THE YEAST CONNECTION

Persons with frequent gastrointestinal bloating and gas, recurrent yeast infections, or mental confusion often believe they have “The Yeast Connection.” This is a condition of hypersensitivity or allergy to the common Candida albicans yeast that usually inhabits the human bowel. People with the above symptoms often have an overgrowth of yeast in the intestines with multiple food allergies and “leaky gut.” If you feel you may have this “connection,” then complete and score the questionnaire and score sheet below for yourself. If the score indicates you may have a problem, then stool and urine tests can identify the overgrowth of yeast (or molds) and intra-dermal allergy skin testing can confirm the hypersensitivity state to yeasts or molds. Anti-fungal (anti-mold) therapy and allergy shots may help control this “connection.”

CANDIDA QUESTIONNAIRE AND SCORE SHEET

This questionnaire is designed for adults and the scoring system isn’t appropriate for children. It lists factors in your medical history which promote the growth of Candida albicans, and symptoms commonly found in individuals with yeast-connected illness.

For each "Yes" answer in Section A, circle the Point Score in that section. Total your score and record it in the box at the end of the section. Then move on to Sections B and C and score as directed.

Filing out and scoring this questionnaire should help you and your physician evaluate the possible role of candida in contributing to your health problems. Yet it will not provide an automatic "Yes" or "No" answer.

SECTION A: HISTORY

1. Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for one month or longer?  
   **Point Score**  
   25

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 in shorter courses four or more times in a one year period?)  
   **Point Score**  
   20

3. Have you taken a broad spectrum antibiotic drug - even a single course?  
   **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  
   - 1 time?  
     **Point Score**  
     3

6. Have you taken birth control pills:  
   - For more than 2 years?  
     **Point Score**  
     15  
   - For 6 months to 2 years?  
     **Point Score**  
     8

7. Have you taken prednisone, Decadron or other cortisone-type drugs:  
   - For more than 2 weeks?  
     **Point Score**  
     15  
   - For 2 weeks or less?  
     **Point Score**  
     6

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†Including Keflex, ampicillin, amoxicillin, augmentin, Cefclor, Suprax, Bactrim, and Septra. Such antibiotics kill off “good germs” while they’re killing off those which cause infection.
8. Does exposure to perfumes, insecticides, fabric shop odors and other chemical provoke:
   Moderate to severe symptoms? 20
   Mild symptoms? 5

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

10. Have you had athlete's foot, ring worm, "jock itch" or other chronic fungus infections of the skin or nails?
    Severe or persistent? 20
    Mild to 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, Section A .................................................................

SECTION B: MAJOR SYMPTOMS

For each of your symptoms, enter the appropriate figure 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

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

Point Score

1. Fatigue or lethargy
2. Feeling of being "drained"
3. Poor memory
4. Feeling "spacey" or "unreal"
5. Depression
6. Numbness, burning or tingling
7. Muscle aches
8. Muscle weakness or paralysis
9. Pain and/or swelling in joints
10. Abdominal pain
11. Constipation
12. Diarrhea
13. Bloating
14. Troublesome vaginal discharge
15. Persistent vaginal burning or itching
16. Prostatitis
17. Impotence
18. Loss of sexual desire
19. Endometriosis
20. Cramps, and/or other menstrual irregularities
21. Premenstrual tension
22. Spots in front of eyes
23. Erratic vision

Total Score, Section B.................................................................


### SECTION C: OTHER SYMPTOMS:

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

- If a symptom is occasional or mild: Score 1 point
- If a symptom is frequent and/or moderately severe: Score 2 points
- If a symptom is severe and/or disabling: Score 3 points

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

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Total Score, Section C: ____________________________

Total Score, Section A: ____________________________

Total Score, Section B: ____________________________

GRAND TOTAL SCORE: ____________________________

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2While the symptoms in this section commonly occur in people with yeast-connected illness they are also found in other individuals.
The Grand Total Score will help you and your physician decide if your health problems are yeast-connected. Scores in women will run higher as 7 items in the 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 of less than 60 in women and 40 in men, yeasts are less apt to cause health problems.