

## Assessing Candida Overgrowth

You can use the table below to initially assess for Candida overgrowth. If problems persist for a long time, please seek medical help.

\*This assessment does not replace appropriate medical tests; Only for reference by qualified medical professionals. Not for treatment, diagnosis or alleviation of any disease or condition.

### Part 1: Medical History

	0 points	1 points	2 points	3 points
1. Have you ever taken "Tetracycline" (such as Panmycin, Sumycin, Minocin, Vibramycin, etc.) or other antibiotics to treat acne for more than two months?	No / Not applicable	4 times a year	Less than 2 months	More than 2 months
2. Have you ever taken a wide range of antibiotics (such as ampicillin, amoxicillin, Ceclor, Bactrim, Keflex, Septra, etc.) to treat respiratory, urinary or other infections?	No / Not applicable	4 times a year	Less than 2 months	More than 2 months
3. Have you been suffering from long-term proline inflammation, vaginitis, or other problems affecting the reproductive organs?	No / Not applicable		Yes	
4. Have you ever been pregnant?	No / Not applicable		Yes	
5. Have you ever taken birth control pills?	No / Not applicable		Yes	
6. Have you ever taken Prednisone, Decadron, or other steroid drugs?	No / Not applicable	Less than 2 weeks	2 weeks	More than 2 weeks
7. Have you ever felt unwell due to exposure to perfumes, insecticides, fabric dyes, or other chemicals?	No / Not applicable	Minor symptoms	Moderate symptoms	Severe symptoms
8. Will your symptoms worsen in a humid/stuffy climate or in a moldy location?	No / Not applicable		Yes	
9. Have you ever been troubled by Athlete's foot, ringworm, vaginal itchiness, chronic skin or nail infections?	No / Not applicable	Minor condition	Moderate condition	Serious condition
10. Do you crave sugar? Such as candy, dessert, bread, etc.	No / Not applicable		Yes	
11. Do you have a habit of drinking?	No / Not applicable		Yes	
12. Are you sensitive to cigarettes?	No / Not applicable		Yes	
Total Score of Part 1				/36

**Part 2: Main Symptoms (None/NA = 0 points, Serious/Loss of normal ability = 3 points)**

	None / Not applicable	Intermittent / slight	Frequent / Moderately serious	Serious / Loss of normal ability
1. Feeling tired or lethargic				
2. Poor memory				
3. Confusion or disorientation				
4. Depression or mood swings				
5. Feeling numb, sharp pains, or fever				
6. Sore muscles or weakness				
7. Arthritis, pain, or swelling				
8. Bloating or abdominal pain				
9. Constipation or diarrhea				
10. Long term vaginal itching or burning sensation				
11. Inflammation or swelling of the prostate				
12. Sexual incompetence or loss of sexual desire				
13. Endometrial displacement				
14. Irregular menstrual period or Premenstrual Syndrome				
15. Blurry vision, recession, or eye spots/eye floaters				
<b>Total Score of Part 2</b>	<b>/45</b>			

**Data Analysis**

Your Total Score : \_\_\_\_ points

Basically, the higher the score, the higher the risk associated with Candida. You may need to perform a Candida antibody test.

64+ (Female) 62+ (Male)	Candida-related problems are almost certain to exist. It is recommended to do a Candida antibody test.
54+ (Female) 53+ (Male)	Candida-related problems probably exist. It is recommended to do a Candida antibody test.
26-54 (Female) 25-53 (Male)	Candida-related problems may exist.
Below 26 (Female) Below 25 (Male)	There are very low chances of Candida-related problems.

\*Reference source:

William G. Crool, M.D. The Yeast Connection Handbook. New York: Square One Publishers, 2000. Print.

\*\*This questionnaire is for educational purposes only and is not intended to diagnose, treat or cure any disease, nor is it a substitute for any doctor's diagnosis. If you have any health problems, please consult your family practitioner.