



CANDIDA SYMPTOM ASSESSMENT QUESTIONNAIRE

A: Instructions:

Score each symptom between 0-10 depending on severity and the degree to which it applies to you; with 10 indicating a severe symptom and 0 indicating that the symptom does not apply to you.

Table with 2 columns: SYMPTOM and SCORE. Lists 30 symptoms such as Aching Muscles, Alcohol Cravings, Anxiety, etc., with corresponding score lines.



- Menstrual Irregularities.....
- Mood Swings.....
- Mucus in Stools.....
- Food Intolerances.....
- Nasal or Sinus Congestion.....
- Numbness/Tingling or Burning Sensations.....
- Oral Thrush.....
- Panic Attacks.....
- Perfume/Chemical Sensitivities.....
- Poor Balance.....
- Poor Concentration.....
- Post Nasal Drip.....
- Psoriasis/Eczema/Skin Rashes.....
- Sleep Disturbances.....
- Sore Throat (frequent).....
- Spots in Front of Eyes.....
- Sugar Cravings.....
- Tobacco Smoke Intolerance.....
- Vaginal Yeast Infections.....
- Weak Digestion/Gas/Bloating.....
- Weakness/Trembling.....
- White Coating on Tongue.....

A. TOTAL: \_\_\_\_\_

B. Score 5 points for each of the following questions that applies to you.

- More than one pregnancy.....
- Use of birth control pills for more than six months.....
- Antibiotics for more than three weeks.....
- Four or more short antibiotic treatments in a two year period.....
- Use of any steroid drug for four weeks or more in the last five years.....

B. TOTAL: \_\_\_\_\_

TOTAL SCORE A & B: \_\_\_\_\_

Mild-35 to 55

Moderate-55 to 85

Severe- 85 and higher

This questionnaire is not a definite diagnosis of Candida, as other conditions may produce similar symptoms, but gives your practitioner an indication as to whether or not Candida is a possibility and make appropriate recommendations.