

# Candida Self-Test

This test will help determine whether a problem with yeast is causing your digestion difficulties.

## **Section A: History**

Please circle the number that follows each question that applies to you.

1. Have you taken tetracycline (Sumycin, Panmycin, Vibramycin, Minocin, etc.), or other antibiotics for acne for 1 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 shorter courses - 4 or more times in a 1 year period)?  
20
3. Have you taken broad spectrum antibiotic drugs? Even in single courses?  
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. Have you been pregnant...  
2 or more times?  
5  
1 time?  
3
6. Have you taken birth control pills...  
for more than 2 years?  
15  
for 6 months to 2 years?  
8
7. Have you taken prednisone, Decadron, or other cortisone-type drugs...  
for more than 2 weeks?  
15  
for less than 2 weeks?  
6
8. Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke...  
moderate to severe symptoms?  
20

mild symptoms?  
5

9. Are your symptoms worse on damp, muggy days or in moldy places?  
5
10. Have you had athlete's foot, ring worm, "jock itch" or other chronic fungus?  
infections of the skin or nails?  
Yes and these problems are persistent?  
20  
Yes and these problems are mild or 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 for section A: \_\_\_\_\_

### Section B: Major Symptoms

For each of the following symptoms that apply to you, enter the appropriate figure in the point score column.

Symptom is occasional or mild	3 points
Symptom is frequent and/or moderately severe	6 points
Symptom is severe and/or disabling	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. 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 \_\_\_\_\_
- 24. Drowsiness \_\_\_\_\_
- 25. Irritability or "jitters" \_\_\_\_\_
- 26. Incoordination \_\_\_\_\_
- 27. Inability to concentrate \_\_\_\_\_
- 28. Frequent mood swings \_\_\_\_\_
- 29. Headache \_\_\_\_\_
- 30. Dizziness/loss of balance \_\_\_\_\_
- 31. Pressure above ears...feeling of head swelling and tingling \_\_\_\_\_
- 32. Itching \_\_\_\_\_
- 33. Other rashes \_\_\_\_\_
- 34. Heartburn \_\_\_\_\_
- 35. Indigestion \_\_\_\_\_
- 36. Belching and intestinal gas \_\_\_\_\_
- 37. Mucus in stools \_\_\_\_\_
- 38. Hemorrhoids \_\_\_\_\_
- 39. Dry mouth \_\_\_\_\_
- 40. Rash or blisters in mouth \_\_\_\_\_
- 41. Bad breath \_\_\_\_\_
- 42. Joint swelling or arthritis \_\_\_\_\_
- 43. Nasal congestion or discharge \_\_\_\_\_
- 44. Postnasal drip \_\_\_\_\_
- 45. Sore or dry throat \_\_\_\_\_
- 46. Cough \_\_\_\_\_
- 47. Pain or tightness in chest \_\_\_\_\_
- 48. Wheezing or shortness or breath \_\_\_\_\_
- 49. Urgency or urinary frequency \_\_\_\_\_
- 50. Burning during urination \_\_\_\_\_
- 51. Failing vision \_\_\_\_\_
- 52. Burning or tearing of eyes \_\_\_\_\_
- 53. Recurrent infections or fluid in ears \_\_\_\_\_
- 54. Ear pain or deafness \_\_\_\_\_

Total from Section B: \_\_\_\_\_

Total from Section A: \_\_\_\_\_

Grand total: \_\_\_\_\_

Your total score will help you (and your physician if applicable) decide if your health problems are yeast related. Seven items in the questionnaire are relevant only to women, so women's scores will run higher than men's will.

Scores above 180 in women: Yeast-related problems are almost definitely present

Scores above 140 in men: Yeast-related problems are almost definitely present

Scores above 120 in woman: Yeast-related health problems are probably present

Scores above 90 in men: Yeast-related health problems are probably present

Scores above 60 in women: Yeast-related health problems are possibly present

Scores above 40 in men: Yeast-related health problems are possibly present

With scores of less than 60 in women and less than 40 in men, yeast are less likely to cause problems.