

***Please answer the questions on this form as they relate to the person being evaluated.***

Although your history and symptoms are very important in our analysis of your condition, it is also important for us that you understand:

- *We do not treat symptoms, illness, conditions or diseases.*
- *This is not a treatment for allergies, this does not diagnose allergies or relieve allergies*
- *A symptom is an attempt by your body to tell you something.*
- *We identify substances that may cause stress on the body and work to reduce substance specific stress using a combination of Low Level Light Therapy, Acupoint Stimulation, Homeopathy, Nutrition and Energetic Information to help bring the body back into balance*
- *We do not use drugs in this program.*
- *There is no single method that will work for everyone but this integrative approach can help increase your core level energy, boost your immune system and help your body better deal with substance stressors leading to a higher quality of life*
- *Just because certain substances are considered "healthy" or "safe", this does not mean they are appropriate, "healthy" or "safe" for you.*
- *Your diet and environment consists of everything you **eat, drink, rub on your skin, or inhale***
- *Our procedures are safe, non-invasive and painless.*
- *If you suffer from anaphylaxis, we recommended you consult your primary care physician for medical treatment appropriate for you.*
- *If you believe you suffer from allergies, we recommend you consult with your general practitioner, immunologist or board certified allergist before seeking alternative care.*

### **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 (Section A), and symptoms commonly found in individuals with yeast-connected illness (Sections B and C).

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

Filling out and scoring this questionnaire should help you and your physician evaluate the possible role of Candida in contributing to your health problem. It will not provide an automatic "Yes" or "No" answer.

**Section A: History**

		<b>Point Score</b>
1.	Have you taken tetracycline's (or other antibiotics) for 2 months (or longer)?	25
2.	Have you, at any time in your life, taken other "broad spectrum" antibiotics (Including Keflex®, ampicillin, amoxicillin, Ceclor®, Bactrim®, and Septra®*) for respiratory, urinary or other infections (for 2 months or longer, or in shorter courses 4 or more times in a 1-year period?	20
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?	25
4.	Have you been pregnant 2 or more times? Have you been pregnant 1 time?	5 3
5.	Have you taken birth control pills for more than 2 years? For 6 months to 2 years?	15 8
6.	Have you taken prednisone, Decadron® or other cortisone-type drugs for more than 2 weeks? For 2 weeks or less?	15 6
7.	Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke... Moderate to severe symptoms? Mild symptoms?	20 5
8.	Are your symptoms worse on damp, muggy days or in moldy places?	20
9.	Have you had persistent athlete's foot, "jock itch", or other chronic fungous infections of the skin or nails? Have such infections been ... Severe or persistent? Mild to moderate?	20 10
10.	Do you crave sugar?	10
11.	Do you crave breads?	10
12.	Do you crave alcoholic beverages?	10
13.	Does tobacco smoke really bother you?	10

**TOTAL SCORE, Section**

**A**..... \_\_\_\_\_

**\*Such antibiotics kill off "good germs" while they're killing off those which cause infection.**

**Section B: Major Symptoms**

For each symptom which is present, enter the appropriate figure in the Point Score column:

- If a symptom is mild, ..... score 3 points.
- If a symptom is moderate, ..... score 6 points.
- If a symptom is severe or disabling, ..... score 9 points.

Add total score for this section and record it on the line 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 feeling	
19.	Endometriosis	
20.	Dysmenorrhea	
21.	Premenstrual tension	
22.	Spots in front of eyes	
23.	Erratic Vision	

**TOTAL SCORE, Section**

**B.....** \_\_\_\_\_

**Section C: Other Symptoms**

For each symptom which is present, enter the appropriate figure in the Point Score column:

- If a symptom is mild, ..... score 1 points.
- If a symptom is moderate, ..... score 2 points.
- If a symptom is severe or disabling, ..... score 3 points.

Add total score for this section and record it on the line at the end of this section.

**\*While the symptoms in this section occur commonly in patients with yeast-connected illness, they also occur commonly in patients who do not have Candida.**

		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 and 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.	Postnasal 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 urinary frequency	
28.	Burning on urination	
29.	Failing vision	
30.	Burning or tearing eyes	
31.	Recurrent ear infections	
32.	Fluid in ears	
33.	Ear pain or deafness	
34.	Tubes in ears	
35.	Other symptoms:	

**TOTAL SCORE, Section**

C..... \_\_\_\_\_

**GRAND TOTAL SCORE** (Add up Total Score for Sections A, B, and C).....

\_\_\_\_\_

**Evaluation:**

*(Note that the scoring will be different for females and males since seven questions apply exclusively to women, while only two apply exclusively to men.)*

**If your point score is over 180 in women (and 140 in men), Candida almost certainly plays a role in causing your health problems.**

**If your point score is over 120 in women (and 90 in men), Candida probably plays a role in causing your health problems.**

**If your point score is 60 to 120 for women (and 40 to 90 in men), Candida possibly plays a role in causing your health problems.**

**If your point score is less than 60 for women (and 40 for men), Candida is less apt to be playing a significant role in causing your health problems.**