Name:

Date:

CANDIDA ALBICANS Self-Screening

Introduction

The following questionnaire was designed by William G. Crook, M.D., to be used by adults to identify one's predisposition to Candida albicans yeast overgrowth. It is not intended as a means for diagnosis, but only as an organized system for gathering information regarding candida.

Instructions

Section A pertains to factors in your medical history which may promote the imbalanced growth of candida.

Sections B and C are concerned with symptoms which are commonly seen in individuals with yeastconnected illnesses

- Follow the instructions provided in each Section
- At the end of the section, your Section score will appear
- Then move on to Sections B and C

Scoring and Interpretation

According to Dr. Crook . . .

Women's scores will tend to run higher, as 7 items apply exclusively to women, while only 2 apply exclusively to men.

Yeast-connected health problems in Women are:

- Almost certainly present in women with scores over 180
- Probably present in women with scores over 120
- Possibly present in women with scores over 60.

Yeast-connected health problems in Men are:

- Almost certainly present with scores over 140
- Probably present with scores over 90
- Possibly present with scores over 40.

Your Scores



Your TOTAL SCORE from Section A

Your TOTAL SCORE from Section B

Your TOTAL SCORE from Section C

Your GRAND TOTAL SCORE

Section A: History

For each statement that applies to you, enter an 'X' in the box on the left.

Then move on to Sections B and C

Points	Then move on to Sections B and C
25 pts.	Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for 1 month or longer?,
_20 pts.	Have you, at any time in your life, taken other "broad spectrum" antibiotics (Ampicillin, Amoxicillin, Ceclor, Bactrim, Septra, Keflex, etc.) for respiratory, urinary or other infections (for 2 months or longer, or in shorter course 4 or more times in a 1-year period)?
6 pts.	Have you taken a broad spectrum antibiotic drug, even a single course?
25 pts.	Have you at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs?
5 pts.	Have you been pregnant 2 or more times?
3 pts.	Have you been pregnant 1 time?
15 pts.	Have you taken birth control pills for more than 2 years?
8 pts.	Have you taken birth control pills for 2 weeks or less?
15 pts.	Have you taken Prednisone, Decadron or other cortisone-type drugs for more than 2 weeks?
6 pts.	Have you taken Prednisone, Decadron or other cortisone-type drugs for 2 weeks or less?
20 pts.	Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke moderate or severe symptoms?
5 pts.	Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke mild symptoms?
20 pts.	Are symptoms worse on damp, muggy days or in moldy places?
20 pts.	Have you had severe or persistent athlete's foot, ringworm, "jock itch" or other chronic fungus infections of the skin or nails?
10 pts.	Have you had mild to moderate athlete's foot, ringworm, "jock itch" or other chronic fungus infections of the skin or nails?
10 pts.	Do you crave sugar?
10 pts.	Do you crave breads?
10 pts.	Do you crave alcoholic beverages?
10 pts.	Does tobacco smoke really bother you?
	TOTAL SCORE FOR SECTION " A "

Section B: Major Symptoms

For each of your symptoms, enter the appropriate number in the boxes on the left:

- 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.

Enter either 3, 6 or 9 in the boxes if symptom applies

Abdominal pain
Bloating
Constipation
Cramps and/or other mentrual irregularities
Depression
Diarrhea
Endometriosis
Erratic vision
Fatigue or lethargy
Feeling "spacy" or "unreal"
Impotence
Loss of sexual desire
Muscle aches
Muscle weakness or paralysis
Numbness, burning or tingling
Pain and/or swelling in joints
Persistent vaginal burning or itching
Poor memory
Premenstrual tension (PMS)
Prostatitis
Spots in front of eyes
Troublesome vaginal discharge
TOTAL SCORE FOR SECTION " B "

Section C: Other Symptoms

For each of your symptoms, enter the appropriate number in the boxes on the left:

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

Drowsiness
Irritability or jitteriness
Uncoordination
Inability to concentrate
Frequent mood swings
Headache
Dizziness/loss of balance
Pressure above ears; feeling of head swelling or tingling
Itching
Other rashes
Heartburn
Indigestion
Belching and intestinal gas
Mucous in stools
Hemorrhoids
Dry mouth
Rash or blisters in mouth
Bad breath
Joint swelling or arthritis
Nasal congestion or post nasal drip
Nasal itching
Sore or dry throat
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 infections or fluid in ears
Ear pain or deafness
TOTAL SCORE FOR SECTION " C "

Enter either 1, 2 or 3 in the boxes if symptom applies

Your Scores

Your GRAND TOTAL SCORE
Your TOTAL SCORE from Section C
Your TOTAL SCORE from Section B
Your TOTAL SCORE from Section A

See Page 1 for interpretation of your score.