

## 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.

### 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

- Follow the instructions provided in each Section
- At the end of the section, your Section score will appear
- Then move on to Sections B and C

### 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 Scores

<input type="text"/>	Your TOTAL SCORE from Section A
<input type="text"/>	Your TOTAL SCORE from Section B
<input type="text"/>	Your TOTAL SCORE from Section C
<input type="text"/>	<b>Your GRAND TOTAL SCORE</b>

## Section A: History

For each statement that applies to you, enter an ' X ' in the box on the left.

Then move on to Sections B and C

Points

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

## Section B: Major Symptoms

For each of your symptoms, enter the appropriate number in the boxes 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.

**Enter either 3, 6 or 9 in the boxes if symptom applies**

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

## Section C: Other Symptoms

For each of your symptoms, enter the appropriate number in the boxes 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.

Enter either 1, 2 or 3 in the boxes if symptom applies

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

### Your Scores

	Your TOTAL SCORE from Section A
	Your TOTAL SCORE from Section B
	Your TOTAL SCORE from Section C
	<b>Your GRAND TOTAL SCORE</b>

See Page 1 for interpretation of your score.