

CANDIDA SCORE SHEET



This questionnaire is designed for adults. The scoring system is not appropriate for children. 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). For each "Yes" answer in Section A, circle the Point Score in that section. Total your score and record it in the box at the end of the section. Then move on to Sections B and C and score as directed.

Filling out and scoring this questionnaire should help you and your physician evaluate the possible role of candida in contributing to your health problem. However, it will not provide an automatic "yes" or "no" answer.

SECTION A: HISTORY

1. Have you taken a broad spectrum antibiotic drug, even a single course?	6
2. Have you taken tetracyclines (or other antibiotics) for acne for 1 month (or longer)?	25
3. 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 for 4 or more times in a 1-year period)?	20
4. Have you at any time in your life been troubled by persistent prostatitis, vaginal problems, or had 3 or more episodes of vaginitis in a year?	25
5. Have you taken Prednisone, Decadron®, or other cortisone-type drugs... <i>for more than 2 weeks?</i> <i>for 2 weeks or less?</i>	15 6
6. Have you been pregnant... <i>2 or more times?</i> <i>1 time?</i>	5 3
7. Have you taken birth control pills... <i>for more than 2 years?</i> <i>for 6 months to 2 years?</i>	15 8
8. Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke... <i>moderate to severe symptoms?</i> <i>mild symptoms?</i>	20 5
9. Are your symptoms worse on damp, muggy days or in moldy places?	20
10. Have you had athlete's foot, ring worm, "jock itch," or other chronic fungus infections of the skin or nails? Have such infections been... <i>severe or persistent?</i> <i>mild to moderate?</i>	20 10
11. Do you crave alcoholic beverages?	10
12. Do you crave sugar?	10
13. Do you crave breads?	10
14. Does tobacco smoke REALLY bother you?	10
TOTAL SCORE - SECTION A	

SECTION B: MAJOR SYMPTOMS

For each symptom, enter the appropriate figure in the Score column:

- If a symptom is **mild** ----- score 3 points
- If a symptom is **moderate** ----- score 6 points
- If a symptom is **severe or disabling** --- score 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. Troublesome vaginal discharge	
15. Persistent vaginal burning or itching	
16. Prostatitis	
17. Impotence	
18. Loss of sexual desire or feeling	
19. Endometriosis	
20. Cramps and/or other menstrual irregularities	
21. Premenstrual tension	
22. Spots in front of eyes	
23. Erratic vision	
TOTAL SCORE - SECTION B	

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SECTION C: OTHER SYMPTOMS

While the symptoms in this section occur commonly in patients with yeast-connected illness, they also occur commonly in patients who do not have candida. For each symptom below, enter the appropriate figure in the Score column.

If a symptom is **occasional or mild** ----- score 1 points

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

If a symptom is **severe or persistent** ----- score 3 points

1. Drowsiness	
2. Irritability or jitteriness	
3. Inability to concentrate	
4. Frequent mood swings	
5. Headache	
6. Incoordination	
7. Dizziness/loss of balance	
8. Pressure above ears, feeling of head swelling	
9. Itching	
10. Rash or blisters in mouth	
11. Other rashes	
12. Heartburn	
13. Indigestion	
14. Belching and intestinal gas	
15. Mucus in stools	
16. Hemorrhoids	
17. Dry mouth	
18. Bad breath	
19. Hair or body odor not relieved by washing	
20. Nasal congestion or discharge	

21. Postnasal drip	
22. Nasal itching	
23. Failing vision	
24. Burning or tearing of eyes	
25. Recurrent ear infections or fluid in ears	
26. Ear pain or deafness	
27. Sore or dry throat	
28. Cough	
29. Pain or tightness in chest	
30. Wheezing or shortness of breath	
31. Urgency or urinary frequency	
32. Burning or urination	
TOTAL SCORE - SECTION C	
TOTAL SCORE - SECTION B	
TOTAL SCORE - SECTION A	
GRAND TOTAL SCORE	

The Grand Total Score will help you and your physician 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.

- Yeast-connected health problems are almost **CERTAINLY** present in women with scores over 180, and in men with scores over 140.
- Yeast-connected health problems are **PROBABLY** present in women with scores over 120, and in men with scores over 90.
- Yeast-connected problems are **POSSIBLY** present in women with scores over 60, and in men with scores over 40.
- With scores of less than 50 in women and 40 in men, yeast is less apt to cause health problems.