

Candidiasis / Fungal Questionnaire

HIGH-LEVEL INDICATORS

- _____ taken antibiotics for acne or urinary tract infections for one month or longer?
- _____ taken a broad-spectrum antibiotic drug for any reason?
- _____ coated "white" tongue?
- _____ taken steroids or asthma medications?
- _____ chronic fungous infections of the skin or nails?
- _____ athlete's foot, ringworm, or jock itch?
- _____ sometimes feel "spaced out" or like your in a mental fog?
- _____ crave sugar/sweets?
- _____ ever been bothered by persistent problems affecting your reproductive organs?
- _____ feel "sick all over"
- _____ exposure to chemicals such as perfumes, insecticides cause a reaction?
- _____ tobacco smoke really bothers you?
- _____ consume sugar every day?
- _____ crave breads, pasta, and other carbohydrates?
- _____ tingling or numbness in the hands, feet, or face?
- _____ painful joints or swelling in the joints?
- _____ have a history of ulcerative colitis or Crohn's disease?
- _____ constipation or diarrhea or it alternates?
- _____ (female) vaginal burning, itching?
- _____ (female) vaginal discharge that is white, off-white, or cottage-cheesy?
- _____ (female) had vaginal yeast infections?
- _____ (female) take or have taken birth control pills?
- _____ (female) current pain in bladder, kidney or urinary tract?
- _____ (female) ever had endometriosis?

TOTAL NUMBER CHECKED = _____

OTHER INDICATORS

- _____ (female) menstrual problems?
- _____ (female) inability to get pregnant?
- _____ (female) been pregnant?
- _____ unusually tired most of the time?
- _____ feeling of no energy?
- _____ easily depressed?
- _____ headaches?

- _____ muscle aches?
- _____ muscle weakness?
- _____ stomach pain or pain in the colon area?
- _____ bloating, belching or intestinal gas, particularly after eating sweets for fruits?
- _____ indigestion or heartburn?
- _____ prostate problems?
- _____ loss of sexual desire or feeling?
- _____ crying spells or attacks of anxiety?
- _____ cold hands or feet, low body temperature?
- _____ shakiness and/or irritable when hungry?
- _____ frequent mood swings?
- _____ light or restless sleeper?
- _____ feeling of pressure in your head ?
- _____ tenderness of cheekbones or forehead ?
- _____ dry itchy skin or hives or eczema or psoriasis?
- _____ sensitivity to milk, wheat, corn or other common allergens?
- _____ rectal itching?
- _____ bad breath?
- _____ foul body odor most of the time?
- _____ stuffy nose or postnasal drip ?
- _____ nasal itching?
- _____ itching of the ear canals?
- _____ reoccurring sore throat?
- _____ recurrent cough or bronchitis?
- _____ urinary frequency or urgency?
- _____ burns when you urinate?
- _____ seeing spots in front of eyes?
- _____ burning or tearing eyes?
- _____ recurring fluid in ears?
- _____ pain in ear (s)?
- _____ allergies?
- _____ vertigo or balance problems?
- _____ respiratory concerns such as asthma or frequent bronchial congestion?
- _____ adrenal or thyroid problems?
- _____ cravings for chocolate, peanuts, pistachios or alcohol?

TOTAL NUMBER CHECKED = _____