



Candida Self Test



What is Candida?

Candida overgrowth is a condition that can cause many different health problems. A great number of North Americans suffer from this wide spread condition. However, it is often overlooked due to the refusal of mainstream medicine to fully acknowledge candida overgrowth as a cause of more serious health issues. One of the best ways to know if your health problems are Candida / yeast related is to perform a

Candida Self Test. Below you will find Section A of the self test. Answer each question as Yes or No. Once you have done this, add the scores up for all the questions you have answered "Yes" to and write the total in the box at the bottom. For all questions answered "No", you will receive 0 Points, for questions answered "Yes" you will receive the amount of Points assigned to each question.

Take the Candida Self Test - Section A History

1. Have you taken tetracycline (Sumycin®, Panmycin®, Vibramycin®, Minocin®, etc.) or other antibiotics for acne for 1 month or longer?	<input type="checkbox"/> Yes = 50 POINTS <input type="checkbox"/> No = 0 POINTS	8. Does exposure to perfumes, insecticides, fabric shop odours, or other chemicals provoke a) moderate to severe symptoms? b) mild symptoms?	<input type="checkbox"/> Yes = 50 POINTS <input type="checkbox"/> No = 0 POINTS
2. Have you at any time in your life, taken "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?	<input type="checkbox"/> Yes = 50 POINTS <input type="checkbox"/> No = 0 POINTS	9. Are your symptoms worse on damp, muggy days or in mouldy places?	<input type="checkbox"/> Yes = 50 POINTS <input type="checkbox"/> No = 0 POINTS
3. Have you taken a broad spectrum antibiotic drug -even for 1 period?	<input type="checkbox"/> Yes = 6 POINTS <input type="checkbox"/> No = 0 POINTS	10. If you have ever had athlete's foot, ringworm, jock itch or other chronic fungus infections of the skin or nails, have such infections been a) severe or persistent? b) mild or moderate?	<input type="checkbox"/> Yes = 6 POINTS <input type="checkbox"/> No = 0 POINTS
4. Have you at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs?	<input type="checkbox"/> Yes = 25 POINTS <input type="checkbox"/> No = 0 POINTS	11. Do you crave sugar?	<input type="checkbox"/> Yes = 25 POINTS <input type="checkbox"/> No = 0 POINTS
5. Have you been pregnant a) 2 or more times? b) 1 time?	<input type="checkbox"/> Yes = 5 POINTS <input type="checkbox"/> No = 0 POINTS	12. Do you crave breads?	<input type="checkbox"/> Yes = 5 POINTS <input type="checkbox"/> No = 0 POINTS
6. Have you taken birth control pills for a) more than 2 years? b) 6 months to 2 years?	<input type="checkbox"/> Yes = 3 POINTS <input type="checkbox"/> No = 0 POINTS	13. Do you crave alcoholic beverages?	<input type="checkbox"/> Yes = 3 POINTS <input type="checkbox"/> No = 0 POINTS
7. Have you taken prednisone, Decadron® or other cortisone-type drugs by mouth or inhalation a) for more than 2 weeks? b) for 2 weeks or less?	<input type="checkbox"/> Yes = 15 POINTS <input type="checkbox"/> No = 0 POINTS	14. Does tobacco smoke really bother you?	<input type="checkbox"/> Yes = 15 POINTS <input type="checkbox"/> No = 0 POINTS
		TOTAL SCORE FOR SECTION A _____	
Complete the Self Test by continuing on to Section B (Major Symptoms) and Section C (Minor Symptoms) on the next page.			

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 = **3 Points**
- If a symptom is frequent or moderately severe = **6 Points**
- If a symptom is severe and/or disabling = **9 Points**

Total the scores for this section and record them in the box at the bottom of this section.

- Fatigue or lethargy
- Feeling of being "drained"
- Poor memory
- Feeling "spacey" or "aloof"
- Inability to make decisions
- Numbness, burning or tingling
- Insomnia
- Muscle aches
- Muscle weakness or paralysis
- Pain and/or swelling in joints
- Abdominal pain
- Constipation
- Diarrhea
- Bloating, belching, or intestinal gas
- Troublesome vaginal burning, itching or discharge
- Prostatitis
- Impotence.....
- Loss of sexual desire or feeling.....
- Endometriosis or infertility
- Cramps and/or other menstrual irregularities
- Premenstrual tension
- Attacks of anxiety or crying
- Cold hands or feet and/or chilliness
- Shaking or irritability when hungry

TOTAL SCORE FOR SECTION B _____

CANDIDA TEST RESULTS

Total Score Section A.....

Total Score Section B.....

Total Score Section C.....

GRAND TOTAL SCORE _____

IF YOUR SCORE IS:	YOUR SYMPTOMS ARE:
180 (women) 140 (men)	Almost certainly yeast connected
120 (women) 90 (men)	Probably yeast connected
60 (women) 40 (men)	Possibly yeast connected
Below 60 (women) Below 40 (men)	Probably not yeast connected

Section C - Minor Symptoms

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

- If a symptom is occasional or mild = **3 Points**
- If a symptom is frequent or moderately severe = **6 Points**
- If a symptom is severe and/or disabling = **9 Points**

Total the scores for this section and record them in the box at the bottom of this section.

- Drowsiness
- Irritability or jitteriness.....
- Incoordination
- Inability to concentrate
- Frequent mood swings
- Headaches
- Dizziness/loss of balance
- Pressure above ears/feeling of head swelling
- Tendency to bruise easily
- Chronic rashes or itching.....
- Psoriasis or recurrent hives.....
- Indigestion or heartburn
- Food sensitivity or intolerance
- Mucus in stools.....
- Rectal itching
- Dry mouth or throat
- Rash or blisters in mouth.....
- Bad breath
- Foot, hair or body odour not relieved by washing.....
- Nasal congestion or post-nasal drip.....
- Nasal itching
- Sore throat.....
- Laryngitis, loss of voice.....
- Cough or recurrent bronchitis
- Pain or tightness in chest
- Wheezing or shortness of breath
- Urinary frequency, urgency or incontinence
- Burning upon urination
- Spots in front of eyes or erratic vision.....
- Burning or tearing of eyes
- Recurrent infections or fluid in ears
- Ear pain or deafness.....

TOTAL SCORE FOR SECTION C _____

The total score will help you or your health care practitioner decide if your health problems are yeast-connected. A comprehensive history and physical examination are also important. Scores for women will run higher, as 7 items in this questionnaire apply exclusively to women, while only 2 apply exclusively to men. If your total score for all three sections above was below 60 for a woman or below 40 for a man, then you are less likely to have a problem with Candida. However, if you scored higher than this, then you may wish to consider lifestyle and dietary changes, as well as a detoxification and cleansing program. All of these will help you reduce or eliminate your candida related health problems.