



Patient Name: _____

Date: _____

Address: _____

Date of Birth: _____

City, State, Zip: _____

Home#: _____

Gender (circle one): **MALE** **FEMALE**

Work#: _____

Primary Care Physician: _____

Referring Physician: _____

Although your history and symptoms are very important in our analysis of your condition, it is also important for us that you understand:

- *We do not treat symptoms or diseases.*
- *Allergy is not a disease, rather a condition.*
- *A symptom is an attempt by your body to tell you something.*
- *We will attempt to find the underlying cause.*
- *We do not use drugs in this program.*
- *There is no single "healthy" diet that will work for everyone.*
- *Just because food is considered "healthy", does not mean it is "healthy" for you.*
- *Your diet consists of everything you **eat, drink, rub on your skin, or inhale.***
- *Our procedures are safe and painless.*

Candida Patient Questionnaire

This questionnaire is designed for adults and the scoring system isn't appropriate for children. It lists factors in your medical history which promote the growth of Candida Albicans (Section A), and symptoms commonly found in individuals with yeast-connected illness (Sections B and C).

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

Filling out and scoring this questionnaire should help you and your physician evaluate the possible role of Candida in contributing to your health problem. It will not provide an automatic "Yes" or "No" answer.

Section A: History

| | | |
|-----|--|----------|
| 1. | Have you taken tetracycline's (or other antibiotics) for 2 months (or longer)? | 25 |
| 2. | Have you, at any time in your life, taken other "broad spectrum" antibiotics (Including Keflex®, ampicillin, amoxicillin, Ceclor®, Bactrim®, and Septra®*) 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, at any time in your life, been troubled by persistent vaginal problems or had 3 or more episodes of vaginitis in a year? | 25 |
| 4. | Have you been pregnant 2 or more times? Have you been pregnant 1 time? | 5 3 |
| 5. | Have you taken birth control pills for more than 2 years? For 6 months to 2 years? | 15 8 |
| 6. | Have you taken prednisone, Decadron® or other cortisone-type drugs for more than 2 weeks? For 2 weeks or less? | 15 6 |
| 7. | Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke... Moderate to severe symptoms? Mild symptoms? | 20 5 |
| 8. | Are your symptoms worse on damp, muggy days or in moldy places? | 20 |
| 9. | Have you had persistent athlete's foot, "jock itch", or other chronic fungous infections of the skin or nails? Have such infections been ... Severe or persistent? Mild to moderate? | 20 10 |
| 10. | Do you crave sugar? | 10 |
| 11. | Do you crave breads? | 10 |
| 12. | Do you crave alcoholic beverages? | 10 |
| 13. | Does tobacco smoke really bother you? | 10 |
| | *Such antibiotics kill off "good germs" while they're killing off those which cause infection. | |

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 mild, score 3 points.

If a symptom is moderate, score 6 points.

If a symptom is severe or disabling, score 9 points.

Add total score for this section and record it on the line at the end of this section.

| | |
|-----|---------------------------------------|
| 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 feeling |
| 19. | Endometriosis |
| 20. | Dysmenorrhea |
| 21. | Premenstrual tension |
| 22. | Spots in front of eyes |
| 23 | Erratic Vision |

TOTAL SCORE, Section B..... _____

Section C: Other Symptoms

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

If a symptom is mild, score 1 points.

If a symptom is moderate, score 2 points.

If a symptom is severe or disabling, score 3 points.

Add total score for this section and record it on the line at the end of this section.

***While the symptoms in this section occur commonly in patients with yeast-connected illness, they also occur commonly in patients who do not have Candida.**

| | |
|-----|---|
| 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 and tingling |
| 9. | Itching |
| 10. | Other rashes |
| 11. | Heartburn |
| 12. | Indigestion |
| 13. | Belching and intestinal gas |
| 14. | Mucus in stools |
| 15. | Hemorrhoids |
| 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. | Urgency or urinary frequency |
| 28. | Burning on urination |
| 29. | Failing vision |
| 30. | Burning or tearing eyes |
| 31. | Recurrent ear infections |
| 32. | Fluid in ears |
| 33. | Ear pain or deafness |
| 34. | Tubes in ears |
| 35. | Other symptoms: |

TOTAL SCORE, Section C..... _____

GRAND TOTAL SCORE

(Add up Total Score for Sections A, B, and C)

Evaluation:

(Note that the scoring will be different for females and males since seven questions apply exclusively to women, while only two apply exclusively to men.)

If your point score is over 180 in women (and 140 in men), Candida almost certainly plays a role in causing your health problems.

If your point score is over 120 in women (and 90 in men), Candida probably plays a role in causing your health problems.

If your point score is 60 to 120 for women (and 40 to 90 in men), Candida possibly plays a role in causing your health problems.

If your point score is less than 60 for women (and 40 for men), Candida is less apt to be playing a significant role in causing your health problems.