

# Candida Albicans Self Test

*Developed by William G. Crook, M.D.*

This test can be used to identify your predisposition to Candida albicans yeast infection. It is not intended as a means for diagnosis, but only as an organized system for gathering information regarding candida. If you score high on this questionnaire, you may wish to bring this to the attention of a practitioner trained in further identifying and treating issues caused by candida infections.

## SECTION A: HISTORY

For each item in this section, circle the adjacent score if it applies. Record your total score for this section at the end of the table.

	<b>SCORE</b>
Have you taken tetracyclines (Sumycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for one month or longer?	25
Have you at any time in your life taken other "broad spectrum" antibiotics (ampicillin, amoxicillin, Ceclor, Bactrim, Septra, Keflex, etc.) for respiratory, urinary, vaginal or other infections for two months or longer, or in shorter courses, four or more times over the course of a year?	20
Have you taken a broad-spectrum antibiotic drug, even a single course?	6
Have you at any time in your life been bothered by persistent prostatitis, vaginitis or other problem affecting your reproductive organs?	25
Have you been pregnant	
Two or more times	5
One time	3
Have you used hormonal birth control (pill, patch, ring, etc.)	
For more than two years	15
For two weeks or less	8
Have you taken prednisone, Decadron, or other cortisone-type drugs	
For more than two weeks	15
For two weeks or less	6
Have you ever been afflicted with a parasitic problem at any time in your life? (ring worm, tape worm, intestinal parasites, hook worm, round worm, pin worm, etc.)	20
Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke	
Moderate or severe symptoms?	20
Mild symptoms?	5
Are symptoms worse on damp, muggy days or in moldy places?	20
Have you had athlete's foot, ringworm, jock itch or other chronic fungus infections of the skin or nails	
Severe or persistent?	20
Mild to moderate?	10
Do you crave sugar?	10
Do you crave bread?	10
Do you crave alcoholic beverages?	10
Does tobacco smoke really bother you?	10
<b>Total Score Section A</b>	

*All material here in is provided for information only and may not be construed as personal medical advice. None of the information or products discussed on this site is intended to diagnose, treat, mitigate or cure any disease. Consumers should consult appropriate health professionals on any matter relating to their health and well-being.*

**SECTION B AND C INSTRUCTIONS**

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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**

**SECTION B: MAJOR SYMPTOMS**

	POINT SCORE		POINT SCORE
Fatigue or lethargy		Diarrhea	
Feeling of being drained		Bloating	
Poor memory		Troublesome vaginal discharge	
Feeling spacey or unreal		Persistent vaginal burning or itching	
Depression		Prostatitis	
Numbness, burning or tingling		Impotence	
Muscle aches		Loss of sexual desire	
Muscle weakness or paralysis		Endometriosis	
Pain and/or swelling in joints		Cramps and/or other menstrual irregularities	
Abdominal pain		Premenstrual tension (PMS)	
Constipation		Spots in front of eyes	
Diarrhea			
<b>Column B1 Total</b>		<b>Column B2 Total</b>	
<b>Total Score Section B</b>			

**SECTION C: OTHER SYMPTOMS**

	POINT SCORE		POINT SCORE
Drowsiness		Rash or blisters in mouth	
Irritability or jitteriness		Bad breath	
Incoordination		Joint swelling or arthritis	
Inability to concentrate		Nasal congestion or discharge	
Frequent mood swings		Postnasal drip	
Headaches		Nasal twitching	
Dizziness/loss of balance		Sore or dry throat	
Pressure above ears; feeling of head swelling or tingling		Cough	
Itching		Pain or tightness in chest	
Other rashes (eczema, psoriasis, etc.)		Wheezing or shortness of breath	
Heartburn		Urgency or urinary frequency	
Indigestion		Burning on urination	
Belching and intestinal gas		Failing vision	
Mucous in stools		Burning or tearing of eyes	
Hemorrhoids		Recurrent infections or fluid in ears	
Dry mouth		Ear pain or deafness	
	<b>Column C1 Total</b>		<b>Column C2 Total</b>
<b>Total Score Section C</b>			

**TEST SCORE TOTALS**

Total Score Section A	
Total Score Section B	
Total Score Section C	

**Grand Total:**

**Candida Albicans Self-Assessment Scoring**

SCORE	INDICATION
Women: 180+ Men: 140+	Yeast-connected health problems are <b><i>almost certainly present</i></b>
Women: 120 – 179 Men: 90 – 139	Yeast-connected health problems are <b><i>probably present</i></b>
Women: 60 – 119 Men: 40 – 89	Yeast-connected health problems are <b><i>possible present</i></b>

*Note: Women's scores will tend to run higher, as seven items apply exclusively to women, while only two apply exclusively to men.*