

# CANDIDA QUESTIONNAIRE

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## Section I History

Point Score \_\_\_\_\_

1. Have you taken tetracycline or other antibiotics for acne for one 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 two months or longer, or in short courses four or more times in a one-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 six months to two years?.....**8**  
More than two years?..... **15**
7. Have you taken Prednisone or other cortisone type 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 ... 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? .....**10**
14. Does tobacco smoke really bother you? ..... **10**

## Total Score for This Section

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## Worksheet-Candida Questionnaire

### Section II Major Symptoms

For each of your symptoms, enter the appropriate figure in the Point Score column.

- |   |                       |
|---|-----------------------|
| If a symptom is occasional or mild                | <b>score 3 points</b> |
| If a symptom is frequent and/or moderately severe | <b>score 6 points</b> |
| If a symptom is severe and/or disabling           | <b>score 9 points</b> |

- |  |       |
|--|-------|
| 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 and/or other menstrual irregularities | _____ |

- 21. Premenstrual tension \_\_\_\_\_
- 22. Spots in front of eyes \_\_\_\_\_
- 23. Erratic vision \_\_\_\_\_

**Total Score for This Section** \_\_\_\_\_

## Worksheet-Candida Questionnaire

### Section III. 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 and/or moderately severe **score 2 points**
- If a symptom is severe and/or disabling **score 3 points**

- 1. Drowsiness \_\_\_\_\_
- 2. Irritability \_\_\_\_\_
- 3. Lack of coordination \_\_\_\_\_
- 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 \_\_\_\_\_

**Worksheet-Candida Questionnaire**

- 26. Wheezing or shortness of breath \_\_\_\_\_
- 27. Urinary urgency or frequency \_\_\_\_\_
- 28. Burning on urination \_\_\_\_\_
- 29. Failing vision \_\_\_\_\_
- 30. Burning or tearing of eyes \_\_\_\_\_
- 31. Recurrent infections or fluid in ears \_\_\_\_\_
- 32. Ear pain or deafness \_\_\_\_\_

**Total Score for This Section** \_\_\_\_\_

**Totals:**

<b>Section I</b>	_____
<b>Section II</b>	_____
<b>Section III</b>	_____

**Total Score for All Three Sections** \_\_\_\_\_

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## Interpretation

## Women

## Men

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Yeast-connected health problems  
are almost certainly present

>180

>140

Yeast-connected health problems  
are probably present

120—180

90—140

Yeast-connected health problems  
are possibly present

60—119

40—89

Yeast-connected health problems  
are less likely to be present

<60

<40