

## 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

	Point Score
1. Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for one month or longer?	25
2. Have you, at any time in your life, taken other "broad spectrum" antibiotics <sup>1</sup> for respiratory, urinary, or other infections (for 2 months or longer, or in shorter courses four or more times in a one year period?)	20
3. Have you taken a broad spectrum antibiotic drug - even a single course?	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: 2 or more times?	5
1 time?	3
6. Have you taken birth control pills: For more than 2 years?	15
For 6 months to 2 years?	8
7. Have you taken prednisone, Decadron or other cortisone-type drugs: For more than 2 weeks?	15
For 2 weeks or less?	6

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<sup>1</sup>Including Keflex, ampicillin, amoxicillin, augmentin, Ceclor, 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: <sup>2</sup>**

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

- |   |                |
|---|----------------|
| If a symptoms 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.

	Point Score
1. Drowsiness	_____
2. Irritability or jitteriness	_____
3. Incoordination	_____
4. Inability to concentrate	_____
5. Frequent mood swings	_____
6. Headache	_____
7. Dizziness/loss of balance	_____
8. Pressure above ears . . . feeling of head swelling & tingling	_____
9. Itching	_____
10. Other rashes	_____
11. Heartburn	_____
12. Indigestion	_____
13. Belching and intestinal gas	_____
14. Mucus in stools	_____
15. Hemorrhoids	_____
16. Dry mouth	_____
17. Rash or blisters in mouth	_____
18. Bad breath	_____
19. Joint swelling or arthritis	_____
20. Nasal congestion or discharge	_____
21. Post nasal drip	_____
22. Nasal itching	_____
23. Sore or dry throat	_____
24. Cough	_____
25. Pain or tightness in chest	_____
26. Wheezing or shortness of breath	_____
27. Urgency or urine frequency	_____
28. Burning on urination	_____
29. Failing vision	_____
30. Burning or tearing of eyes	_____
31. Recurrent infections or fluid in ears	_____
32. Ear pain or deafness	_____
Total Score, Section C.....	_____
Total Score, Section A.....	_____
Total Score, Section B.....	_____
GRAND TOTAL SCORE.....	_____

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<sup>2</sup>While 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.

Reference: Crook, William G. "Chronic Fatigue Syndrome and The Yeast Connection." Jackson, Tennessee: Professional Books, 1992.