

Candida Long Questionnaire

This is the long questionnaire designed for adults and isn't appropriate for children. It is based on a questionnaire created by William G. Crook M.D. and his book *The Yeast Connection*. Modifications have been made to suit our clientele. It is appropriate to fill this questionnaire out every two years or so to check if the risk factors or symptoms related to Candida have increased enough to consider it an issue. There is a shorter questionnaire also. It helps keep track of your symptoms on an ongoing basis. It can tell you when you are finished with the Candida problem.

This questionnaire lists factors in your medical history which can promote the growth of *Candida albicans* (Section I) and symptoms commonly found in people that have a Candida problem (Sections II and III). If the question applies in Section I, circle the number and add the score. In Sections II and III you are asked to rate symptoms. By adding all these numbers together we can see a probability of having a Candida (yeast) problem. This questionnaire is not definitive. On its own, it cannot determine with absolute certainty if you have a problem.

Section I: HISTORY

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|---|----|
| 1. Have you taken antibiotics (such as tetracyclines for acne) for two months or longer? | 25 |
| 2. Have you, at any time in your life taken a broad spectrum antibiotic for respiration, urinary or other infection (for more than two months or longer, or 4 or more short courses within a year)? | 20 |
| 3. Have you ever had a persistent vaginal infection or more than 3 episodes in one year? | 25 |
| 4. Have you been pregnant two or more times? | 5 |
| ... one time ? | 3 |
| 5. Have you ever taken birth control pills for more than two years? | 15 |
| ... six months, to 2 years? | 8 |
| 6. Have you ever taken cortisol-type drugs (e.g. prednisone, decadron etc.) for more than two weeks? | 15 |
| ... two or fewer weeks? | 6 |
| 7. Do you get a negative response to perfumes, insecticides or chemicals? | |
| ... with moderate to severe symptoms? | 20 |
| ... mild symptoms? | 5 |
| 8. Does a damp day or moldy places make your symptoms worse? | 25 |
| 9. Do you have persistent athlete's foot, "jock itch", or other fungus on skin or nails? | |
| ... severe or persistent | 25 |
| ... mild to moderate | 10 |
| 10. Do you crave sugar? | 15 |
| 11. Do you crave bread? | 20 |
| 12. Do you crave alcoholic beverages? | 10 |
| 13. Does tobacco smoke really bother you? | 15 |

Total points Section I

Section II: Major Symptoms

For each symptom which is present, enter the appropriate score:

- if mild, ... 3 points
- if moderate ... 6 points
- if severe ... 9 points

Add the total below

- 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 and pains _____
- 8. Muscle weakness or partial paralysis _____
- 9. Pain and/or swollen joints _____
- 10. Abdominal bloating or pain _____
- 11. Constipation _____
- 12. Diarrhea _____
- 13. Bloating in general _____
- 14. Troublesome vaginal discharge _____
- 15. Persistent vaginal burning or itching _____
- 16. Enlarged prostate _____
- 17. Impotency _____
- 18. Loss of sex drive _____
- 19. Pelvic inflammatory disease or endometriosis _____
- 20. Problems with menstrual cycle _____
- 21. Premenstrual tension _____
- 22. Spots in front of eyes _____
- 23. Erratic vision _____

Total for Section II

Section III: Other Symptoms

For each symptom present, enter the appropriate point value in the column.

- If mild ... 1 point
- If moderate ... 2 points
- If severe or persistent ... 3 points

- 1. Drowsiness _____
- 2. Irritability or jitteriness _____
- 3. Inco-ordination _____
- 4. Concentration problems _____
- 5. Mood swings _____
- 6. Headaches _____
- 7. Dizziness/vertigo/loss of balance _____
- 8. Feeling of swollen head or
tingling pressure above ears _____
- 9. Itching _____
- 10. Rashes _____
- 11. Heartburn _____
- 12. Indigestion _____
- 13. Intestinal gas or belching _____
- 14. Mucus in stools _____
- 15. Hemorrhoids _____
- 16. Dry mouth _____
- 17. Blisters, cancer or rash in mouth _____
- 18. Bad breath _____
- 19. Swollen joints _____
- 20. Nasal congestion or discharge _____
- 21. Postnasal drip _____
- 22. Dry or sore throat _____
- 23. Nasal itching _____
- 24. Coughing _____
- 25. Pain or tightness in chest _____
- 26. Wheezing or shortness of breath _____
- 27. Urinary frequency or urgency _____
- 28. Burning on urination _____
- 29. Failing vision _____
- 30. Burning or tearing of eyes _____
- 31. Recurrent ear infections _____
- 32. Fluid in ears _____
- 33. Ear pain or deafness _____
- 34. Tubes in ears _____
- 35. Low thyroid _____
- 36. Other symptoms: _____

Total for Section III

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Grand Total Score (Add Sections I, II and III)

Females

1. If your score is over 175, almost certainly Candida is a contributing factor to your health condition.
2. If your score is over 120, it is likely that Candida is causing some health issues.
3. If your score is between 60-120, Candida possibly contributes to your health but in a minor way.
4. A score less than 60 means that Candida is not causing a problem significant enough to treat.

Males

For males the score is downgraded a bit, with above 100 putting you in category 1; 80-100 category 2; 50-80 category 3 and below 50 categorized as not of any concern.

We start treating females if above 120 and males if above 80.