cortisone-type drugs: | |
| - for more than 2 weeks? | 15 |
| - 4 or 2 weeks or less? | 6 |
| 8. Does exposure to perfumes, insecticides, fabric shop odors, and other chemical provoke: | |
| - mild symptoms? | 20 |
| - moderate to severe symptoms? | 5 |
| 9. <u>Are you symptoms worse on damp, rainy, foggy days or in mouldy places?</u> | 20 |
| 10. Have you had athlete's foot, ringworm, other chronic fungal infections of the skin or nails? Have the infections been: | Y/N |
| - severe to persistent | 20 |
| - mild to 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 of your symptoms, enter the appropriate figure in the point score column:

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

Add total score and record it at the end of this section.

Fatigue and lethargy	_____
Feeling of being drained	_____
Poor memory	_____
Feeling unreal	_____
Depression	_____
Numbness burning or tingling	_____
Muscle weakness	_____
Muscle weakness or paralysis	_____
Pain and/or swelling in joints	_____
Abdominal pain	_____
Constipation	_____
Diarrhoea	_____
Bloating	_____
Troublesome vaginal discharge	_____
Persistent vaginal itching or burning	_____
Prostatitis	_____
Impotence	_____
Loss of sexual drive	_____
Endometriosis	_____
Cramps and/or other menstrual irregularities	_____
Premenstrual tension	_____
Spots in front of eyes	_____
Erratic vision	_____

TOTAL SCORE-SECTION B _____

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Balanced healing for the body, mind and spirit.

SECTION C: OTHER SYMPTOMS

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

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

Add total score and record it at the end of this section.

Drowsiness	_____
Irritability or Jitteriness	_____
Un-coordination	_____
Inability to concentrate	_____
Frequent mood swings	_____
Headache	_____
Dizziness (loss of balance)	_____
Pressure above ears, feeling of head swelling and tingling	_____
Itching	_____
Other rashes	_____
Indigestion	_____
Belching and intestinal gas	_____
Mucous in stools	_____
Hemorrhoids	_____
Dry mouth	_____
Rash or blisters in mouth	_____
Bad breath	_____
Joint swelling in mouth	_____
Nasal congestion or discharge	_____
Postnasal drip	_____
Nasal itching	_____
Sore mouth	_____
Cough	_____
Pain or tightness in chest	_____
Wheezing or shortness of breath	_____
Urgency or urinary frequency	_____
Burning on urination	_____
Failing vision	_____
Burning or tearing of eyes	_____
Recurrent ear infections or fluid in ears	_____
Ear pain or deafness	_____
TOTAL SCORE – SECTION C	_____

TOTAL SCORE – SECTION A _____
TOTAL SCORE – SECTION B _____
TOTAL SCORE – SECTION C _____
TOTAL SCORE _____

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