

Do you have a problem with Candida?

This Candida questionnaire will help you to assess the possibility or severity of yeast-related health problems. An anti-Candida regime is exhaustive and prolonged, so establishing if you do or do not have a likely Candida problem is very important.

Risk factors:

1. Have you ever taken antibiotics for longer than a month or more than once in a year? If so score 5.....
2. Have you had a high-sugar diet, now or in the past- even as a child? Or have you ever lived through a high level of stress? If so score 5.....
3. Have you ever had a high alcohol intake, or taken drugs? If so score 5.....
4. Have you ever had any steroid treatments – pills, injections, creams, inhalers? (For women, this includes the contraceptive pill or hormone therapy) If so score 10

Present symptoms:

Score 1 point if a symptom is occasional or mild
 Score 2 points if a symptom is frequent or moderately severe
 Score 3 points if a symptom is really severe or disabling

5. Depression, anxiety, irritability, mood swings.....
 6. Poor memory, lack of concentration, feeling spacey or unreal.....
 7. Fatigue, lethargy, feeling drained.....
 8. Indigestion, heartburn, food intolerance, bloating, intestinal gas.....
 9. Constipation, diarrhoea, irritable bowel syndrome, stomach ache, mucus in stool.....
 10. In women: Premenstrual syndrome, period pain or irregularities, infertility, endometriosis, loss of sex drive.....
 In men: Prostate problem, infertility, impotence, loss of sex drive.....
 11. In women: vaginal burning, itching, discharge.....
 In men: Irritation of groin or genitals.....
 12. Muscle aches or weakness, joint pain or stiffness.....
 13. Eczema, psoriasis, rashes, itching.....
 14. Athlete's foot, ringworm, fungal toenails.....
 15. Cravings for sweet foods, chocolate, alcohol, bread.....
 16. Sensitivity to perfume, chemical smells, petrol fumes, tobacco smoke.....
 17. Any symptoms made worse on damp days or in mouldy places.....
 18. Dizziness, loss of balance, lack of coordination.....
 19. Insomnia, waking un-refreshed, drowsy during the day, need for excessive sleep.....
 20. Body odour, bad breath.....
 21. Sores in mouth, sore throat.....
 22. Nasal congestion, post-nasal drip, sinusitis.....
 23. Pain or tightness in chest, wheezing or shortness of breath.....
 24. Urinary frequency, urgency, burning.....
 25. Spots in front of eyes, burning or watery eyes.....
 26. Recurrent ear infections, earache, deafness.....
 27. Easy bruising, chilliness, cold hands and feet.....
 28. Headache, migraine.....
 29. Numbness, burning, tingling.....
 30. Irritation around anus.....
- Total Score

- Total score 75 – 100 - there is very little doubt that you have yeast infection
- Total score 50 – 75 - You very probably have yeast infection
- Total score 25 – 50 - You quite possibly have yeast infection
- Total score 0 – 25 - Count yourself lucky – but watch your step!