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Candida Questionnaire **and Score Sheet**

If you'd like to know if your health problems are yeast connected, take this comprehensive questionnaire.

Questions in Section A focus on your medical history—factors that promote the growth of *Candida albicans* and that frequently are found in people with yeast-related health problems.

In Section B you'll find a list of 23 symptoms that are often present in patients with yeast-related health problems.

Section C consists of 33 other symptoms that are sometimes seen in people with yeast-related problems—yet they also may be found in people with other disorders.

Filling out and scoring this questionnaire is the first step to help you evaluate the possible role *Candida albicans* contributes to your health problems. Yet, it will not provide an automatic “yes” or “no” answer.

Section A: History

1. Have you taken tetracycline's or other antibiotics for acne for 1 month (or longer)? 35
2. Have you at any time in your life taken broad spectrum antibiotics or other antibacterial medication for respiratory, urinary or other infections for two months or longer, or in shorter courses four or more times in a one-year period? 35
3. Have you taken a broad-spectrum antibiotic drug—even in a single dose? 64. Have you, at any time in your life, been bothered by

persistent prostatitis, vaginitis or other problems affecting your reproductive organs? 25

5. Are you bothered by memory or concentration problems—do you sometimes feel spaced out? 20

6. Do you feel “sick all over” yet, in spite of visits to many different physicians, the causes haven’t been found? 20

7. Have you been pregnant...

Two or more times? 5

One time? 3

8. Have you taken birth control pills...

For more than two years? 15

For six months to two years? 8

9. Have you taken steroids orally, by injection or inhalation?

For more than two weeks? 15

For two weeks or less? 6

10. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke . . . 20

Moderate to severe symptoms? 5

Mild symptoms?

11. Does tobacco smoke really bother you? 10

12. Are your symptoms worse on damp, muggy days or in moldy places? 20

13. Have you had athlete’s foot, ring worm, “jock itch” or other chronic fungous infections of the skin or nails? Have such infections been...

Severe or persistent? 20

Mild to moderate? 10

14. Do you crave sugar? 10

TOTAL SCORE, Section A

Section B: Major Symptoms

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

If a symptom is **occasional or mild** 3 points

If a symptom is **frequent and/or moderately severe** 6 points

If a symptom is **severe and/or disabling**..... 9 points

Add total score and record it at the end of this section.

Point Score

1. Fatigue or lethargy
2. Feeling of being “drained”
3. Depression or manic depression
4. Numbness, burning or tingling
5. Headache
6. Muscle aches
7. Muscle weakness or paralysis
8. Pain and/or swelling in joints
9. Abdominal pain
10. Constipation and/or diarrhea
11. Bloating, belching or intestinal gas
12. Troublesome vaginal burning, itching or discharge
13. Prostatitis
14. Impotence
15. Loss of sexual desire or feeling
16. Endometriosis or infertility
17. Cramps and/or other menstrual irregularities
18. Premenstrual tension
19. Attacks of anxiety or crying
20. Cold hands or feet, low body temperature
21. Hypothyroidism
22. Shaking or irritable when hungry
23. Cystitis or interstitial cystitis

TOTAL SCORE, Section B:

Section C: Other Symptoms

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

If a symptom is **occasional or mild** 1 point

If a symptom is **frequent and/or moderately severe**2 points

If a symptom is **severe and/or disabling**..... 3 points

Add total score and record it at the end of this section.

1. Drowsiness, including inappropriate drowsiness
2. Irritability
3. In coordination
4. Frequent mood swings
5. Insomnia
6. Dizziness/loss of balance
7. Pressure above ears . . . feeling of head swelling
8. Sinus problems . . . tenderness of cheekbones or forehead
9. Tendency to bruise easily
10. Eczema, itching eyes
11. Psoriasis
12. Chronic hives (urticaria)
13. Indigestion or heartburn
14. Sensitivity to milk, wheat, corn or other common foods
15. Mucus in stools
16. Rectal itching
17. Dry mouth or throat
18. Mouth rashes, including “white” tongue
19. Bad breath
20. Foot, hair or body odor not relieved by washing
21. Nasal congestion or postnasal drip
22. Nasal itching
23. Sore throat
24. Laryngitis, loss of voice
25. Cough or recurrent bronchitis
26. Pain or tightness in chest
27. Wheezing or shortness of breath
28. Urinary frequency or urgency
29. Burning on urination
30. Spots in front of eyes or erratic vision

- 31. Burning or tearing eyes
- 32. Recurrent infections or fluid in ears
- 33. Ear pain or deafness

TOTAL SCORE, Section C _____

Total Score, Section A _____

Total Score, Section B _____

GRAND TOTAL SCORE _____

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

Yeast related health problems are **almost certainly present in women with scores more than 180, and in men with scores more than 140.**

Yeast related health problems are **probably present in women with scores more than 120, and in men with scores more than 90.**

Yeast related health problems are **possibly present in women with scores more than 60, and in men with scores more than 40.**

With scores of less than 60 in women and 40 in men, yeasts are less apt to cause health problems.

Think you could have yeast overgrowth? I've helped many clients with this problem. Contact me to get rid of this debilitating and dangerous health issue.



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