

Celebration of Health Association

Risk of Yeast Score

Name: _____

This questionnaire asks for factors which promote the growth of yeast.

*Filling out and scoring this questionnaire should help you and your physician evaluate the role **Candida albicans** may be contributing to your health problems. Yet, it will not provide an automatic “yes” or “no” answer. A comprehensive history and physical examination are important. In addition, laboratory studies, X-rays and other types of tests may also be appropriate.*

The use of nasal or bronchial sprays containing cortisone and/or other steroids, promote yeast overgrowth in the respiratory tract.

A. For each “YES” answer leave the number, otherwise put a 0 in the Point Score.		SCORE
1. Have you taken antibiotics for acne for 1 month or longer?		40
2. Have you taken other “broad spectrum” antibiotics for any infections repeatedly or for more than one month?		20
3. Have you taken a broad spectrum antibiotic drug at least once?		10
4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs?		25
5. Have you been pregnant 2 or more times? Only once?		5
		3
6. Have you taken birth control pills or used the patch for at least 6 months?		15
7. Have you taken prednisone or other steroid medication in any form for more than 5 days?		15
8. Does exposure to fumes, odors, and chemicals cause moderate to severe symptoms? Mild symptoms?		20
		5
9. Are your symptoms worse on damp, muggy days or in moldy places?		25
10. Have you had athlete’s foot, ringworm, “jock itch” thrust or other fungous infections of the skin or nails?		20
11. Do you crave sugar?		10
12. Do you crave breads?		10
13. Do you crave alcohol?		10
14. Does tobacco smoke bother you?		10

A. TOTAL _____

B. For each symptom which is present, enter the appropriate figure in the Point Score column:

If a symptom is mild.....3 points

If a symptom is frequent and/or moderately severe..... 6 points

If a symptom is severe..... 9 points

	Score		Score
1. Fatigue		4. Diarrhea	
2. No ambition		5. Gas or bloating	
3. Poor memory		6. Vaginal discharge with/without burning itching	
7. Brain fog		16. Prostate infection	
8. Inability to make decisions		17. Impotence	
9. Numbness, burning or tingling		18. Decreased sex drive	
10. Insomnia		19. Endometriosis	

Continued B.

For each symptom which is present, enter the appropriate figure in the Point Score column:

If a symptom is mild.....3 points

If a symptom is frequent and/or moderately severe..... 6 points

If a symptom is severe..... 9 points

11. Muscle aches		20. Irregular menstrual bleeding or cramps	
12. Leg cramps		21. Premenstrual tension (PMS)	
13. Pain in joints		22. Panic attacks, anxiety or crying	
14. Abdominal pain		23. Cold hands or feet	
15. Constipation		24. Shaking or irritable when hungry	

B. Total_____

C. Score two points each if you have these symptoms

1. Drowsy		16. Dry mouth or throat	
2. Jittery		17. Rash or blisters in mouth	
3. Uncoordinated		18. Bad breath	
4. Cannot concentrate		19. Noticeable body odor	
5. Mood swings		20. Nasal congestion or post nasal drip	
6. Headaches		21. Laryngitis or sore throat	
7. Balance problems		22. Persistent cough	
8. Fullness of or above ears		23. Tightness in chest	
9. Bruise easily		24. Wheezing or shortness of breath	
10. Persistent rashes or itching		25. Urinary frequency or urgency, burning on urination	
11. Psoriasis or hives		26. Floaters in eyes or trouble focusing	
12. Indigestion or heartburn		27. Burning, tearing, or itching of eyes or nose	
13. Food allergies		28. Recurrent infections or fluid in ears	
14. Mucus in stools		29. Ear pain or itching	
15. Rectal itching		C. TOTAL	

A high grand total score indicates that your health problems are connected to yeast and mold.

Yeast-connected health problems are ***almost certainly present*** in **women** with scores over **175** and in **men** with scores over **125**.

Yeast-connected health problems ***are probably present*** in **women** with scores over **110** and in **men** with scores over **75**.

Your doctor should evaluate you for yeast if your score is over 50 or if you have specific yeast-related symptoms.

A. TOTAL

B. TOTAL

C. TOTAL

GRAND TOTAL SCORE