

Candida Questionnaire

This questionnaire can help identify possible Candida overgrowth problems. Please complete the following questions and return to Dr. Kira for analysis.

Section A: History

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 2 months or longer, or in short courses four or more times in a 1-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 (BPH, prostate infection), vaginitis (yeast infections), or other problems affecting your reproductive organs?	25
5. Have you ever been pregnant: One time?	3
Two or more times?	5
6. Have you ever taken birth control pills: For six months to two years?	8
For 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 odours, 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 for Section A: _____



Section B: Major Symptoms

Mild or occasional symptoms = 3 points

Frequent and/or moderately severe symptoms = 6 points

Severe and/or disabling symptoms = 9 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. 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 for Section B: _____

Section C: Other Symptoms

- Mild or occasional symptoms = 1 point
 Frequent and/or moderately severe symptoms = 2 points
 Severe and/or disabling symptoms = 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 mouth	
24. Cough	
25. Pain or tightness in chest	
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 fluids in ears	
32. Ear pain or deafness	

Score for Section C: _____
Total Score for Sections A + B + C = _____

Yeast-connected health problems:	Women	Men
Almost certainly present	>180	>140
Likely present	120-180	90-140
Unlikely present	<120	<90