

## Candida Questionnaire

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|--|----|
| 1) Have you taken tetracyclines 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 years or longer , or in shorter courses 4 or more times in a 1 year period)? | 20 |
| 3) Have you taken a broad spectrum antibiotic drug, even in a single course?   | 6  |
| 4) Have you at any time in your life been bothered by persistent prostatitis, vaginitis or other problems effecting your reproductive organs?  | 25 |
| 5) Have you been pregnant?   |    |
| 2 or more times?   | 5  |
| Once?  | 3  |
| 6) Have you taken birth control pills?   |    |
| For more than 2 years  | 15 |
| 1 Time   | 8  |
| 7) Have you taken prednisilone or other cortisone type drugs?  |    |
| For more than 2 weeks?   | 15 |
| For 2 weeks or less?   | 6  |
| 8) Does exposure to perfumes, insecticides fabric shop odours and other chemicals provoke:   |    |
| Moderate to severe symptoms?   | 20 |
| Mild symptoms?   | 5  |
| 9) Are your symptoms worse on damp, muggy days or in mouldy places?  | 20 |
| 10) Have you had athletes foot, ring worm, other chronic fungal infections of the skin or nails?   |    |
| Have such infections been:   |    |
| Severe or persistent?  | 20 |
| Mild to moderate?  | 10 |
| 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 Score Section A = .....

**Section B: Major symptoms**

For each of the symptoms, enter the appropriate figure in the point score column:

If a symptom is occasional or mild score 3 points

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

If a symptom is severe and/or disabling score 9 points

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

- 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 the joints .....
- 10) Abdominal pain .....
- 11) Constipation .....
- 12) Diarrhoea .....
- 13) Bloating .....
- 14) Troublesome vaginal discharge .....
- 15) Persistent vaginal burning or itching .....
- 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 the eyes .....
- 23) Erratic vision .....

Total Score Section B = .....

**Section C: Other symptoms**

For each of the symptoms enter the appropriate score in the point score column:

If a symptom is occasional or mild Score 1 point

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

If a symptom is severe or disabling Score 3 points

- 1) Drowsiness .....
- 2) Irritability or jitteriness .....
- 3) Un-coordination .....
- 4) Inability to concentrate .....
- 5) Frequent mood Swings .....
- 6) Headache .....
- 7) Dizziness/loss of balance .....
- 8) Pressure above the ears, feeling of head swelling & tingling .....
- 9) Itching .....
- 10) Other rashes .....
- 11) Heartburn .....
- 12) Indigestion .....
- 13) Belching and intestinal gas .....
- 14) Mucus in stools .....
- 15) Haemorrhoids .....
- 16) Dry Mouth .....
- 17) Rash or blisters in the 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 the chest .....

- 26) Wheezing or shortness of breath .....
- 27) Urgency or urinary frequency .....
- 28) Burning on urination .....
- 29) Failing Vision .....
- 30) Burning or tearing of eyes .....
- 31) Recurrent infections or fluid in ears .....
- 32) Ear pain or deafness .....

Total Score, Section C .....

Total Score, Section A .....

Total Score, Section B .....

**Total Score** .....

- Yeast - connected health problems are almost certainly present in women with scores over 180 and men with scores over 140.
- Yeast - connected health problems are probably present in women with scores over 120 and men with scores over 90.
- Yeast connected health problems are possibly present in women with scores over 90 and men with scores over 40.
- With scores of less than 60 in women and 40 in men, yeasts are less apt to cause problems.

Taken from "Encyclopedia of Natural Medicine" by Michael Murray & Joseph Pizzorino

### **Candida Spit Test**

Try this simple test to see if you have a **candida yeast infection**. Take a glass of water to bed with you, so that it is room temperature (the water should be in a clear glass). First thing in the morning, before you put ANYTHING in your mouth, work up a bit of saliva, and then spit it into the glass of water. Check the water every 15 minutes or so for up to one hour. If you have a yeast infection, you will see strings (like legs) travelling down into the water from the saliva floating on the top, or "cloudy" saliva will sink to the bottom of the glass, or cloudy specks will seem to be suspended in the water.

If there are no strings and the saliva is still floating after at least one hour, you are probably yeast infection free.