

Candida Questionnaire - Henley Chiropractic

Name: _____ Date: _____

Section A: History

For most questions, circle the most appropriate answer (Y for yes, N for no)

- | | | | |
|---|---|---|-----|
| 1. Have you ever taken tetracyclines (or other antibiotics) for acne for 1 month or longer? | Y | N | 35 |
| 2. Have you ever taken "broad spectrum" antibiotics for respiratory, urinary or other infections for a period of 2 months or longer, or in shorter courses 4 or more times in a single year? | Y | N | 35 |
| 3. Have you, at any time in your life, been troubled by persistent vaginal problems or had 3 or more episodes of vaginitis in a year? | Y | N | 6 |
| 4. Have you at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs/ been pregnant?
If so, how many times? _____ | Y | N | 25 |
| 5. Are you bothered by memory/ concentration problems / do you sometimes feel spaced out? | Y | N | 20 |
| 6. Do you "sick all over" yet, in spite of visits to many different physicians, the causes haven't been found? | Y | N | 20 |
| 7. Have you been pregnant ? | Y | N | (3) |
|One time? | Y | N | 5 |
| 2 or more times? | Y | N | 5 |
| 8. Have you taken birth control pills? | Y | N | 15 |
| For more than 2 years? | Y | N | 8 |
| For 6 months to 2 years? | Y | N | 8 |
| 9. Have you taken steroids orally, by injection or inhalation? For more than 2 weeks? | Y | N | 15 |
| For 2 weeks or less? | Y | N | 6 |
| 10. Does exposure to perfumes, insecticides, fabric store odors & other chemicals bother you? | | | |
| Moderate to severe symptoms? | Y | N | 20 |
| Mild symptoms ?..... | Y | N | 5 |
| 11. Does tobacco smoke really bother you? | Y | N | 10 |
| 12. Do damp, muggy days or moldy places provoke symptoms? | Y | N | 20 |
| 13. Have you had persistent athlete's foot, ring worm, jock itch or other chronic fungus infections of the skin or nails? | Y | N | 20 |
| Have they been severe or persistent? | Y | N | 10 |
| Have they been mild to moderate? | Y | N | 10 |
| 14. Do you crave sugar? | Y | N | 10 |

Total Score , section A _____

Section B: Major Symptoms

For each of the symptoms listed below, enter the appropriate figure in the Point Score column:

If a symptom is occasional or mild 3 points

If a symptom is frequent and/or moderately severe 6 points

If a symptom is severe and/or disabling 9 points

Add total score and record it at the end of this section

Points here

1. Fatigue or lethargy	
2. Feeling of being "drained"	
3. Depression or manic depression	
4. Numbness, burning or tingling	
5. Headache	
6. Muscle aches	
7. Muscle weakness or paralysis	
8. Pain and/or swelling in joints	
9. Abdominal pain	
10. Constipation and/or diarrhea	
11. Bloating, belching or intestinal gas	
12. Troublesome vaginal burning, itching or discharge	
13. Prostatitis	
14. Impotence	
15. Loss of sexual desire or feeling	
16. Endometriosis or infertility	
17. Cramps and/or other menstrual irregularities	
18. Premenstrual tension	
19. Attacks of anxiety or crying	
20. Cold hands or feet, low body temperature	
21. Hypothyroidism	
22. Shaking or irritable when hungry	
23. Cystitis or interstitial cystitis	
TOTAL SCORE, Section B	

Section C: Other Symptoms

For each of the symptoms listed below, enter the appropriate figure in the Point Score column:

If a symptom is occasional or mild 1 points

If a symptom is frequent and/or moderately severe 2 points

If a symptom is severe and/or disabling 3 points

Add total score and record it at the end of this section

Points here

1. Drowsiness, including inappropriate drowsiness	
2. Irritability	
3. Incoordination	
4. Frequent mood swings	
5. Insomnia	
6. dizziness & loss of balance	
7. Pressure above ears ...felling of head swelling	
8. Sinus problems ... tenderness of cheekbones of forehead	
9. Tendency to bruise easily	
10. Eczema, itching eyes	
11. Psoriasis	
12. Chronic hives (urticaria)	
13. Indigestion of heartburn	
14. Sensitivity to milk, wheat, corn, or other common foods	

Continued on next page

Section C: Other Symptoms

Point score

15. Mucus in stools	
16. Rectal itching	
17. Dry mouth or throat	
18. Mouth rashes, including "white" tongue	
19. Bad breath	
20. Foot, hair or body odor not relived by washing	
21. Nasal congestion or postnasal drip	
22. Nasal itching	
23. Sore throat	
24. Laryngitis , loss of voice	
25. Cough or recurrent bronchitis	
26. Pain or tightness in chest	
27. Wheezing or shortness of breath	
28. Burning on urination	
30. Spots in front of eyes or erratic vision	
31. Burning or tearing eyes	
32. Recurrent infections or fluid in ears	
33. Ear pain or deafness	
Total Score, Section A _____	Total Score, Section B _____
Total Score , Section C _____	GRAND TOTAL SCORE _____

The grand total score will help you and Dr. Henley decide if your health problems are yeast-connected. Yeast-connected health problems are **most certainly** present in women with score **more than 180** , and in men with score **more than 140**

Yeast Yeast-connected health problems are **probably** present in women with score **more than 120** and in men with score **more than 90**

Yeast-connected health problems are **possible** present in women with score **more than 60** and in men with score **more than 40**

With score of less than 60 in women and 40 in men, yeasts are less apt to cause health problems.