

## **Candida Self Analysis:**

It is estimated that over 90% of the U.S. population has some degree of Candida overgrowth. What is Candida albicans? It is yeast organism that normally lives in your mouth, on your skin and in your intestinal tract. If you are a female, it can also live in your vagina.

In a normal healthy body, the immune system and the “friendly bacteria” that inhabit the intestinal tract keep Candida overgrowth under control. However, in today’s polluted and stressful environment, and with are less than perfect dietary habits, most of us do not live at our maximum health potential. When our immune system is weak, or we have taken a series of antibiotics, the natural balance of our body is disturbed. Antibiotics are prescribed to eliminate unhealthy bacteria in the body. However, they also eliminate healthy or “good” bacteria enabling the Candida organism to multiply unchecked.

Candida is a living organism, which excretes toxic waste. This can lead to a variety of problems including: *poor digestion, fatigue, bloating, gas, poor elimination, mood swings, sugar and carbohydrate cravings, head pain, brain fog, female issues, skin rashes, lowered immunity, cold hands or feet and much more.* Not only does our diet of excess sugar and carbohydrates contribute towards increased susceptibility- oral contraceptives and chemicals found in today’s food and drink play a major role as well. People that have been battling with chronic symptoms such as fatigue and low immunity without relief should explore the possibility of Candida overgrowth and take the necessary steps to alleviate this condition.

### **Section 1**

**This section involves an understanding of your health history and how it may have promoted Candida growth. Circle those comments to which you can answer “yes”. Record your total at the end of the session.**

	<b><u>Points</u></b>
1. Throughout your lifetime, have you taken any antibiotics or tetracycline (Symycin, Panmycin, Vibramycin, Monicin, etc.) for acne or other conditions for more than one month?	25
2. Have you taken a “broad spectrum” antibiotic for more than 2 months or 4 or more times in a 1-year period? These could include any antibiotics taken for respiratory, urinary or other infections.	20
3. Have you taken a broad spectrum antibiotics- even for a single course? These antibiotics include amoxicillin, keflex, etc.	6

- |                                                                                                                                          |    |
|------------------------------------------------------------------------------------------------------------------------------------------|----|
| 4. Have you ever had problems with persistent prostatitis, vaginitis, or other problems with your reproductive organs?                   | 25 |
| 5. Women – Have you been pregnant:                                                                                                       |    |
| - 2 or more times?                                                                                                                       | 5  |
| - 1 or more times?                                                                                                                       | 3  |
| 6. Women – Have you taken birth control pills:                                                                                           |    |
| - More than 2 years?                                                                                                                     | 15 |
| - More than 6 months?                                                                                                                    | 8  |
| 7. If you were not breast-fed as an infant.                                                                                              | 9  |
| 8. Have you taken cortisone-type drugs (Prednisone, Decadron, etc.)?                                                                     | 15 |
| 9. Are you sensitive to and bothered by exposure to perfumes, insecticides, or other chemical odors.                                     |    |
| - Do you have moderate to severe symptoms?                                                                                               | 20 |
| - Mild symptoms?                                                                                                                         | 5  |
| 10. Does tobacco smoke bother you?                                                                                                       | 10 |
| 11. Are your symptoms worse on damp, muggy days or in moldy places?                                                                      | 20 |
| 12. If you had chronic fungus infections of the skin or nails (including athlete's foot, ring worm, jock itch) have the infections been. |    |
| a. Severe or persistent?                                                                                                                 | 20 |
| b. Mild to moderate?                                                                                                                     | 10 |
| 13. Do you crave sugar (chocolate, ice cream, candy, cookies, etc.)?                                                                     | 10 |
| 14. Do you crave carbohydrates (bread, bread and more bread.)?                                                                           | 10 |
| 15. Do you crave alcoholic beverages?                                                                                                    | 10 |
| 16. Have you drunk or do you drink chlorinated water (city or tap)?                                                                      | 20 |

**Total Score Section 1** \_\_\_\_\_

## Major Symptoms - Section 2

For each of your symptoms, enter the appropriate figure in the point score column.

- No symptoms – 0
- Occasional or mild - 3
- Frequent and/or moderately severe - 6
- Severe and/or disabling – 9

1. Constipation \_\_\_\_\_
2. Diarrhea \_\_\_\_\_
3. Bloating \_\_\_\_\_
4. Fatigue or lethargy \_\_\_\_\_
5. Feeling drained \_\_\_\_\_
6. Poor memory \_\_\_\_\_
7. Difficulty focusing/brain fog \_\_\_\_\_
8. Feeling moody or dejected \_\_\_\_\_
9. Numbness, burning or tingling \_\_\_\_\_
10. Muscle aches \_\_\_\_\_
11. Nasal congestion or discharge \_\_\_\_\_
12. Pain and/or swelling in the joints \_\_\_\_\_
13. Abdominal pain \_\_\_\_\_
14. Spots in front of the eyes \_\_\_\_\_
15. Erratic vision \_\_\_\_\_
16. Cold hands and/or feet \_\_\_\_\_
17. Women – Endometriosis \_\_\_\_\_
18. Women – Menstrual irregularities and/or severe cramps \_\_\_\_\_
19. Women – Premenstrual tension \_\_\_\_\_
20. Women – Vaginal discharge \_\_\_\_\_

- 21. Women – Persistent vaginal burning or itching \_\_\_\_\_
- 22. Men – Prostatitis \_\_\_\_\_
- 23. Men – Impotence \_\_\_\_\_
- 24. Loss of sexual drive \_\_\_\_\_
- 25. Low blood sugar \_\_\_\_\_
- 26. Anger and frustration \_\_\_\_\_
- 27. Dry patchy skin \_\_\_\_\_

**Total Score Section 2** \_\_\_\_\_

### **Minor Symptoms - Section 3**

For each of your symptoms, enter the appropriate figure in the point score column.

- No symptoms 0
- Occasional or mild 1
- Frequent and/or moderately severe 2
- Severe and/or disabling 3

- 1. Heartburn \_\_\_\_\_
- 2. Indigestion \_\_\_\_\_
- 3. Belching and intestinal gas \_\_\_\_\_
- 4. Drowsiness \_\_\_\_\_
- 5. Itching \_\_\_\_\_
- 6. Rashes \_\_\_\_\_
- 7. Irritability or jitters \_\_\_\_\_
- 8. Uncoordinated \_\_\_\_\_
- 9. Inability to concentrate \_\_\_\_\_

- 10. Frequent mood swings \_\_\_\_\_
- 11. Postnasal drip \_\_\_\_\_
- 12. Nasal itching \_\_\_\_\_
- 13. Failing vision \_\_\_\_\_
- 14. Burning or tearing of the eyes \_\_\_\_\_
- 15. Recurrent infections or fluid in the ears \_\_\_\_\_
- 16. Ear pain or deafness \_\_\_\_\_
- 17. Headaches \_\_\_\_\_
- 18. Dizziness/loss of balance \_\_\_\_\_
- 19. Pressure above the ears – your head feels like it is swelling and tingling \_\_\_\_\_
- 20. Mucus in the stool \_\_\_\_\_
- 21. Hemorrhoids \_\_\_\_\_
- 22. Dry mouth \_\_\_\_\_
- 23. Rash or blister in the mouth \_\_\_\_\_
- 24. Bad breath \_\_\_\_\_
- 25. Sore or dry throat \_\_\_\_\_
- 26. Cough \_\_\_\_\_
- 27. Pain or tightness in the chest \_\_\_\_\_
- 28. Wheezing or shortness of breath \_\_\_\_\_
- 29. Urinary urgency or frequency \_\_\_\_\_
- 30. Burning during urination \_\_\_\_\_

**Total Score Section 3** \_\_\_\_\_

## **THE RESULTS**

**Total Score from Section 1** \_\_\_\_\_

**Total Score from Section 2** \_\_\_\_\_

**Total Score from Section 3** \_\_\_\_\_

**TOTAL SCORE** \_\_\_\_\_

### **IF YOUR SCORE IS AT LEAST:**

180 Women      Almost certainly  
140 Men        yeast connected

120 Women     Probably  
90 Men         yeast connected

60 Women      Possibly  
40 Men         yeast connected

### **LESS THAN:**

60 Women      Probably not  
40 Men         yeast connected

If you scored below 60 for women or 40 for men, WAY TO GO!! You are probably not plagued with the symptoms of Candida albicans. You are obviously following a very healthy lifestyle and you deserve a pat on the back! However, if your score was above 60 for women or 40 for men, you may want to consider looking into a means to get the Candida overgrowth under control.