

# Candida (Yeast Infection) Self-Test

## Section A - History

Circle the number next to the questions you answer “yes,” then add up all the circled numbers and write the total in the box at the bottom.

1. Have you taken tetracycline (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for one month or longer? 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 50 or more times in a 1 year spectrum?
  3. Have you taken a broad spectrum antibiotic drug - even for 1 period? 6
  4. Have you at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs? 25
  5. Have you been pregnant . . .
    - A) 2 or more times? 5
    - B) 1 time? 3
  6. Have you taken birth control pills for . . .
    - A) more than 2 years? 15
    - B) 6 months to 2 years? 8
  7. Have you taken prednisone, Decadron, or other cortisone-type drugs by mouth or inhalation . . .
    - A) for more than 2 weeks? 15
    - B) for 2 weeks or less? 6
  8. Does exposure to perfumes, insecticides, fabric shop odors, or other chemicals provoke . . .
    - A) moderate to severe symptoms? 20
    - B) mild symptoms? 5
  9. Are your symptoms worse on damp, muggy days or in moldy places? 20
  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? 20
    - B) mild or moderate? 10
  11. Do you crave sugar? 10
  12. Do you crave breads? 10
  13. Do you crave alcoholic beverages? 10
  14. Does tobacco smoke really bother you? 10
- TOTAL SCORE FOR SECTION A:

## 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 or moderately severe score 6 points
- If a symptom is severe and/or disabling score 9 points

Total the scores for this section and record them in the box at the bottom 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 irritabilty when hungry

TOTAL SCORE FOR SECTION B:

### 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 score 3 points
- If a symptom is frequent or moderately severe score 6 points
- If a symptom is severe and/or disabling score 9 points

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

1. Drowsiness
2. Irritability or jitteriness
3. Incoordination
4. Inability to concentrate
5. Frequent mood swings
6. Headaches
7. Dizziness/ loss or 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. Rashers or blisters on mouth
18. Bad breath
19. Foot , hair, or body odor not relieved by washing
20. Nasal congestion or post0nasal 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 un front of eyes or erratic vision
- 30. Burning or tearing of eyes
- 31. Recurrent infections or fluid in ears
- 32. Ear pain or deafness

TOTAL SCORE FOR SECTION C:

CANDIDA TEST RESULTS

Total Score for Section A:\_\_\_

Total Score for Section B:\_\_\_

Total Score for Section C:\_\_\_

IF YOUR SCORE IS: YOUR SYMPTOMS ARE:

180 (women)	Almost certainly yeast connected
140 (men)	
120 (women)	Probably yeast connected
90 (men)	
60 (women)	Possibly yeast connected
40 (men)	
below 60 (women)	Probably not yeast connected
below 40 (men)	

The total score will help you and your physician decide if your health problems are yeast-connected. A comprehensive history and physical examination are also important. In addition, laboratory studies, x-rays, and other types of tests may also be appropriate.

If your total score for all three sections above was below 60 for a women and 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, was well as a detoxification and cleansing program. All of which may help you fell healthy and more energetic.

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