



NATURAL SOLUTIONS

Clinical Kinesiology, Acupuncture, & (w)Holistic Healthcare

Susan L. Levy, D.C., DABCO, FIACA

Author of *Your Body Can Talk* & *Your AGING Body Can Talk*

[facebook/YourBodyCanTalk](https://www.facebook.com/YourBodyCanTalk)

YourBodyCanTalk2@Gmail.com

www.YourBodyCanTalk.com

Candida Questionnaire And Score Sheet

This questionnaire is designed for adults and the scoring system is not 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 (Section B and C).

For each “Yes” answer in Section A, circle the Point Score in that section. Total your score and record it in the box at the end of the section. Then move into Section 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 problems. Yet it will not provide an automatic “Yes” or “No” answer.

Section A: History

| | Question | Value | Score |
|----|--|-------|-------|
| 1. | Have you taken tetracyclines (Sumycin®, Panmycin®, Vibramycin®, Minoncin®, etc.) or other antibiotics for acne for one month or longer? | 25 | |
| 2. | Have you, at any time in your life, taken other “broad spectrum” antibiotics for respiratory, urinary, or other infections (for 2 months or longer, or in shorter courses 4 or more times in a one year period)? | 20 | |
| 3. | Have you taken a broad spectrum antibiotic drug – even a single course? | 6 | |
| 4. | Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs? | 25 | |
| 5. | Have you been pregnant 2 or more times | 5 | |
| | 1 time | 3 | |
| 6. | Have you taken birth control pills For more than 2 years? | 15 | |
| | For 6 months or more | 8 | |
| 7. | Have you taken prednisone, Decadron® or other cortisone-type dugs For more than 2 weeks? | 15 | |
| | For 2 weeks or less? | 6 | |



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| | | | |
|---------------------------|--|----|--|
| 8. | Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke Moderate to severe symptoms? | 20 | |
| | Mild symptoms? | 5 | |
| 9. | Are your symptoms worse on damp muggy days or in moldy places? | 20 | |
| 10. | If you have had, Athlete's Foot, Ring Worm, "Jock Itch" or other chronic fungus infections of the skin or nails, have they been Severe or persistent? | 20 | |
| | Mild to moderate? | 10 | |
| 11. | Do you crave sugar? | 10 | |
| 12. | Do you crave breads? | 10 | |
| 13. | Do you crave alcoholic beverages? | 10 | |
| 14. | Does tobacco smoke really bother you? | 10 | |
| TOTAL OF SECTION A | | | |

Section B: Major Symptoms

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

Occasional / Mild 3 points
 Frequent / Moderate 6 points
 Severe / Disabling 9 points

| | Symptom | Point Score |
|-----|--------------------------------|-------------|
| 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 | |



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| | | |
|---------------------------|--|--|
| 12. | Diarrhea | |
| 13. | Bloating | |
| 14. | Troublesome vaginal discharge | |
| 15. | Persistent vaginal burning or itching | |
| 16. | Prostatitis | |
| 17. | Impotence | |
| 18. | Loss of sexual desire | |
| 19. | Endometriosis | |
| 20. | Cramps and/or other menstrual irregularities | |
| 21. | Premenstrual tension | |
| 22. | Spots in front of eyes | |
| 23. | Erratic vision | |
| TOTAL OF SECTION B | | |

Section C: Other Symptoms

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

Occasional / Mild 3 points
 Frequent / Moderate 6 points
 Severe / Disabling 9 points

| | Symptom | Point Score |
|-----|--|-------------|
| 1. | Drowsiness | |
| 2. | Irritability or jitteriness | |
| 3. | Lack of coordination | |
| 4. | Inability to concentrate | |
| 5. | Frequent mood swings | |
| 6. | Headache | |
| 7. | Dizziness / loss of balance | |
| 8. | Pressure above ears / feeling of head swelling or tingling | |
| 9. | Itching | |
| 10. | Rash or blisters in mouth | |
| 11. | Other rashes | |
| 12. | Heartburn | |
| 13. | Indigestion | |
| 14. | Belching and intestinal gas | |



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| | | |
|---------------------------|--------------------------------------|--|
| 15. | Mucus in stools | |
| 16. | Hemorrhoids | |
| 17. | Dry 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. | Urinary urgency or frequency | |
| 28. | Burning during urination | |
| 29. | Failing vision | |
| 30. | Burning or tearing of eyes | |
| 31. | Recurrent infection or fluid in ears | |
| 32. | Ear pain or deafness | |
| TOTAL OF SECTION C | | |

Total Score, Section A _____

Total Score, Section B _____

Total Score, Section C _____

Grand Total Score _____

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

Yeast connected health problems are almost certainly present in women with scores over 180, and in men with scores over 140. They are only probably present in women with scores over 120, and in men with scores over 40. With Scores of less than 60 in women and 40 in men, yeasts are less apt to cause health problems.

While symptoms in this section commonly occur in people with yeast-connected illness, they are also found in other individuals.