

YEAST SYMPTOMS ASSESSMENT

Adapted from the [Candida Questionnaire and Score Sheet](#) from *The Yeast Connection*
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INTRODUCTION

Candida albicans (also referred to as *C. albicans* or simply *Candida*) are yeast cells that in normal circumstances are only present in the gastrointestinal tract and on the skin, mucosa, esophagus, and small intestine. These yeast cells consume substances such as sugar. Typically, the *Candida* organism coexists in a concentration of millions of other bacteria that keep its levels in check.

Disruption in our internal environment decreases levels of helpful bacteria, which causes our immune system to be overwhelmed by antigens and toxins. The result is our immune system weakens and *Candida* overgrows. When *Candida* multiplies in the intestinal tract, the toxins it produces find their way into other tissues, resulting in a wide range of problems. Yeast-related symptoms typically occur when a person's immunity becomes compromised due to antibiotics, diet, or other factors.

Because *Candida* is always present in our bodies, every individual has the potential for developing an overgrowth at some point during their lifetime. Both men and women are susceptible to chronic yeast disorders, although about 60% of yeast syndrome cases occur in women. Yeast disorders can affect nine different body systems:

1. Digestive
2. Nervous
3. Cardiovascular
4. Lymphatic
5. Respiratory
6. Reproductive
7. Urinary
8. Endocrine
9. Musculoskeletal

HOW TO USE THIS ASSESSMENT

Section A: Medical History – Assesses the lifestyle factors that may promote *Candida* overgrowth and are often found in patients suffering from yeast-related health problems.

Section B: Primary Symptoms – Assesses the symptoms most commonly associated with yeast syndromes.

Section C: Secondary Symptoms – Assesses the symptoms that are sometimes seen in patients with yeast-related health problems, but which are also seen in patients suffering from unrelated disorders.

SECTION A: MEDICAL HISTORY

For any questions that apply to your medical history, circle the corresponding Score Number. (For questions with more than one answer, please choose the option that best reflects your experience and circle the corresponding Score Number.)

	Question	Score #
1	Have you taken tetracyclines or other antibiotics for acne for 1 month or longer?	35
2	Have you taken a broad-spectrum antibiotic drug—even in a single dose?	6
3	Have you ever taken broad-spectrum antibiotics or other antibacterial medication for respiratory, urinary, or other infections...	
	<i>a) For 2 months or longer</i>	35
OR	<i>b) In short courses 4 or more times in a 1 year period?</i>	35
4	Have you experienced persistent prostatitis, vaginitis, or other problems affecting your reproductive organs?	25
5	Are you experiencing problems with memory, concentration, or feeling “spaced out”?	20
6	Do you feel “sick all over,” but the cause hasn’t been found—even after visiting several different doctors?	20
7	Have you been pregnant...	
	<i>a) 1 time?</i>	3
OR	<i>b) 2 or more times?</i>	5
8	Have you taken birth control pills...	
	<i>a) For 6 months to 2 years?</i>	8
OR	<i>b) For more than 2 years?</i>	15
9	Have you taken steroids orally, by injection, or by inhalation...	
	<i>a) For 2 weeks or less?</i>	6
OR	<i>b) For more than 2 weeks?</i>	15
10	Does exposure to perfumes, insecticides, or other chemicals provoke...	
	<i>a) Mild symptoms?</i>	5
OR	<i>b) Moderate to severe symptoms?</i>	20
11	Does tobacco smoke really bother you?	10
12	Are your symptoms worse on damp, humid days, or in moldy places?	20
13	Have you had athlete’s foot, ringworm, “jock itch,” or other chronic fungal infections of the skin or nails? If so, have such infections been...	
	<i>a) Mild to moderate?</i>	10
OR	<i>b) Severe or persistent?</i>	20
14	Do you crave sugar, bread, or alcoholic beverages?	10

Section A Total: _____

SECTION B: PRIMARY SYMPTOMS

For any symptoms that apply, circle the number that best reflects the frequency or severity of your symptom. (Skip any symptoms that do not correspond with your personal experience.)

	SYMPTOMS	OCCASIONAL/MILD	FREQUENT/MODERATE	SEVERE/DISABLING
1	Fatigue or lethargy, feeling "drained"	3	6	9
2	Difficulty making decisions	3	6	9
3	Depression or manic depression	3	6	9
4	Numbness, burning, or tingling	3	6	9
5	Headache	3	6	9
6	Muscle aches	3	6	9
7	Muscle weakness or paralysis	3	6	9
8	Pain and/or swelling in joints	3	6	9
9	Abdominal pain	3	6	9
10	Constipation and/or diarrhea	3	6	9
11	Bloating, belching, or intestinal gas	3	6	9
12	Vaginal burning, itching, or discharge	3	6	9
13	Prostatitis	3	6	9
14	Cystitis or interstitial cystitis	3	6	9
15	Impotence	3	6	9
16	Loss of sexual feeling or desire	3	6	9
17	Endometriosis or infertility	3	6	9
18	Cramps and/or menstrual irregularities	3	6	9
19	Premenstrual tension	3	6	9
20	Anxiety attacks	3	6	9
21	Cold hands or feet, low body temperature	3	6	9
22	Hypothyroidism	3	6	9
23	Shaking or irritability when hungry	3	6	9

Section B Total: _____

SECTION C: SECONDARY SYMPTOMS

For any symptoms that apply, circle the number that best reflects the frequency or severity of your symptom. (Skip any symptoms that do not correspond with your personal experience.)

	SYMPTOMS	OCCASIONAL/MILD	FREQUENT/MODERATE	SEVERE/DISABLING
1	Drowsiness	1	2	3
2	Insomnia	1	2	3
3	Irritability, jitteriness, or trouble concentrating	1	2	3
4	Frequent mood swings	1	2	3
5	Loss of coordination	1	2	3
6	Dizziness/loss of balance	1	2	3
7	Pressure above ears, feeling of head swelling	1	2	3
8	Ear pain or deafness	1	2	3
9	Recurrent infection or fluid in the ears	1	2	3
10	Sinus problems, tenderness in cheekbones or forehead	1	2	3
11	Nasal congestion or postnasal drip	1	2	3
12	Nasal itching	1	2	3
13	Psoriasis	1	2	3
14	Chronic hives (urticaria)	1	2	3
15	A tendency to bruise easily	1	2	3
16	Eczema, itching eyes	1	2	3
17	Seeing spots, erratic vision	1	2	3
18	Burning or tearing eyes	1	2	3
19	Dry mouth or throat	1	2	3
20	Mouth rashes (including "white" tongue)	1	2	3
21	Bad breath	1	2	3
22	Sore throat	1	2	3
23	Laryngitis, loss of voice	1	2	3
24	Cough or recurrent bronchitis	1	2	3
25	Chest pain or tightness	1	2	3

26	Wheezing or shortness of breath	1	2	3
27	Indigestion or heartburn	1	2	3
28	Food sensitivity or intolerance	1	2	3
29	Urinary frequency or urgency	1	2	3
30	Burning during urination	1	2	3
31	Mucus in stools	1	2	3
32	Rectal itching	1	2	3
33	Foot, hair, or body odor not relieved by washing	1	2	3

Section C Total: _____

ASSESSING YOUR RESULTS

Section A Total: ____
 Section B Total: ____
 Section C Total: ____
 GRAND TOTAL: ____

The Grand Total should help you and your healthcare practitioner decide if your health problems are yeast-connected. Scores in women will run higher, as seven items in the questionnaire apply exclusively to women, while only two apply exclusively to men.

Likelihood your health problems are yeast-related:	Scores in Men	Scores in Women
Not very likely	Less than 40	Less than 60
Possibly	40-90	60-120
Probably	90-140	120-180
Almost certainly	Over 140	Over 180

Completing this assessment may help evaluate the possible role *Candida albicans* contributes to your health problems. However, this assessment alone is not sufficient to provide a positive or negative diagnosis.

For diagnosis of *Candida*-related syndromes, your healthcare practitioner may use laboratory-assisted diagnostic methods such as:

- Nutritional profile
- Food hypersensitivity profile
- Fungal hypersensitivity profile
- Chronic fungal disease profile - focusing on antibodies to *Candida* antigen
- Chronic viral disease profile - seeking evidence of past, present, or chronic Epstein Bar Virus, cytomegalovirus (CMV), and herpes virus infections
- Lab urinalysis – seeking an organic acid associated with yeast

REFERENCES

- Crook WG. *Dr. Crook Discusses: Yeasts and How They Can Make You Sick*. Professional Books, Inc. Jackson, TN; 2001: 21-24.
- Petersen C. *A Connection With Yeast*. Women’s International Pharmacy. October 2012.
- The Yeast Connection. *Candida Questionnaire and Score Sheet*. © 2003 Professional Books, Inc. PO Box 3246, Jackson, TN 38303 info@yeastconnection.com www.YeastConnection.com 800-241-8645

Other sources of Dr. Crook’s questionnaire:

Crook WG. *Tired—So Tired! and the “Yeast Connection.”* Professional Books, Inc. Jackson, TN; 2001: 359-364.
 Crook WG. *The Yeast Connection Handbook*. Professional Books, Inc. Jackson, TN; 1997: 15-20.