

Candida Questionnaire

What is your Candida score? Answer questions, get your total and find out your results.

QUESTION	YES	NO
1. Have you taken repeated or prolonged courses of antibacterial drugs?	<input type="radio"/> = 4	<input type="radio"/> = 0
2. Have you been bothered by recurring vaginal, prostate or urinary infections?	<input type="radio"/> = 3	<input type="radio"/> = 0
3. Do you feel "sick all over", yet the cause hasn't been found?	<input type="radio"/> = 2	<input type="radio"/> = 0
4. Are you bothered with hormone disturbances, including PMS, menstrual irregularities, sexual dysfunction, sugar craving, low body temperature or fatigue?	<input type="radio"/> = 2	<input type="radio"/> = 0
5. Are you unusually sensitive to tobacco smoke, perfumes, colognes and other chemical odors?	<input type="radio"/> = 2	<input type="radio"/> = 0
6. Are you bothered by memory or concentration problems? Do you sometimes feel "spaced out"?	<input type="radio"/> = 2	<input type="radio"/> = 0
7. Have you taken prolonged courses of prednisone or other steroids; or have you taken "the pill" for more than 3 years?	<input type="radio"/> = 2	<input type="radio"/> = 0
8. Do some foods disagree with you or trigger your symptoms?	<input type="radio"/> = 2	<input type="radio"/> = 0
9. Do you suffer with constipation, diarrhea, bloating, or abdominal pain?	<input type="radio"/> = 2	<input type="radio"/> = 0
10. Does your skin itch, tingle or burn; or is it unusually dry; or are you bothered by rashes?	<input type="radio"/> = 2	<input type="radio"/> = 0
11. When you wake up, do you have a white coating on your tongue?	<input type="radio"/> = 2	<input type="radio"/> = 0
		TOTAL

[CLICK HERE TO FIND OUT
WHAT YOUR RESULTS MEAN](#)

