



### Candida Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

#### Are your problems yeast connected?

Yes No

Have you taken repeated antibiotic drugs?		
Have you been troubled by premenstrual tension, abdominal pain, menstrual problems, vaginitis, prostatitis or loss of sexual interest?		
Does exposure to tobacco perfume or other chemical odors provoke moderate to severe symptoms?		
Do you crave sugar, breads and/or alcoholic beverages?		
Are you bothered by recurrent digestive problems?		
Are you bothered by fatigue or depression symptoms?		
Are you bothered by hives, psoriasis or other chronic skin rashes?		
Have you ever taken birth control pills?		
Are you bothered by headaches, muscle and joint pains or lack of coordination of movement?		
Do you feel bad all over, yet no cause has been found?		

If you answered "yes" 3-4 times, yeasts probably play a role in your illness.

If you answered "yes" 5-7 times, yeasts probably cause your symptoms.

If you answered "yes" more than 8 times, yeasts are almost certainly involved your illness.

#### Section A: History

If your answer is "yes" to any of the questions in this section, write in the number of points in parenthesis in the score column.

	Score
Have you ever taken antibiotics for a month or more? (35)	_____
Have you at any time in your life taken "broad spectrum" antibiotics for respiratory, urinary or other infections (for two months or longer, or in shorter courses four or more times in a year)? (35)	_____
Have you ever taken a "broad spectrum" antibiotic drug—even a single dose course? (6)	_____
Have you, at any time in your life, been bothered by persistent prostates, vaginitis or other problems affecting reproductive organs? (25)	_____
Have you been pregnant two or more times? (5) One pregnancy? (3)	_____
Have you taken Prednisone, Decadron or other cortisone-type drug for more than two weeks? (15) Two weeks or less? (6)	_____
Have you taken birth control pills for more than two years? (15) For more than six months and up to two years? (8)	_____
<b>Total this page</b>	_____



Score

**Total from Section A, Page 1**

\_\_\_\_\_

Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke moderate to severe symptoms? (20) Mild symptoms? (5)

\_\_\_\_\_

Are your symptoms worse on damp, muggy days or in moldy places? (20)

\_\_\_\_\_

Have you had Athlete's foot, ring worm, "jock itch" or other chronic fungal infections of the skin and nails? Have such infections been severe or persistent? (20) Mild to moderate? (10)

\_\_\_\_\_

Do you crave sugar or sweet foods? (10)

\_\_\_\_\_

Do you crave breads? (10)

\_\_\_\_\_

Do you crave alcoholic beverages? (10)

\_\_\_\_\_

Does tobacco smoke really bother you? (10)

\_\_\_\_\_

**Total score from section A (Max. 278)**

**Section B: Major Symptoms**

If a symptom is **occasional** or **mild**, score 3 points

If a symptom is **frequent** or **moderately severe**, score 6 points

If a symptom is **severe** and/or **disabling**, score 9 points

Score

Score

fatigue or lethargy		feeling of being "drained"	
poor memory		feeling "spacey" or "unreal"	
depression		numbness	
muscle aches		muscle weakness or paralysis	
pain and/or swelling in the joints		abdominal pain	
constipation		diarrhea	
bloating		troublesome vaginal discharge	
persistent vaginal burning or itching		prostatitis	
impotence		loss of sexual desire	
cramps and/or other menstrual irregularities		premenstrual tension	
spots in front of eyes		erratic vision	

**Total score from section B (Max. 207)**



**Section C: Other Symptoms**

If a symptom is **occasional** or **mild**, score 1 point

If a symptom is **frequent** or **moderately severe**, score 2 points

If a symptom is **severe** and/or **disabling**, score 3 points

	Score		Score
drowsiness		lack of coordination	
irritability or jitteriness		frequent mood swings	
dizziness loss of balance		pressure above ears, feeling head swelling or tingling	
itching		other rashes	
heartburn		indigestion	
belching and intestinal gas		mucous in stools	
hemorrhoids		dry mouth	
rash or blisters in the mouth		bad breath	
joint swelling or arthritis		nasal congestion	
post-nasal drip		nasal itching	
sore or dry throat		cough	
pain or tightness in chest		wheezing or shortness of breath	
urgency or urinary frequency		burning during urination	
burning or watery eyes		failing vision	
recurrent infections or fluid in the ears		ear pain or deafness	

**Total score from section C (Max. 96)**

**Total score from section A** \_\_\_\_\_

**Total score from section B** \_\_\_\_\_

**Total score from section C** \_\_\_\_\_

**Grand total** \_\_\_\_\_/581

Signature

Date

**Please return to:**

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**Alternatively, you may scan and email to:**

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