

Healthy Habits®

CANDIDA QUESTIONNAIRE

Name:

Date:

This questionnaire is designed for adults; the scoring system is not appropriate for children. It lists factors in your medical history which promote growth of the common yeast **Candida albicans** and symptoms commonly found in individuals with yeast-connected illness. This should help you and your physician evaluate the possible role of yeast in your health challenges.

<p>Yes (...) No (...) 1. Have you taken tetracycline or other antibiotics for acne for at least one month?</p>	<p>Yes (...) No (...) 10. If “yes” to #9, go to #11. Otherwise, have you taken birth control pills more than two years?</p>
<p>Yes (...) No (...) 2. Have you, at any time in your life, taken other “broad spectrum” antibiotics for respiratory, urinary or other infections (for two months or longer, or in shorter courses four or more times in a one-year period)?</p>	<p>Yes (...) No (...) 11. Does exposure to perfumes, insecticides, fabric shop odors or other chemicals provoke moderate to severe symptoms?</p>
<p>Yes (...) No (...) 3. Have you taken a broad spectrum antibiotic, even a single course?</p>	<p>Yes (...) No (...) 12. Does exposure to perfumes, insecticides, fabric shop odors or other chemicals provoke mild symptoms?</p>
<p>Yes (...) No (...) 4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs?</p>	<p>Yes (...) No (...) 13. Are your symptoms worse on damp, muggy days or in moldy places?</p>
<p>Yes (...) No (...) 5. Have you been pregnant two or more times?</p>	<p>Yes (...) No (...) 14. Have you had athlete’s foot, ringworm, “jock itch” or other chronic fungal infections of the skin or nails? Have the infections been severe or persistent?</p>
<p>Yes (...) No (...) 6. If #5 was “yes”, go to #7. Otherwise, have you been pregnant one time?</p>	<p>Yes (...) No (...) 15. If #14 was “yes”, go to #16. Otherwise, have you had athlete’s foot, ringworm, “jock itch” or other fungal infections of the skin or nails, but they have been only mild to moderate?</p>
<p>Yes (...) No (...) 7. Have you taken prednisone or other cortisone-type drugs for more than two weeks?</p>	<p>Yes (...) No (...) 16. Do you crave sugar?</p>
<p>Yes (...) No (...) 8. If #7 was a “yes”, go to #9. Otherwise, have you taken prednisone or other cortisone-type drugs for two weeks or less?</p>	<p>Yes (...) No (...) 17. Do you crave breads?</p>
<p>Yes (...) No (...) 9. Have you taken birth control pills for 6 months to two years?</p>	<p>Yes (...) No (...) 18. Do you crave alcoholic beverages?</p>
	<p>Yes (...) No (...) 19. Does tobacco smoke seriously bother you?</p>

FOR THE REST OF THE QUESTIONS #20 -276

For each symptom which is present, enter the appropriate number

If a symptom **does not apply** leave it blank

If a symptom is **irregular or mild** enter a "1"

If a symptom is **frequent and/or moderate** enter a "2"

If a symptom is **very frequent and/or disabling** enter a "3"

- (...) 20. Fatigue or lethargy
- (...) 21. Feeling of being "drained"
- (...) 22. Poor memory
- (...) 23. Feeling "spacey" or "unreal"
- (...) 24. Inability to make decisions
- (...) 25. Numbness, burning or tingling
- (...) 26. Insomnia
- (...) 27. Muscle aches
- (...) 28. Muscle weakness or paralysis
- (...) 29. Pain and/or swelling in joints
- (...) 30. Abdominal pain
- (...) 31. Constipation
- (...) 32. Diarrhea
- (...) 33. Bloating, belching or intestinal gas
- (...) 34. Troublesome vaginal burning, itching or discharge
- (...) 35. Prostatitis
- (...) 36. Impotence
- (...) 37. Loss of sexual desire or feeling
- (...) 38. Endometriosis or infertility
- (...) 39. Cramps and/or other menstrual irregularities
- (...) 40. Premenstrual tension
- (...) 41. Attacks of anxiety or crying
- (...) 42. Cold and/or chilly hands or feet
- (...) 43. Shaking or irritable when hungry
- (...) 44. Drowsiness
- (...) 45. Irritability or jitteriness
- (...) 46. Incoordination
- (...) 47. Inability to concentrate
- (...) 48. Frequent mood swings

- (...) 49. Headaches
- (...) 50. Dizziness or loss of balance
- (...) 51. Pressure above ears, a feeling of head swelling
- (...) 52. Tendency to bruise easily
- (...) 53. Chronic rashes or itching
- (...) 54. Psoriasis or recurrent hives
- (...) 55. Indigestion or heartburn
- (...) 56. Food sensitivity or intolerance
- (...) 57. Mucus in stools
- (...) 58. Rectal itching
- (...) 59. Dry mouth or throat
- (...) 60. Rash or blisters in mouth
- (...) 61. Bad breath
- (...) 62. Foot, hair or body odor not relieved by washing
- (...) 63. Nasal congestion/post-nasal drip
- (...) 64. Nasal itching
- (...) 65. Sore throat
- (...) 66. Laryngitis, loss of voice
- (...) 67. Cough or recurrent bronchitis
- (...) 68. Pain or tightness in chest
- (...) 69. Wheezing or shortness of breath
- (...) 70. Urinary frequency, urgency or incontinence
- (...) 71. Burning urination
- (...) 72. Spots in front of eyes or erratic vision
- (...) 73. Burning or tearing of eyes
- (...) 74. Recurrent infections/fluid in ears
- (...) 75. Ear pain or deafness

Section #1

- (...) 76. "Lump" in throat
- (...) 77. Dry mouth, eyes, nose
- (...) 78. Strong light irritates eyes
- (...) 79. Gag easily
- (...) 80. Body temperature easily raised
- (...) 81. Arms, legs cold/clammy
- (...) 82. "Goosebumps" common
- (...) 83. Staring, blink little
- (...) 84. Pulse speeds up after meals
- (...) 85. Heart pounds after retiring
- (...) 86. "Keyed up" – can't relax
- (...) 87. Jumpy, mind overly active
- (...) 88. Burning, tingling, sharp pains felt
- (...) 89. Cuts heal slowly
- (...) 90. Urine amount reduced
- (...) 91. Frequent cold sweats
- (...) 92. Appetite reduced
- (...) 93. Acid foods upset stomach
- (...) 94. "Nervous" stomach
- (...) 95. Frequent sour stomach

Section #2

- (...) 96. Joint stiffness after arising
- (...) 97. Muscle/leg/toe cramps at night
- (...) 98. Perspire easily
- (...) 99. Eyes or nose watery
- (...) 100. Eyes blink often
- (...) 101. Eyelids swollen or puffy
- (...) 102. Hoarseness
- (...) 103. Breathing irregular
- (...) 104. Pulse slow, maybe irregular
- (...) 105. Difficulty swallowing
- (...) 106. Need to eat often; frequent hunger pains, faintness
- (...) 107. Indigestion soon after eating
- (...) 108. Stomach growling, churning
- (...) 109. Vomit easily or frequently
- (...) 110. "Butterfly" stomach, cramps
- (...) 111. Alternating constipation/diarrhea
- (...) 112. Circulation poor
- (...) 113. Slow reflexes
- (...) 114. Easily get colds, bronchitis, asthma

Section #3

- (...) 115. Pounding headaches
- (...) 116. Tendency to high blood pressure
- (...) 117. Hot flashes
- (...) 118. Dizziness
- (...) 119. Exhaustion, can't cope
- (...) 120. Constant fatigue
- (...) 121. Tendency to low blood pressure
- (...) 122. Poor circulation
- (...) 123. Abnormal sweating
- (...) 124. Kidney trouble; edema
- (...) 125. Crave salty foods
- (...) 126. Brown spots or bronzing of skin

- (...) 127. Nails weak or have ridges
- (...) 128. (Women only) Masculine body traits
- (...) 129. (Women only) Hair growth on face or body
- (...) 130. History of sugar in urine
- (...) 131. Weakness, dizziness
- (...) 132. Joint or arthritis-like pains
- (...) 133. Tendency to have hives or welts
- (...) 134. Tendency to have allergies or asthma
- (...) 135. Frequent or continuing colds or infections

Section #4

- (...) 137. Aware of "breathing heavily"
- (...) 138. Want to open windows when in closed rooms
- (...) 139. Sigh often, "hungry for air"
- (...) 140. High altitudes causes discomfort
- (...) 141. Shortness of breath with increased activity
- (...) 142. Dull pressure or pain in chest or left arm that worsens with increased activity
- (...) 143. "Tightness" in chest, worsens with increased activity
- (...) 144. Muscle cramps, worsens with exercise
- (...) 145. Hands/feet go to sleep or feel tingling/numb
- (...) 146. Swollen ankles, worse in the evenings
- (...) 147. Bruise easily, "black and blue" spots
- (...) 148. Nose bleeds easily
- (...) 149. History of anemia, low blood count
- (...) 150. Noises or "ringing" in the ears
- (...) 151. Easily get colds or fevers
- (...) 152. Afternoon "yawner"
- (...) 153. Get drowsy during day or early evening

Section #5

- (...) 154. Insomnia or too easily awakened
- (...) 155. Nervousness, anxiety
- (...) 156. Highly emotional
- (...) 157. Inward trembling
- (...) 158. Irritable and restless
- (...) 159. Heart pounds or skips
- (...) 160. Pulse fast at rest
- (...) 161. Increase in weight
- (...) 162. Decreased appetite
- (...) 163. Sleepy during day
- (...) 164. Mental sluggishness
- (...) 165. Fatigue easily
- (...) 166. Headaches upon arising, wear off during day
- (...) 167. "Get up and "go has "got up and gone"
- (...) 168. Night sweats
- (...) 169. Flush easily
- (...) 170. Feel drained in heat
- (...) 171. Thin (unpadded), moist skin
- (...) 172. Eyelids and face twitch
- (...) 173. Can't work under pressure
- (...) 174. Increased appetite
- (...) 175. Can't gain weight
- (...) 176. Slow pulse
- (...) 177. Poor hearing

<p>(...) 178. Noises or “ringing” in ears (...) 179. Frequent urination (...) 180. Hair coarse, falls out easily (...) 181. Dry or scaly skin (...) 182. Constipation or hard stools (...) 183. Sensitive to cold</p>	<p>(...) 227. Nightmares (...) 228. Sneezing attacks (...) 229. Bad breath (...) 230. Milk, milk products or cheese cause distress (...) 231. Crave sweets (...) 232. Feel drained in hot weather (...) 233. Burning or itching anus (...) 234. Hemorrhoid problems</p>
<p>Section #6 (...) 184. Hungry between meals (...) 185. Irritable or moody before meals (...) 186. Get “shaky” when hungry (...) 187. Faintness when meals delayed (...) 188. Fatigue relieved by food (...) 189. Heart pounds/skips if meals missed/delayed (...) 190. Afternoon or late morning headaches (...) 191. Awaken easily & hard to go back to sleep (...) 192. Abnormal craving for sweets, snacks between meals and at bedtime (...) 193. Crave candy or coffee/tea/cola in afternoon (...) 194. Overeating sweets upsets body or mind (...) 195. Appetite excessive (...) 196. Eat when nervous or upset (...) 197. Moods of depression, “blues”, melancholy</p>	<p>Section #10 (...) 235. Feel burning stomach, relieved by eating (...) 236. Dark tarlike color to stools (...) 237. Indigestion one-half to one hour after eating (...) 238. Gas to rumbling shortly after eating (...) 239. Stomach “bloating” after eating (...) 240. Loss of taste for meat (...) 241. Coated tongue (...) 242. Lower bowel gas several hours after eating (...) 243. Stools have foul odor (...) 244. Stools lumpy or hard, constipation (...) 245. Stools runny or watery, diarrhea (...) 246. Mucus mixed with stools (...) 247. Blood mixed with stools</p>
<p>Section #7 (...) 198. Failing memory (...) 199. “Splitting” headaches, forehead or temples (...) 200. Excessive thirst (...) 201. Weight gain around hips or waist (...) 202. Feel better after eating sweets (...) 203. Have low blood pressure (...) 204. Increased sexual desire (...) 205. Sexual desire reduced or lacking (...) 206. Sugar-handling problems (...) 207. Tendency to have ulcers or bowel problems (...) 208. Bloating of intestines</p>	<p>Section #11 – For Women Only (...) 248. Premenstrual tension (...) 249. Premenstrual swelling or “puffiness” (...) 250. Depressed feelings before menses (...) 251. Very easily fatigued (...) 252. Painful menses (...) 253. Menses excessive and prolonged (...) 254. Menses usually closer than 26 days (...) 255. Painful breasts (...) 256. Sexual desire reduced or lacking (...) 257. Vaginal discharge (...) 258. Had hysterectomy with both ovaries removed (...) 259. Menopause “hot flashes” or mood changes (...) 260. Menses scanty or missed (...) 261. Acne worse at menses (...) 262. Melancholy, sadness or depression (...) 263. History of kidney or urine infections, or blood in urine</p>
<p>Section #8 (...) 209. Bitter, metallic taste in mouth in the morning (...) 210. Floating stools or an “oil slick” on toilet water (...) 211. Stools light brown, tan or gray (...) 212. Greasy foods cause digestive upset (...) 213. Pains in upper right belly after eating (...) 214. Pains behind right shoulder or shoulder blade (...) 215. Bowel movements painful or difficult (...) 216. Laxatives needed for regularity (...) 217. Stools alternate from formed to watery (...) 218. Blurred vision (...) 219. Burning feet (...) 220. Skin peels on soles of feet (...) 221. History of gallbladder attacks or gallstones (...) 222. Dry skin (...) 223. Skin rashes (...) 224. Itching skin and itchy feet (...) 225. Excessive hair loss</p>	<p>Section #12 – For Men Only (...) 264. Feeling of incomplete emptying of bowel (...) 265. Urination two or more times per night (...) 266. Urination difficult or with dribbling (...) 267. History of prostate trouble (...) 268. Pain on inside of legs or heels (...) 269. Legs jerking or restless in bed at night (...) 270. History of kidney or urine infections or blood in urine (...) 271. Tire too easily (...) 272. Lack of energy (...) 273. Avoid physical activity (...) 274. Melancholy, sadness or depression (...) 275. Aches and pains that move about the body (...) 276. Sexual desire reduced or gone</p>
<p>Section #9 (...) 226. Dizziness</p>	

Name: _____
 Date: _____

CANDIDA SCORE SHEET

Part #1: Questions #1-19:

“No” answers receive no score.

For the “yes” answers, score:

- 1. 35
- 2. 35
- 3. 6
- 4. 25
- 5. 5
- 6. 3
- 7. 15
- 8. 6
- 9. 15
- 10. 8
- 11. 20
- 12. 5
- 13. 20
- 14. 20
- 15. 10
- 16. 10
- 17. 10
- 18. 10
- 19. 10

Total 1

Part #2: Questions #20-75

- | | | | |
|----------|----------|----------|----------|
| 20. | 34. | 48. | 62. |
| 21. | 35. | 49. | 63. |
| 22. | 36. | 50. | 64. |
| 23. | 37. | 51. | 65. |
| 24. | 38. | 52. | 66. |
| 25. | 39. | 53. | 67. |
| 26. | 40. | 54. | 68. |
| 27. | 41. | 55. | 69. |
| 28. | 42. | 56. | 70. |
| 29. | 43. | 57. | 71. |
| 30. | 44. | 58. | 72. |
| 31. | 45. | 59. | 73. |
| 32. | 46. | 60. | 74. |
| 33. | 47. | 61. | 75. |

Total 2 **Total 3** **Total 4** **Total 5**

Multiply Total 6 times 3:

Total 2	Total 6
Total 3	X3
Total 4	_____
Total 5	Total 7
_____	Add Total 1
Total 6	_____

Grand Total

Sections #1-11: If the total in any section is **15 or greater**, there is a probability of yeast involvement in the indicated system:

- Total of Section 1: Sympathetic Nervous System
- Total of Section 2: Parasympathetic System
- Total of Section 3: Adrenal System Function
- Total of Section 4: Cardiovascular/Respiratory
- Total of Section 5: Thyroid Gland Function
- Total of Section 6: Sugar-Handling Ability
- Total of Section 7: Pituitary Gland Function
- Total of Section 8: Liver/Gallbladder Function
- Total of Section 9: Allergy Related to Liver
- Total of Section 10: Gastrointestinal Function
- Total of Section 11: Female System
- Total of Section 12: Male System

IF GRAND TOTAL IS:

Male	140 +	Almost certain yeast involvement
Female	180 +	_____
Male	90 +	Probable yeast involvement
Female	120 +	_____
Male	40 +	Possible yeast involvement
Female	60 +	_____