

CANDIDA ALBICANS Self-Screening

Introduction

The following questionnaire was designed by William G. Crook, M.D., to be used by adults to identify one's predisposition to *Candida albicans* yeast overgrowth. It is not intended as a means for diagnosis, but only as an organized system for gathering information regarding *candida*. [For detailed information, see the web site information at http://www.metabolictyping.info/docs/_cand1.html.]

Instructions

Section A pertains to factors in your medical history which may promote the imbalanced growth of candida.

Sections B and C are concerned with symptoms which are commonly seen in individuals with yeast-connected illnesses

For each "Yes" answer you have in Section A, circle the Point Score in that section.

At the end of the section, total your score and record it on the Total Score line.

Then move on to Sections B and C and score as indicated.

Scoring and Interpretation

According to Dr. Crook . . .

Women's scores will tend to run higher, as 7 items apply exclusively to women, while only 2 apply exclusively to men.

Yeast-connected health problems in **Women** are:

Almost certainly present in women with scores over 180

Probably present in women with scores over 120

Possibly present in women with scores over 60.

Yeast-connected health problems in **Men** are:

Almost certainly present with scores over 140

Probably present with scores over 90

Possibly present with scores over 40.

Your Tabulations

Add:

_____ Your TOTAL SCORE from Section A
+ _____ Your TOTAL SCORE from Section B
+ _____ Your TOTAL SCORE from Section C
_____ **Your GRAND TOTAL SCORE**

Section A: History

For each of your symptoms, circle the appropriate number in the columns on the left:
 For each "Yes" answer you have, circle the Point Score in the left column.
 At the end of the section, total your score and record it on the Total Score line.
 Then move on to Sections B and C and score as indicated.

25	Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for 1 month or longer?,
20	Have you, at any time in your life, taken other "broad spectrum" antibiotics (Ampicillin, Amoxicillin, Ceclor, Bactrim, Septra, Keflex, etc.) for respiratory, urinary or other infections (for 2 months or longer, or in shorter course 4 or more times in a 1-year period)?,
6	Have you taken a broad spectrum antibiotic drug, even a single course?
25	Have you at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs?
5	Have you been pregnant 2 or more times?
3	Have you been pregnant 1 time?
15	Have you taken birth control pills for more than 2 years?
8	Have you taken birth control pills for 2 weeks or less?
15	Have you taken Prednisone, Decadron or other cortisone-type drugs for more than 2 weeks?
6	Have you taken Prednisone, Decadron or other cortisone-type drugs for 2 weeks or less?
20	Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke moderate or severe symptoms?
5	Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke mild symptoms?
20	Are symptoms worse on damp, muggy days or in moldy places?
20	Have you had severe or persistent athlete's foot, ringworm, "jock itch" or other chronic fungus infections of the skin or nails?
10	Have you had mild to moderate athlete's foot, ringworm, "jock itch" or other chronic fungus infections of the skin or nails?
10	Do you crave sugar?
10	Do you crave breads
10	Do you crave alcoholic beverages?
10	Does tobacco smoke really bother you?
	TOTAL SCORE FOR SECTION A

Section B: Major Symptoms

For each of your symptoms, circle the appropriate number in the columns on the left:

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 **disabling**, score **9** points.

3	6	9	Abdominal pain
3	6	9	Bloating
3	6	9	Constipation
3	6	9	Cramps and/or other menstrual irregularities
3	6	9	Depression
3	6	9	Diarrhea
3	6	9	Endometriosis
3	6	9	Erratic vision
3	6	9	Fatigue or lethargy
3	6	9	Feeling "spacy" or "unreal"
3	6	9	Feeling of being drained
3	6	9	Impotence
3	6	9	Loss of sexual desire
3	6	9	Muscle aches
3	6	9	Muscle weakness or paralysis
3	6	9	Numbness, burning or tingling
3	6	9	Pain and/or swelling in joints
3	6	9	Persistent vaginal burning or itching
3	6	9	Poor memory
3	6	9	Premenstrual tension (PMS)
3	6	9	Prostatitis
3	6	9	Spots in front of eyes
3	6	9	Troublesome vaginal discharge
			SUB-TOTALS
			TOTAL SCORE FOR SECTION B

Section C: Other Symptoms

For each of your symptoms, circle the appropriate number in the columns on the left:

If a symptom is **occasional** or **mild**, score **1** points

If a symptom is **frequent** and/or **moderately severe**, score **2** points

If a symptom is **severe** and/or **disabling**, score **3** points.

1	2	3	Drowsiness
1	2	3	Irritability or jitteriness
1	2	3	Uncoordination
1	2	3	Inability to concentrate
1	2	3	Frequent mood swings
1	2	3	Headache
1	2	3	Dizziness/loss of balance
1	2	3	Pressure above ears; feeling of head swelling or tingling
1	2	3	Itching
1	2	3	Other rashes
1	2	3	Heartburn
1	2	3	Indigestion
1	2	3	Belching and intestinal gas
1	2	3	Mucous in stools
1	2	3	Hemorrhoids
1	2	3	Dry mouth
1	2	3	Rash or blisters in mouth
1	2	3	Bad breath
1	2	3	Joint swelling or arthritis
1	2	3	Nasal congestion or postnasal drip
1	2	3	Nasal itching
1	2	3	Sore or dry throat
1	2	3	Cough
1	2	3	Pain or tightness in chest
1	2	3	Wheezing or shortness of breath
1	2	3	Urgency or urinary frequency
1	2	3	Burning on urination
1	2	3	Failing vision
1	2	3	Burning or tearing of eyes
1	2	3	Recurrent infections or fluid in ears
1	2	3	Ear pain or deafness
			SUB-TOTALS
			TOTAL SCORE FOR SECTION C