

# 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.

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

## 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.

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