

CANDIDA QUESTIONNAIRE

Section A: Medical History

Name: _____ Date: _____

1. Have you taken tetracyclines 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? 6
4. 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
two weeks or less? 6
10. Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke . . .
Moderate to severe symptoms? 20
Mild symptoms? 5
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.

- | | |
|---|--|
| 1. Fatigue or lethargy _____ | 12. Troublesome vaginal burning, itching, or discharge _____ |
| 2. Feeling of being "drained" _____ | 13. Prostatitis _____ |
| 3. Depression or manic depression _____ | 14. Impotence _____ |
| 4. Numbness, burning or tingling _____ | 15. Loss of sexual desire or feeling _____ |
| 5. Headache _____ | 16. Endometriosis or infertility _____ |
| 6. Muscle aches _____ | 17. Cramps and/or other menstrual irregularities _____ |
| 7. Muscle weakness or paralysis _____ | 18. Premenstrual tension _____ |
| 8. Pain and/or swelling in joints _____ | 19. Attacks of anxiety or crying _____ |
| 9. Abdominal pain _____ | 20. Cold hands or feet, low body temperature _____ |
| 10. Constipation and/or diarrhea _____ | 21. Hypothyroidism _____ |
| 11. Bloating, belching, or intestinal gas _____ | 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 _____ | 4. Frequent mood swings _____ |
| 2. Irritability _____ | 5. Insomnia _____ |
| 3. Incoordination _____ | 6. Dizziness/loss of balance _____ |

- | | |
|---|--|
| <p>7. Pressure above ears . . .
feeling of head swelling_____</p> <p>8. Sinus problems . . .
tenderness of cheekbones or
forehead_____</p> <p>9. Tendency to bruise
easily_____</p> <p>10. Eczema, itching eyes_____</p> <p>11. Psoriasis_____</p> <p>12. Chronic hives
(urticaria)_____</p> <p>13. Indigestion or
heartburn_____</p> | <p>14. Sensitivity to milk, wheat,
corn, or other common
foods_____</p> <p>15. Mucus in stools_____</p> <p>16. Rectal itching_____</p> <p>17. Dry mouth or throat_____</p> <p>18. Mouth rashes, including
"white" tongue_____</p> <p>19. Bad breath_____</p> <p>20. Foot, hair, or body odor not
relieved by washing_____</p> <p>21. Nasal congestion or
postnasal drip_____</p> |
|---|--|

TOTAL SCORE, Section C _____

Scoring Your Long Candida Questionnaire

The maximum possible score is 562.

The maximum score for your history is 236.

The maximum score for your symptoms is 326.

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

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

Yeast-connected 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, yeast is less apt to be causing health problems.

Magnesium alleviates peripheral nerve disturbances throughout the body, such as headaches, muscle contractions, gastrointestinal spasms, and calf, foot, and toe cramps. It is also used in treating central nervous system symptoms of vertigo and confusion. Diabetic neuropathy is a very painful aspect of diabetes. Research shows that magnesium can relieve some of the symptoms of this condition.