

**Dr. James E. Smith, D.O.**

P: 513.942.3226 F: 513.942.3934

[drjimsoffice@gmail.com](mailto:drjimsoffice@gmail.com) [www.drjimsmith.com](http://www.drjimsmith.com)

**Candida Questionnaire and Score Sheet**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

This questionnaire lists factors in your medical history that promote the growth of the common yeast, 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 in the box at the end of the section. Then move on to Sections B and C and score as directed.

**Section A: History**

1. Have you taken tetracycline’s (Sumycin® Panmycin® Vibramycin® Minocin® or other antibiotics for acne for 1 month (or longer)?	50	
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 for shorter periods 4 or more times in a 1 year span?	50	
3. Have you taken a broad-spectrum antibiotic drug – even for one period?	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?	5	
6. Have you taken birth control pills for ... more than 2 years?	15	
6 months to 2 years?	8	
7. Have you taken prednisone, Decadron® or other cortisone-type drugs by mouth or inhalation for... more than 2 weeks?	15	
2 weeks or less?	6	
8. Does exposure to perfumes, insecticides, fabric, shop odors or 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. Have you had athlete’s foot, ringworm, “jock itch” or other chronic fungus infections of the skin or nails? Have such been severe or persistent?	20	
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	
<b>Total Score, Section A</b>		

- Filling out and scoring this questionnaire should help you and your physician evaluate how Candida Albicans may be contributing to your health problems. Yet it will not provide an automatic yes or now answer. A comprehensive history and physical examination are important. In addition, laboratory studies, x-rays, and other types of tests may also be appropriate.
- The use of nasal or bronchial sprays containing cortisone and/or other steroids promotes overgrowth in the respiratory tract.

**Section B: Major Symptoms**

For each symptom that is present, enter the appropriate number in the Point Score Column:

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

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

If a symptom is severe and or persistent.....Score 9 points

Total the score for this section, and record it in the box at the end of this section.

Point Score

1. Fatigue or lethargy	
2. Feeling of being “drained”	
3. Poor memory	
4. Feeling “spacey” or “unreal”	
5. Inability to make decisions	
6. Numbness, burning or tingling	
7. Insomnia	
8. Muscle aches	
9. Muscle weakness or paralysis	
10. Pain and/or swelling in joints	
11. Abdominal pain	
12. Constipation	
13. Diarrhea	
14. Bloating, belching or intestinal gas	
15. Troublesome vaginal burning, itching or discharge	
16. Prostatitis	
17. Impotence	
18. Loss of sexual drive or feeling	
19. Endometriosis or infertility	
20. Cramps and/or other menstrual irregularities	
21. Premenstrual tension	
22. Attacks of anxiety or crying	
23. Cold hands or feet and/or chilliness	
24. Shaking or irritability	
<b>Total Score, Section B</b>	

### **Section C: Other Symptoms**

For each symptom that is present, enter the appropriate number in the Point Score Column:

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

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

If a symptom is severe and or persistent.....Score 9 points

Total the score for this section, and record it in the box at the end of this section.

Point Score

1. Drowsiness	
2. Irritability or jitteriness	
3. Uncoordinated	
4. Inability to concentrate	
5. Frequent mood swings	
6. Headaches	
7. Dizziness/loss of balance	
8. Pressure above ears...feeling of head swelling	
9. Tendency to bruise easily	
10.Chronic rashes or itching	
11. Psoriasis or recurrent hives	
12. Indigestion or heartburn	

13. Food sensitivity or intolerance	
14. Mucus in stools	
15. Rectal itching	
16. Dry mouth or throat	
17. Rash or blisters in mouth	
18. Bad breath	
19. Foot, hair or body odor not relieved by washing	
20. Nasal congestion or post nasal drip	
21. Nasal itching	
22. Sore throat	
23. Laryngitis, loss of voice	
24. Cough or recurrent bronchitis	
25. Pain or tightness in chest	
26. Wheezing or shortness of breath	
27. Urinary frequency, urgency, or incontinence	
28. Burning on urination	
29. Spots in front of eyes or erratic vision	
30. Burning or tearing of eyes	
31. Recurrent infections or fluid in ears	
32. Ear pain or deafness	

	<b>Total Score, Section C</b>	
	<b>Total Score, Section B</b>	
	<b>Total Score, Section A</b>	
	<b>GRAND TOTAL SCORE</b>	

The Grand Total Score will help you and your physician decide if your health problems are yeast-connected. Scores for women will run higher, as 7 items in this questionnaire apply exclusively to women, while only 2 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.

Yeast-connected health problems are probably present in women with cores over 120 and in men with scores over 90.

Yeast-connected health problems are possibly present in women with scores over 60 and in and in men with scores over 40.

With scores less than 60 for women and 40 for men, yeast is less apt to cause health problems.