

Candida and Gut Dysbiosis Assessment Scorecard

Candida and Gut Dysbiosis Assessment							
Name							
Age		Height		Weight			
<p>Based upon your health profile for the past 30 days, please select the appropriate number, from '0 - 3' on all questions (0 as least/never/no and 3 as most/always/yes). Each choice has been given a score. Circle the number/score you feel best applies, then add the scores in each column to create your subtotals. The sum of the subtotals will create your grand score.</p>							
<p>Point Scale:</p> <p>0 = Never or almost never have the experience/effect.</p> <p>1 = Mild experiences/effects</p> <p>2 = Moderate experiences/effects</p> <p>3 = Severe/chronic experiences/effects</p> <p>For all yes/no questions, 0 = no and 3 = yes</p>							
Candida Symptom Questions - History				0	1	2	3
Have you ever taken antibiotics for acne for 1 month or longer?				0			25
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 in short courses four or more times in a 1 year period?				0			20
Have you ever taken a broad-spectrum antibiotic (even a single course)?				0			6
Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis, or other problems affecting vaginitis or your reproductive organs?				0			25
Have you ever been pregnant?							
0 = no				0		3	5
2 = one time							
3 = two or more times							
Have you ever taken birth control pills?							
0 = no				0		8	15
2 = for 6 months to 2 years							
3 = for more than 2 years							
Have you ever taken prednisone or other cortisone-type drugs?							
0 = no				0		6	15
2 = for 2 weeks or less							
3 = for more than 2 weeks							
Does exposure to perfumes, insecticides, fabric shop odors, and other chemicals provoke symptoms in you?				0	5	15	20



Candida Symptom Questions - History	0	1	2	3
Are your symptoms worse on damp, muggy days or in moldy places?	0			20
Have you had athlete's foot, ringworm, "jock itch", or other chronic infections of the skin or nails?	0	5	15	20
Do you crave sugar?	0			10
Do you crave breads?	0			10
Do you crave alcoholic beverages?	0			10
Does tobacco smoke really bother you?	0			10
Subtotal for Candida History (sum of scores)				
Subtotal /211				
Candida Symptom Questions – Major Symptoms	0	1	2	3
Do you ever have fatigue or lethargy?	0	3	6	9
Do you ever have poor memory?	0	3	6	9
Do you ever feel "spacey" or "unreal"?	0	3	6	9
Do you ever experience depression?	0	3	6	9
Do you ever experience numbness, burning, or tingling?	0	3	6	9
Do you ever experience muscle aches?	0	3	6	9
Do you ever experience muscle weakness or paralysis?	0	3	6	9
Do you ever experience pain and/or swelling in joints?	0	3	6	9
Do you ever experience abdominal pain?	0	3	6	9
Do you ever experience constipation?	0	3	6	9
Do you ever experience diarrhea?	0	3	6	9
Do you ever experience bloating?	0	3	6	9
Do you ever experience persistent vaginal itch?	0	3	6	9
Do you ever experience persistent vaginal burning?	0	3	6	9
Do you ever experience prostatitis?	0	3	6	9
Do you ever experience impotence?	0	3	6	9
Do you ever experience loss of sexual desire?	0	3	6	9
Do you ever experience Endometriosis?	0	3	6	9
Do you have cramps and/or other menstrual irregularities?	0	3	6	9
Do you ever experience premenstrual tension?	0	3	6	9
Do you ever see spots in front of your eyes?	0	3	6	9
Do you ever experience erratic vision?	0	3	6	9
Subtotal for Candida Major Symptoms (sum of scores)				
Subtotal /207				



Candida Symptom Questions – Other Symptoms	0	1	2	3
Do you ever experience drowsiness?	0	1	2	3
Do you ever experience irritability?	0	1	2	3
Do you ever have difficulty with coordination?	0	1	2	3
Do you ever experience the inability to concentrate?	0	1	2	3
Do you ever experience frequent mood swings?	0	1	2	3
Do you ever experience headaches?	0	1	2	3
Do you ever experience dizziness or loss of balance?	0	1	2	3
Do you ever experience pressure above your ears or the feeling of your head swelling and tingling?	0	1	2	3
Do you ever experience itching?	0	1	2	3
Do you ever experience rashes?	0	1	2	3
Do you ever experience heartburn?	0	1	2	3
Do you ever experience indigestion?	0	1	2	3
Do you ever experience belching and intestinal gas?	0	1	2	3
Do you ever find mucus in your stools?	0	1	2	3
Do you ever experience hemorrhoids?	0	1	2	3
Do you ever find that your mouth is dry?	0	1	2	3
Do you ever get rashes or blisters in your mouth?	0	1	2	3
Do you ever have bad breath?	0	1	2	3
Do you ever experience swelling in your joints or arthritis?	0	1	2	3
Do you ever experience nasal congestion or discharge?	0	1	2	3
Do you ever experience postnasal drip?	0	1	2	3
Do you ever experience nasal itching?	0	1	2	3
Do you ever have a sore or dry throat?	0	1	2	3
Do you ever find that you have a cough?	0	1	2	3
Do you ever experience pain or tightness in your chest?	0	1	2	3
Do you ever find yourself wheezing or short of breath?	0	1	2	3
Do you ever urinate with urgency or frequency?	0	1	2	3
Do you ever experience burning upon urination?	0	1	2	3
Do you ever find your vision is failing?	0	1	2	3
Do you ever experience a burning or tearing of your eyes?	0	1	2	3
Do you ever experience recurrent infections or fluid in your ears?	0	1	2	3
Do you ever experience ear pain?	0	1	2	3
Do you ever experience deafness for periods of time?	0	1	2	3



Subtotal for Candida Other Symptoms (sum of scores)	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Subtotal /99	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
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Grand Total (sum of the three Subtotals) /421	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

Interpretation

Please check the result that applies based on your score.

In women, yeast-connected health problems are:

- almost certainly present: Total >180
- probably present: Total 120–180
- possibly present: Total 60–119
- less likely present: Total <60

In men, yeast-connected health problems are:

- almost certainly present: Total >140
- probably present: Total 90–140
- possibly present: Total 40–89
- less likely present: Total <40