

Candida Screening Questionnaire

Patient Name _____ Date _____

Answering these questions and adding up the scores will help you and your clinician decide if yeast may be part of your health problems. For each section, read the instructions and score as indicated. Total your score and record it at the end of the section. Add the totals for each section to get your Grand Total Score.

Section A: History

For each "yes" answer, check the box next to that question. Add up the total score and record it at the end of this section.

Questions	Point Score
1. Have you taken tetracyclines (Sumycin®, Panmycin®, Vibramycin®, Minocin®, etc.) or other antibiotics for acne for one month or longer?	35
2. Have you, at any time in your life, taken other "broad-spectrum" antibiotics for respiratory, urinary, or other infections (for two months or longer, or in shorter courses four or more times in one year)*?	35
3. Have you taken a broad-spectrum antibiotic drug, 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 six months to two years? 8 For more than two years? 15
7. Have you taken prednisone, decadron, or other cortisone-like drugs?	For two weeks or less? 6 For more than two weeks? 15
8. Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke symptoms?	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 fungus 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?	10
14. Does tobacco smoke really bother you?	10

Section A Total: _____

*Broad-spectrum antibiotics include Keflex®, ampicillin, amoxicillin, Bactrim®, and Septra®. Such antibiotics kill off "good germs" while killing off those that cause infection.

Section B: Major Symptoms

For each of your symptoms, score your experience based on the point guide provided. Add up the total score and record it at the end of this section.

Point score guide:

3 = Occasional and/or mild

6 = Frequent and/or moderately severe

9 = Very frequent and/or very severe or disabling

Score these symptoms:

1. ____ Fatigue or lethargy
2. ____ Feeling of being "drained"
3. ____ Poor memory
4. ____ Depression
5. ____ Feeling "spacey" or "unreal"
6. ____ Inability to make decisions
7. ____ Numbness, burning, or tingling
8. ____ Muscle aches or weakness
9. ____ Pain and/or swelling in joints
10. ____ Abdominal pain
11. ____ Constipation
12. ____ Diarrhea
13. ____ Bloating, belching, or intestinal gas
14. ____ Troublesome vaginal burning, itching, or discharge
15. ____ Persistent vaginal burning or itching
16. ____ Prostatitis
17. ____ Impotence
18. ____ Loss of sexual desire or feeling
19. ____ Endometriosis or infertility
20. ____ Cramps and/or other menstrual irregularities
21. ____ Premenstrual tension
22. ____ Attacks of anxiety or crying
23. ____ Cold hands or feet and/or chilliness
24. ____ Shaking or irritable when hungry

Section B Total: _____

Section C: Other Symptoms

For each symptom, score your experience based on the point guide. Add up the total score and record it at the end of this section. (Note: The symptoms in this section are common in people with yeast-connected illness but are also found in others.)

Point score guide:

- 1 = Occasional and/or mild
- 2 = Frequent and/or moderately severe
- 3 = Very frequent and/or very severe or disabling

Score these symptoms:

1. ____ Drowsiness
2. ____ Irritability or jitteriness
3. ____ Uncoordination
4. ____ Inability to concentrate
5. ____ Frequent mood swings
6. ____ Headache
7. ____ Dizziness/loss of balance
8. ____ Pressure above ears, feeling of head swelling
9. ____ Tendency to bruise easily
10. ____ Chronic rashes or itching
11. ____ Numbness, tingling
12. ____ Indigestion or heartburn
13. ____ Food sensitivity or intolerance
14. ____ Mucus in stools
15. ____ Rectal itching
16. ____ Dry mouth or throat
17. ____ Rash or blisters in mouth
18. ____ Bad breath
19. ____ Foot, body, or hair odor not relieved by washing
20. ____ Nasal congestion or postnasal drip
21. ____ Nasal itching
22. ____ Sore throat
23. ____ Laryngitis, loss of voice
24. ____ Cough or recurrent bronchitis
25. ____ Pain or tightness in chest
26. ____ Wheezing or shortness of breath
27. ____ Urgency or urinary frequency
28. ____ Burning on urination
29. ____ Spots in front of eyes or erratic vision
30. ____ Burning or tearing of eyes
31. ____ Recurrent infections or fluid in ears
32. ____ Ear pain or deafness

Section C Total: _____

Scoring & Interpretation

Record your scores from each section and add them to find out the grand total. The Grand Total Score will help you and your clinician decide if your health problems are yeast connected. Scores in women will run higher because seven items in the questionnaire apply exclusively to women while only two apply exclusively to men.

Calculation:

Section A Total Score: _____

Section B Total Score: _____

Section C Total Score: _____

Grand Total Score: _____

Guidelines for Interpretation		
Men: 40 or below	Women: 60 or below	Yeast is less apt to cause health problems
Men: 41-90	Women: 61-120	Yeast-connected health problems are possibly present
Men: 91-140	Women: 121-180	Yeast-connected health problems are probably present
Men: 141 or higher	Women: 181 or higher	Yeast-connected health problems are almost certainly present