



Candida Self-Test

Based on information from the book,
“The Yeast Connection” by
Dr. William Crook M.D.

Section A - History

Circle the number next to the questions you answer “yes” to, 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 1 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 or more times in a 1 year span? _____ 50
3. Have you taken a broad spectrum antibiotic drug - even for 1 period? _____ 05
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... 05
 - a) 2 or more times? _____ 03
 - b) 1 time? _____
6. Have you taken birth control pills for... 15
 - a) more than 2 years? _____ 08
 - b) 6 months to 2 years? _____
7. Have you taken prednisone, Decadron® or other cortisone-type drugs by mouth or inhalation... 15
 - a) for more than 2 weeks? _____ 06
 - b) for 2 weeks or less? _____
8. Does exposure to perfumes, insecticides, fabric shop odors, or other chemicals provoke... 20
 - a) moderate to severe symptoms? _____ 05
 - b) mild symptoms? _____
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... 20
 - a) severe or persistent? _____ 10
 - b) mild or moderate? _____
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 B:

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 irritability 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 jitteryness
3. Incoordination
4. Inability to concentrate
5. Frequent mood swings
6. Headaches
7. Dizziness/loss of 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. Rash or blisters in mouth
18. Bad breath
19. Foot, hair or body odor not relieved by washing
20. Nasal congestion or post-nasal 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 in 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 Section A

Total Score Section B

Total Score Section C

Grand Total Score

IF YOUR SCORE IS:	YOUR SYMPTOMS ARE:
180 (women) 140 (men)	Almost certainly yeast connected
120 (women) 90 (men)	Probably yeast connected
60 (women) 40 (men)	Possibly yeast connected
IF YOUR SCORE IS:	YOUR SYMPTOMS ARE:
below 60 (women) below 40 (men)	Probably not yeast connected

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. Scores for women will run higher, as 7 items in this questionnaire apply exclusively to women, while only 2 apply exclusively to men. If your total score for all three sections above was below 60 for a woman or 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, as well as a detoxification and cleansing program, all of which may help you feel healthy and more energetic.

Questions & Consultations



Consultation includes:

- Your Initial Consultation
- Unlimited Follow-up Support
- FREE Information Package
- Dr. Wolfe's comprehensive health video
- Money-Back Guarantee

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