

Candida ✓ List

Name: _____

Age: _____

Date: _____

Occasionally/Moderate/Frequently

Predisposing Factors

- | | | | |
|--|-------|-------|-------|
| 1. I have used Antibiotics in my life. | _____ | _____ | _____ |
| 2. I have experienced long periods of stress. | _____ | _____ | _____ |
| 3. I eat sweets or items that contain sugar (sodas, cereals, etc.) | _____ | _____ | _____ |
| 4. I have taken long term or intense steroid therapy. | _____ | _____ | _____ |
| 5. I have used antacids. | _____ | _____ | _____ |

Mental Functioning

- | | | | |
|---|-------|-------|-------|
| 6. I have episodes of unexplained anxiety. | _____ | _____ | _____ |
| 7. I have a history of unexplained panic attacks. | _____ | _____ | _____ |
| 8. I have difficulty concentrating. | _____ | _____ | _____ |
| 9. I crave sweets. | _____ | _____ | _____ |
| 10. I have episodes of foggy thinking. | _____ | _____ | _____ |

Body Functioning

- | | | | |
|--|-------|-------|-------|
| 11. I have a tendency towards constipation. | _____ | _____ | _____ |
| 12. I have episodes of diarrhea. | _____ | _____ | _____ |
| 14. I have problems with bloating. | _____ | _____ | _____ |
| 15. I have episodes of rectal itching. | _____ | _____ | _____ |
| 16. I had bladder infections with no bacteria in urine test. | _____ | _____ | _____ |
| 17. I have episodes of itchy rashes. | _____ | _____ | _____ |

Factors That Make it Worse.

- | | | | |
|--|-------|-------|-------|
| 18. Symptoms are worse after eating sweets. | _____ | _____ | _____ |
| 19. Symptoms are worse after drinking alcohol. | _____ | _____ | _____ |
| 20. Symptoms are worse in muggy damp locations or weather. | _____ | _____ | _____ |

Candida Rating:	
0-12	Questionable
13-24	Mild
25-36	Moderate
37+	Severe

Total check marks:
Multiply check mark in each column by

_____	_____	_____
x1	x2	x3
↓	↓	↓

Total scores:

_____	_____	_____
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Total Candida Score:

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