

HEALTH ASSESSMENT: CANDIDA

Section A - History		Score
<i>Answer each question with a Yes or No in the Score column. Once completed add up the value given for each Yes answer.</i>		
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 two months or longer, or in short courses four or more times in a one-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, vaginitis, or other problems affecting your reproductive organs	25
5	Have you been pregnant... One time? Two or more times?	3 5
6	Have you taken birth control pills... For six months to two years? For more than two years?	8 15
7	Have you taken prednisone or other cortisone-type drugs... For two weeks or less? For more than two weeks?	6 15
8	Does exposure to perfumes, insecticides, fabric, shop odours, and other chemicals provoke..... Mild symptoms? Moderate to severe symptoms?	5 20
9	Are your symptoms worse on damp, muggy days or in mouldy places?	20
10	Have you had athletes foot, ringworm, 'jock itch', or other chronic infections of the skin or nails? Mild to moderate? Severe to persistent?	10 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 Score		

Section B - Major Symptoms		Score
<i>For each of your symptoms, enter the appropriate figure in the Score column, or n/a.</i>		
<i>If a symptom is occasional or mild</i>		3
<i>If a symptom is frequent and/or moderately severe</i>		6
<i>If a symptom is severe and/or disabling</i>		9
1	Fatigue or lethargy	
2	Feeling of being 'drained'	
3	Poor memory	
4	Feeling 'spacey', 'unreal' or, 'foggy'	
5	Depression	
6	Numbness, burning, tingling	
7	Muscle aches	
8	Muscle weakness or paralysis	
9	Pain and / or swelling in joints	
10	Abdominal pain	
11	Constipation	
12	Diarrhoea	
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 Score		

Section C - Other Symptoms		Score
<i>For each of your symptoms, enter the appropriate figure in the Score column, or n/a.</i>		
<i>If a symptom is occasional or mild</i>		1
<i>If a symptom is frequent and/or moderately severe</i>		2
<i>If a symptom is severe and/or disabling</i>		3
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 the 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	Haemorrhoids	
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 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	
Section C - Total Score		

Your Score

<i>Tally up the totals for all 3 sections to get your overall score</i>	
Section A - History	
Section B - Major Symptoms	
Section C - Other Symptoms	
Overall Score	

Interpretation

	Women	Men
Yeast-connected health problems are almost certainly present	>180	>140
Yeast-connected health problems are probably present	120 – 180	90 - 140
Yeast-connected health problems are possibly present	60 – 119	40 - 89
Yeast-connected health problems are less likely present	<60	<40