

CANDIDA QUESTIONNAIRE

SECTION A: HISTORY	POINT SCORE
1. Have you taken antibiotics an average of 2 times per year or more for the last 3 years?	20
2. Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for 1 month (or longer)?	35
3. Have you, at any time in your life, taken other "broad spectnim" antibiotics for respiratory, urinary or other infections (for 2 months or longer, or in shorter courses 4 or more times in a 1-year period)?	35
4. Have you taken a broad spectrum antibiotic drug, even a single course?	6
5. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affectilng your reproductive organs?	25
6. Have you been pregnant... 2 or more times?	5
1 time?	3
7. Have you taken any birth control pills or estrogen hormones for menstrual problems or endometriosis. . . For more than 2 years?	15
For 6 months to 2 years?	6
8. Have you taken prednisone, Decadron, or other cortisone-type drugs for arthritis, skin problems, asthma... For more than 6 weeks?	30
For more than 2 weeks?	15
For 2 weeks or less?	6
9. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke... Moderate to severe symptoms?	20
Mild symptoms?	5
10. Are your symptoms worse on damp, muggy days or in moldy places?	20.
11. Have you had athlete's foot, ring worm,"jock itch", vaginal yeast infections,or other chronic fungus infections of the skin or nails? Have such infections been... Severe or persistent?	20
Mild to moderate?	10
12. Do you crave sugar?	10
13. Do you crave breads or wheat products?	10
14. Do you crave alcoholic beverages?	10
15. Does tobacco smoke really bother you?	10

Total Score, Section A _____

SECTION B: MAJOR SYMPTOMS

	<u>MILD</u>	<u>FREQUENTLY AND/OR MODERATELY SEVERE</u>	<u>SEVERE</u>
1. Fatigue or lethargy	3	6	9
2. Fecting of being "drained"	3	6	9
3. Depression	3	6	9
4. Poor memory	3	6	9
5. Feeling "spacy" or "unreal"	3	6	9
6. Inabilty to make decisions	3	6	9
7. Numbness, burning or tingling	3	6	9
8. Headache	3	6	9
9. Muscle aches	3	6	9
10. Muscle weakness or paralysis	3	6	9
11. Pain and/or sweuing in joints	3	6	9
12. Abdominal pain	3	6	9
13. Constipation and/or diarrhea	3	6	9
14. Bloating, belching or intestinal gas	3	6	9
15. Vaginal buRNing, itching or discharge	3	6	9

16. Prostatitis	3	6	9
17. Impotence	3	6	9
18. Loss of sexual desire or feeling	3	6	9
19. Edometriosis or infertility	3	6	9
20. Cramps and/or other menstrual irregularities	3	6	9
21. Premenstrual tension	3	6	9
22. Attacks of anxiety or crying	3	6	9
23. Cold hands or feet and/or chilliness	3	6	9
24. Shaking or irritable when hungry	3	6	9

Total Score, Section B _____

SECTION C: OTHER SYMPTOMS

	<u>MILD</u>	<u>FREQUENTLY AND/OR MODERATELY SEVERE</u>	<u>SEVERE</u>
1. Drowsiness	3	6	9
2. Irritability or jitteriness	3	6	9
3. Incoordination	3	6	9
4. Inability to concentrate	3	6	9
5. Frequent mood swings	3	6	9
6. Insomnia	3	6	9
7. Dizziness/loss of balance	3	6	9
8. Pressure above ears ... feeling of head swelling	3	6	9
9. Tendency to bruise easily	3	6	9
10. Chronic rashes or itching	3	6	9
11. Numbness, tingling	3	6	9
12. Indigestion or heartburn	3	6	9
13. Food sensitivity or intolerance	3	6	9
14. Mucus in stools	3	6	9
15. Rectal itching	3	6	9
16. Dry mouth or throat	3	6	9
17. Rash or blisters in mouth	3	6	9
18. Bad breath	3	6	9
19. Foot, hair or body odor not relieved by washing	3	6	9
20. Nasal congestion or post nasal drip	3	6	9
21. Nasal itching	3	6	9
22. Sore throat	3	6	9
23. Laryngitis, loss of voice	3	6	9
24. Cough or recurrent bronchitis	3	6	9
25. Pain or tightness in chest	3	6	9
26. Wheezing or shortness of breath	3	6	9
27. Urinary frequency or urgency	3	6	9
28. Burning on urination	3	6	9
29. Spots in front of eyes or erratic vision	3	6	9
30. Burning or tearing of eyes	3	6	9
31. Recurrent infections or fluid in ears	3	6	9
32. Ear pain or deafness	3	6	9

Total Score, Section C _____

Total Score, Section A _____

Total Score, Section B _____

GRAND TOTAL SCORE _____