

Yeast Questionnaire

Developed by William G. Crook, M.D.

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. Total your score, and record it at the end of the section. Then move on to Sections B and C, and score as directed.

Section A: History (circle only those that apply)

1. Have you taken tetracyclines (Sumycin®, Panmycin®, Vibramycin®, Minocin®, etc.) or other antibiotics for acne for 1 month (or longer)? **Point score-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? **Point score-50**

3. Have you taken a broad spectrum antibiotic drug – even for one period? **Point score-6**

4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs? **Point score-25**

5. Have you been pregnant 2 or more times? **Point score-5**

Pregnant 1 time? **Point score-3**

6. Have you taken birth control pills for more than 2 years? **Point score-15**

Taken birth control pills 6 months to 2 years? **Point score-8**

7. Have you taken prednisone, Decadron®, or other cortisone-type drugs by mouth or inhalation** for more than 2 weeks? **Point score-15**

Taken these drugs 2 weeks or less? **Point score-6**

8. Does exposure to perfumes, insecticides, fabric shop odors, or other chemicals provoke moderate to severe symptoms? **Point score-20**

Does exposure produce mild symptoms? **Point score-5**

9. Are your symptoms worse on damp, muggy days or in moldy places? **Point score-20**

10. Have you had athlete's foot, ringworm, "jock itch" or other chronic fungus infections of the skin or nails that have been severe or persistent? **Point score-20**

Mild or moderate? **Point score-10**

11. Do you crave sugar? **Point score-10**

12. Do you crave breads? **Point score-10**

13. Do you crave alcoholic beverages? **Point score-10**

14. Does tobacco smoke really bother you? **Point score-10**

Total Score, Section A _____

****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 disabling, score 9 points.

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

- | | |
|---|-------|
| 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 desire 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 irritable when hungry | _____ |
| Total Score, Section 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.

- | | |
|---|-------|
| 1. Drowsiness | _____ |
| 2. Irritability or jitteriness | _____ |
| 3. Incoordination | _____ |
| 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 _____

***While the symptoms in this section occur commonly in patients with yeast-connected illness, they also occur commonly in patients who do not have candida.**

Total Score, Section C _____

Total Score, Section B _____

Total Score, Section A _____

Grand Total Score
(add totals from Sections A, B and C) _____

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.

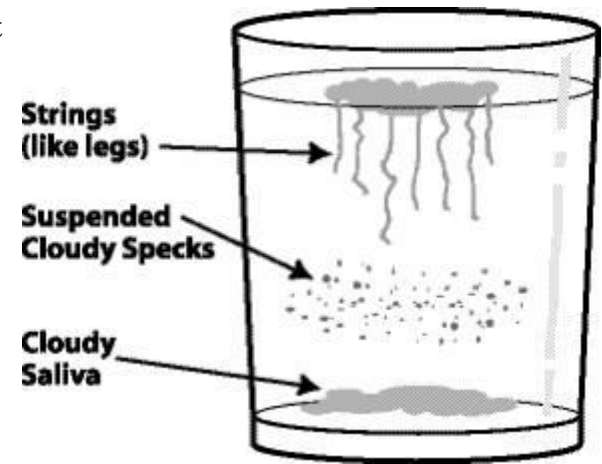
Yeast-connected health problems are probably present in women with scores over 120, and in men with scores over 90.

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

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

Fast and Free Home Test

You can try this simple test to see if you have candida: First thing in the morning, before you put ANYTHING in your mouth, get a clear glass. Fill with water and work up a bit of saliva, then spit it into the glass of water. . Check the water every 15 minutes or so for up to one hour. If you have a candida yeast infection, you will see strings (like legs) traveling down into the water from the saliva floating on the top, or “cloudy” saliva will sink to the bottom of the glass, or cloudy specks will seem to be suspended in the water. If there are no strings and the saliva is still floating after at least one hour, you are probably candida yeast free.



If you have a bunch of threads or cloudiness, and especially if it develops quickly, you can be pretty sure you have a serious case of candida infecting you. A few threads or light cloudiness indicate not as serious an infestation

From: Robert Harrison
gethealthyagain.com

Compiled by: Dr. Janice Potter,
www.drpotter.net
 #103B – 1980 Cooper Road
 Kelowna, BC, V1Y 8K5
Tel: 250-762-5100