

A New Health

Health ~ Strength ~ Vitality

Name _____ Date _____

CANDIDA SELF ASSESSMENT QUESTIONNAIRE

This questionnaire was developed by Dr. William Crook, author of "The Yeast Connection Handbook," and may help to determine if Candida Overgrowth is a significant part of your health issues. This self-assessment is for adults only and is used in conjunction with a Comprehensive Health History and indicated laboratory tests. Please take your time and answer these questions as accurately as you can. Thank you. Tricia, FNP

SECTION 1: HISTORY:

1. Have you ever take tetracycline or other antibiotics for acne for one month or longer? Yes No 25
2. Have you ever taken "broad spectrum" antibiotics for respiratory, urinary infections for two months or longer, or in short courses four or more times in one year? Yes No 20
3. Have you ever taken "broad-spectrum" antibiotic even a single course?
 Yes No 6
4. Have you ever been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs? Yes No 25
5. Have you been pregnant
 - a. One time? Yes No 3
 - b. Two or more times? Yes No 5
6. Have you ever taken birth control pills:
 - a. For six months to two years? Yes No 8
 - b. For more than two years? Yes No 15
7. Have you taken Prednisone or other cortisone-type drugs:
 - a. For two weeks or less? Yes No 6
 - b. For more than two weeks? Yes No 15
8. Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke:
 - a. Mild symptoms? Yes No 5
 - b. Moderate to severe symptoms? Yes No 15
9. Are your symptoms worse on damp, muggy days or moldy places?
 Yes No 20

10. Have you had athlete's foot, ringworm, "jock itch," or other chronic infections of the skin or nails:
- a. Mild to moderate? ___ Yes ___ No 10
 - b. Severe to persistent? ___ Yes ___ No 20
11. Do you crave sugar and sweets? 10
12. Do you crave breads? 10
13. Do you crave alcoholic beverages? 10
14. Does tobacco smoke really bother you? 10

Directions: Add up the number of points (far column on the right of each question that you answered and enter the total here for Section 1.

Total Score for Section 1: _____

SECTION 2: SYMPTOMS:

For each of your symptoms, enter the appropriate figure in the Point Score Column.

- * If symptom is occasional and mild: Score 3 Points
- * If symptom is frequent and/or moderately severe: Score 6 Points
- * If symptom is severe and/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. Persistent vaginal itch _____
- 15. Persistent vaginal burning _____
- 16. Prostatitis _____
- 17. Impotence _____
- 18. Loss of sexual drive _____
- 19. Endometriosis _____
- 20. Cramping and other menstrual irregularities _____
- 21. Premenstrual tension _____
- 22. Spots in front of eyes _____
- 23. Erratic vision _____

Total Score for Section 2: _____

SECTION 3: OTHER SYMPTOMS:

For each of your symptoms, enter the appropriate figure in the Point Score Column.

- * If symptom is occasional or mild: Score 1 Point
- * If symptom is frequent and/or moderately severe: Score 2 Points
- * If symptom is severe and/or disabling: Score 3 Points

- 1. Drowsiness _____
- 2. Irritability _____
- 3. Lack of coordination _____
- 4. Inability to concentrate _____
- 5. Frequent mood swings _____
- 6. Headache _____
- 7. Dizziness/loss of balance _____
- 8. Pressure above ears, feeling of head swelling and tingling _____
- 9. Itching _____
- 10. Other rashes _____
- 11. Heartburn _____
- 12. Indigestion _____
- 13. Belching and intestinal gas _____
- 14. Mucus in stool _____
- 15. Hemorrhoids _____
- 16. Dry mouth _____
- 17. Rash or blister in mouth _____
- 18. Bad breath _____
- 19. Joint swelling or arthritis _____
- 20. Nasal congestion or discharge _____
- 21. Postnasal drip _____
- 22. Nasal itching _____
- 23. Sore or dry throat _____
- 24. Cough _____
- 25. Pain or tightness in chest _____
- 26. Wheezing or shortness of breath _____
- 27. Urinary urgency or 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 for Section 3: _____

Point Score Totals:

- * Section 1 Score: _____
- * Section 2 Total: _____
- * Section 3 Total: _____

TOTAL OF ALL SECTIONS ABOVE: _____

SECTION 4: DR. CROOK'S ASSESSMENT OF YOUR SCORES:

1. If your score is less than 60 (women) and less than 40 (men), Candida is less apt to be playing a significant role in causing your health problems.
2. If your score is 60-120 (women) and 40-90 (men), Candida possibly plays a role in causing your health problems.
3. If your score is over 120 (women) and 90 (men), Candida probably plays a role in causing your health problems.
4. If your score is over 180 (women) and over 140 (men), Candida almost certainly plays a role in causing your health problems.

YOUR TOTAL SCORE: _____ # _____ Above of Assessment Score