

### Candida Questionnaire

This questionnaire can help identify possible Candida overgrowth problems. Please complete the following questions and return to Dr. Kira for analysis.

#### Section A: History

|  |    |
|--|----|
| 1. Have you taken tetracycline 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 months or longer, or in short courses four or more times in a 1-year period? | 20 |
| 3. Have you ever taken a broad-spectrum antibiotic (even a single course)?   | 6  |
| 4. Have you at any time in your life been bothered by persistent prostatitis (BPH, prostate infection), vaginitis (yeast infections), or other problems affecting your reproductive organs?                    | 25 |
| 5. Have you ever been pregnant:<br>One time?   | 3  |
| Two or more times?   | 5  |
| 6. Have you ever taken birth control pills:<br>For six months to two years?  | 8  |
| For more than two years?   | 15 |
| 7. Have you taken prednisone or other cortisone-type drugs:<br>For two weeks or less?  | 6  |
| For more than two weeks?   | 15 |
| 8. Does exposure to perfumes, insecticides, fabric shop odours, and other chemicals provoke:<br>Mild symptoms?   | 5  |
| Moderate to severe symptoms?   | 20 |
| 9. Are your symptoms worse on damp, muggy days or in moldy places?   | 20 |
| 10. Have you had athlete's foot, ringworm, "jock itch", or other chronic infections of the skin or nails?<br>Mild to moderate?   | 10 |
| Severe or persistent?  | 20 |
| 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 for Section A: \_\_\_\_\_

**Section B: Major Symptoms**

- Mild or occasional symptoms = 3 points
- Frequent and/or moderately severe symptoms = 6 points
- Severe and/or disabling symptoms = 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 desire                        |  |
| 19. Endometriosis                                |  |
| 20. Cramps and/or other menstrual irregularities |  |
| 21. Premenstrual tension                         |  |
| 22. Spots in front of eyes                       |  |
| 23. Erratic vision                               |  |

**Total for Section B:** \_\_\_\_\_

**Section C: Other Symptoms**

- Mild or occasional symptoms = 1 point  
 Frequent and/or moderately severe symptoms = 2 points  
 Severe and/or disabling symptoms = 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 stools   |  |
| 15. Hemorrhoids   |  |
| 16. Dry mouth   |  |
| 17. Rash or blisters 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 mouth   |  |
| 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 fluids in ears                    |  |
| 32. Ear pain or deafness                                      |  |

**Score for Section C:** \_\_\_\_\_  
**Total Score for Sections A + B + C =** \_\_\_\_\_

|   |              |            |
|---|--------------|------------|
| <b>Yeast-connected health problems:</b> | <b>Women</b> | <b>Men</b> |
| Almost certainly present                | >180         | >140       |
| Likely present                          | 120-180      | 90-140     |
| Unlikely present                        | <120         | <90        |