



## Candida Questionnaire and Score Sheet

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Marital status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_

Occupation \_\_\_\_\_

If you'd like to know if your health problems are yeast related, take this comprehensive questionnaire. Questions in Section A focus on your medical history—factors that promote the growth of *Candida albicans* and that frequently are found in people with yeast-related health problems.

In Section B you'll find a list of 23 symptoms that are often present in patients with yeast related health problems.

Section C consists of 33 other symptoms that are sometimes seen in people with yeast-related problems—yet they also may be found in people with other disorders.

Filling out and scoring this questionnaire should help you and your alternate care provider to evaluate the possible role *Candida albicans* contributes to your health problems.

### Section A: History

\_\_\_\_\_ 1. Have you taken tetracycline or other antibiotics for acne for 1 month (or longer any time in your life)?  
25

\_\_\_\_\_ 2. Have you at any time in your life taken broad spectrum antibiotics or other antibacterial medication for respiratory, urinary or other infections for two months or longer, or in shorter courses four or more times in a one-year period? 25

\_\_\_\_\_ 3. Have you taken a broad-spectrum antibiotic drug even in a single dose? 5

\_\_\_\_\_ 4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs? 25

5. Are you bothered by memory or concentration problems—do you sometimes feel spaced out?  
20

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6. Do you feel “sick all over” yet, in spite of visits to many different physicians, the causes haven’t been found? 20

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7. Have you been pregnant.....Two or more times? 5 One time? ... 3

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8. Have you taken birth control pills.....For more than two years? 15  
For six months to two years? ..... 8

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9. Have you taken steroids orally, by injection or inhalation?  
For more than two weeks? ..... 15  
For two weeks or less? ..... 6

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10. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke . . .  
..... 20  
Moderate to severe symptoms?.....5  
Mild symptoms?.....3

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11. Does tobacco smoke really bother you? 10

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12. Are your symptoms worse on damp, muggy days or in moldy places? 20

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13. Have you had athlete’s foot, ring worm, “jock itch” or other chronic fungous infections of the skin or nails?  
Have such infections been...  
Severe or persistent? 20  
Mild to moderate? 10  
14. Do  
you crave sugar? 10

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**TOTAL SCORE, Section A** \_\_\_\_\_

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**Section B: Major Symptoms**

For each of your symptoms, enter the appropriate figure in the Point Score column:

If a symptom is **occasional or mild** ..... 3 points

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

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

**Add total score and record it at the end of this section.**

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1. Fatigue or lethargy

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2. Feeling of being “drained”

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3. Depression or manic depression

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4. Numbness, burning or tingling

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5. Headache

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6. Muscle aches

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7. Muscle weakness or paralysis

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8. Pain and/or swelling in joints

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9. Abdominal pain

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10. Constipation and/or diarrhea

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11. Bloating, belching or intestinal gas

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12. Troublesome vaginal burning, itching or discharge

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13. Prostatitis

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14. Impotence

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15. Loss of sexual desire or feeling

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16. Endometriosis or infertility

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17. Cramps and/or other menstrual irregularities

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18. Premenstrual tension

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19. Attacks of anxiety or crying

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20. Cold hands or feet, low body temperature

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21. Hypothyroidism

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22. Shaking or irritable when hungry

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23. Cystitis or interstitial cystitis

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**TOTAL SCORE, Section B**

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**Section C: Other Symptoms**

For each of your symptoms, enter the appropriate figure in the Point Score column:

- If a symptom is **occasional or mild** ..... 1 point
- If a symptom is **frequent and/or moderately severe** ..... 2 points
- If a symptom is **severe and/or disabling** ..... 3 points

**Add total score and record it at the end of this section.**

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1. Drowsiness, including inappropriate drowsiness

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  2. Irritability

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  3. In-coordination

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  4. Frequent mood swings

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  5. Insomnia

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  6. Dizziness/loss of balance

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  7. Pressure above ears . . . feeling of head swelling

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  8. Sinus problems . . . tenderness of cheekbones or forehead

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  9. Tendency to bruise easily

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  10. Eczema, itching eyes

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  11. Psoriasis

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  12. Chronic hives (urticaria)

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  13. Indigestion or heartburn

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  14. Sensitivity to milk, wheat, corn or other common foods

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  15. Mucus in stools

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  16. Rectal itching

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  17. Dry mouth or throat

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18. Mouth rashes, including “white” tongue

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19. Bad breath

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20. Foot, hair or body odor not relieved by washing

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21. Nasal congestion or postnasal drip

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22. Nasal itching

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23. Sore throat

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24. Laryngitis, loss of voice

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25. Cough or recurrent bronchitis

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26. Pain or tightness in chest

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27. Wheezing or shortness of breath

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28. Urinary frequency or urgency

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29. Burning on urination

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30. Spots in front of eyes or erratic vision

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31. Burning or tearing eyes

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32. Recurrent infections or fluid in ears

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33. Ear pain or deafness

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**Total Score, Section C** \_\_\_\_\_

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Total Score, Section A (from previous page) \_\_\_\_\_

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Total Score, Section B (from previous page) \_\_\_\_\_

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**GRAND TOTAL SCORE (Total of A,B and C)** \_\_\_\_\_

**What your score means:**

The Grand Total Score will help you and your health care provider to decide if your health problems are related to yeast. Scores in women will run higher, as seven items in the questionnaire apply exclusively to women, while only two apply exclusively to men.

Yeast related health problems are almost certainly present in women with scores **more than 180**, and in men with scores **more than 140**.

Yeast related health problems are probably present in women with scores **more than 120**, and in men with scores **more than 90**.

Yeast related health problems are possibly present in women with scores **more than 60**, and in men with scores **more than 40**.

With scores of less than 60 in women and 40 in men, yeasts are less likely to cause any health issues.