

Candida Symptom Score (Short Questionnaire)

Enter a number (from 0 - 5) after each of the following symptoms related to *Candida*. Zero (0) would represent "not present", 5 would represent very severe expression of the symptom.

- Vaginal discharge _____
- Frequent urination _____
- Bladder infections _____
- Sensitivity to smoke, perfume, insecticides,
drycleaning fumes, chemical fumes _____
- All symptoms increase in dampness
or on muggy days _____
- Athlete's foot, ringworm, "jock itch" _____
- Do you crave sugar? _____
- " bread? _____
- " wine or beer? _____
- " peanuts? _____
- " oranges? _____
- " grapes or raisins? _____
- Fatigue or lethargy _____
- Feeling "drained" _____
- Feeling "spacey" or "unreal" _____
- Depression _____
- Numbness _____
- Abdominal pain _____
- Constipation _____
- Diarrhea _____
- Bloating _____
- Low sex drive _____
- Cramps and/or menstrual irregularities _____
- Spots in front of eyes _____
- Irritability _____
- Inability to concentrate _____
- Mood swings _____
- Headaches _____
- Dizziness/loss of balance _____
- Itching _____
- Rashes _____
- Heartburn _____
- Indigestion _____
- Belching and/or passing gas _____
- Burning anus _____
- Bad breath _____
- Nasal congestion _____
- Burning or tearing of eyes _____

Total Score on Short Questionnaire
(Treatment is recommended if females are
above 20 or males are above 15)