

CANDIDA QUESTIONNAIRE AND SCORE SHEET
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This questionnaire lists factors in your medical history which promote the growth of the common yeast *Candida albicans* (Section A), and symptoms commonly found in individuals with yeast-connected illness (Section B and C).

For each "Yes" answer in Section A, circle the Point Score in that section. Total your score and record it in the box at the end of the section. Then move on to Sections B and C and score as directed.

SECTION A: HISTORY		Possible Points	Your Points
1	Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for 1 month (or longer)?	35	
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)?	35	
3	Have you taken a broad spectrum antibiotic drug - even in a single course?	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	
	Have you been pregnant only 1 times?	3	
6	Have you taken birth control pills for...		
	more than 2 years?	15	
	more than 6 months but less than 2 years?	8	
7	Have you taken prednisone, Decadron or other cortisone-type drugs by mouth or inhalation ...		
	for more than 2 weeks?	15	
	for 2 weeks or less?	6	
8	Does exposure to perfumes, insecticides, fabric shop odors or other chemicals provoke ...		
	moderate to severe symptoms?	20	
	mild symptoms?	5	
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 fungous infections of the skin or nails? Have such infections been ...		
	moderate to severe symptoms?	20	
	mild symptoms?	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 Score, Section A			

SECTION B: MAJOR SYMPTOMS

For each symptom which is present, enter the appropriate figure in the Point Score column:

If a symptom is occasional or mildscore 3 points.

If a symptom is frequent and/or moderately severescore 6 points.

If a symptom is occasional or severe and/or disablingscore 9 points.

Add total score for this section and record it in the box at the box at the end of this section.

1	Fatigue or lethargy	
2	Feeling of being "drained"	
3	Poor memory	
4	Feeling "spacey" or "unreal"	
5	Inability to make decisions	
6	Numbness, burning or tingling	
7	Insomnia	
8	Muscle aches	
9	Muscle weakness or paralysis	
10	Pain and/or swelling in joints	
11	Abdominal pain	
12	Constipation	
13	Diarrhea	
14	Bloating, belching or intestinal gas	
15	Troublesome vaginal burning, itching or discharge	
16	Prostatitis	
17	Impotence	
18	Loss of sexual desire or feeling	
19	Endometriosis or infertility	
20	Cramps and/or other menstrual irregularities	
21	Premenstrual tension	
22	Attacks of anxiety or crying	
23	Cold hands or feet and/or chilliness	
24	Shaking or irritable when hungry	
	Total Score, Section B	

SECTION B: MAJOR SYMPTOMS

For each symptom which is present, enter the appropriate figure in the Point Score column:
 If a symptom is occasional or mildscore 1 points.
 If a symptom is frequent and/or moderately severescore 2 points.
 If a symptom is occasional or severe and/or persistentscore 3 points.
 Add total score for this section and record it in the box at the end of this section.

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

Total Score, Section A	
Total Score, Section B	
Total Score, Section C	
GRAND TOTAL SCORE (Add up Total Score From Sections A, B, and C)	

The Grand Total Score will help you and your physician decide if your health problems are yeast-connected. Scores in women will run higher as 7 items in the questionnaire apply exclusively to women, while only 2 apply exclusively to men.

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

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

Yeast-connected health problems are almost possibly present in women with scores over 60., and in men with scores over 40.

With scores of less than 60 in women and 40 in men yeasts are less apt to cause health problems.