

**NATURAL HEALTH & WELLNESS CENTER
88 NOBLE AVENUE
MILFORD, CT 06460
(203) 874-4333
WWW.NHAWC.COM
CANDIDA QUESTIONNAIRE**

<p>▶ Click here to print and fill out the questionnaire</p> <p>This candida questionnaire is designed for adults and the scoring system isn't appropriate for children 12 and under. It lists factors in your medical history which promote the growth of Candida Albicans (Section A), and symptoms commonly found in individuals with yeast-connected illness (Sections B and C).</p> <p>For each "Yes" answer in Section A, circle the point score in that section. Record your total score in the box at the end of the section. Then move on to Sections B and C and score as directed.</p> <p>Filling out and scoring this questionnaire should help you and your doctor evaluate the possible role of Candida in contributing to your health problems. Yet it will not provide an automatic "Yes" or "No" answer.</p>	scores
<p>Section A: History</p> <p>1. Have you taken tetracyclines (Symycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for one month or longer?</p>	25
<p>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?</p>	20
<p>3. Have you taken a broad spectrum antibiotic* -- even in a single course? * Including Keflex, Ampicillin, Amoxicillin, Ceclor, Bactrim, and Septra. Such antibiotics kill off "good germs" while they are killing off those which cause infection.</p>	6
<p>4. Have you, at anytime in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs?</p>	25
<p>5. Have been pregnant 2 or more times? 1 time?</p>	5 3
<p>6. Have you taken birth control pills for more than 2 years? For 6 months to 2 years?</p>	15 8
<p>7. Have you taken Prednisone, Decadron or other cortisone-type drugs for more than 2 weeks? For 2 weeks or less?</p>	15 6
<p>8. Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke moderate to severe symptoms? Mild symptoms?</p>	20 5
<p>9. Are your symptoms worse on damp, muggy days or in moldy places?</p>	20
<p>10. Have you had athlete's foot, ring worm, jock itch, or other chronic fungus</p>	-

infections of the skin or nails? Have such infections been severe or persistent? Mild to moderate?	20 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
Point Score	_____

Section B: Major Symptoms

For each of your symptoms, enter the appropriate figure in the point score column: 3 points - for occasional or Mild 6 points - for frequent and/or Moderately Severe 9 points - for severe and/or Disabling Add total score and record it in the box at the end of this section:	points
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. Troublesome vaginal discharge	_____
15. Persistent vaginal burning or itching	_____
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 the eyes	_____
23. Erratic vision	_____
Point Score	_____

Section C: Other Symptoms

<p>For each of your symptoms, enter the appropriate figure in the point score column: 1 point for occasional or Mild 2 points for frequent and/or Moderately Severe 3 points for severe and/or Disabling Add total score and record it in the box at the end of this section:</p>	_____
1. Drowsiness	_____
2. Irritability or jitteriness	_____
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 blister 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 or tearing of eyes	_____
29. Failing vision	_____
30. Burning on urination	_____
31. Recurrent infections or fluid in ears	_____
32. Ear pain or deafness	_____
Point Score	_____
Total Score, Section A Total Score, Section B Total Score, Section C GRAND TOTAL SCORE	_____

The Grand Total Score will help you and your doctor decide if your health problems are yeast-connected. Scores in women will run higher as 7 items in the questionnaire apply exclusively to women, while only 2 apply exclusively to men.

If your score is:	Symptoms are:
180 (women)	Almost Certainly
140 (men)	Yeast Connected
120 (women)	Probably
90 (men)	Yeast Connected
60 (women)	Possibly
40 (men)	Yeast Connected
Less Than: 60 (women) 40 (men)	Probably Not Yeast Connected

Note: This test is not for diagnosing illness. If you have a serious health Problem consult with your health practitioner.

