Candida Questionnaire

Add up the points for the answer to each question below. Once you have your total, read the key below to better understand your current candida overgrowth situation.

Questions	YES	NO
1. Have you taken repeated or prolonged courses of antibacterial drugs?	4	0
2. Have you been bothered by recurrent vagina, prostate or urinary infections?	3	0
3. Do you feel "sick all over," yet the cause hasn't been found?	2	0
4. Are you bothered by hormone disturbances? (including PMS, menstrual irregularities, sexual dysfunction, sugar craving, low body temperature, or fatigue)	2	0
5. Are you unusually sensitive to tobacco smoke, perfumes, and other chemical odors?	2	0
6. Are you bothered by memory or concentration problems?	2	0
7. Have you taken prolonged courses of prednisone or other steroids?	1	0
8. Have you taken birth control for more than 3 years?	1	0
9. Do you suffer with constipation, diarrhea, bloating or abdominal pain?	1	0
10. Does your skin itch, tingle or burn, is it unusually dry; or are you bothered by rashes?	1	0
11. When you wake up, do you have a white coating on your tongue?	1	0
Total		

WOMEN

A score of 10 or greater indicates that your health problems may be connected to a Candida overgrowth. A score of 13 or higher suggests that your symptoms are very likely to be related to Candida.

MEN

A score of 8 or greater indicates that your health problems may be connected to a Candida overgrowth.

Adrenal Fatigue Test

Check all the boxes that apply to you. Add up the total and place in the box below.

- ☐ I am frequently tired.
- ☐ I feel tired even after 8 to 10 hours of sleep.
- ☐ I am chronically stressed.
- ☐ It is difficult for me to handle stress.
- ☐ I am a night-shift worker.
- ☐ I work long hours.
- ☐ I have little relaxation time during my days.
- ☐ I get headaches frequently.
- ☐ I don't exercise consistently.
- ☐ I am or have been an endurance athlete (or participate in CrossFit).
- ☐ I have erratic sleep patterns.
- ☐ I wake up in the middle of the night.
- ☐ I crave salt.
- ☐ I have high sugar intake.
- ☐ I have difficulty concentrating.
- ☐ I carry weight in my midsection (an apple-shape body).
- ☐ I have low blood sugar issues (hypoglycemia).
- ☐ I have irregular periods.
- ☐ I have a low libido.
- ☐ I have PMS or perimenopausal/menopausal symptoms.
- ☐ I get sick frequently.
- ☐ I have low blood pressure.
- ☐ I have muscle fatigue or weakness.
- ☐ I rely on caffeine for energy (coffee, energy shots, etc.).

Total: _____

Thyroid Underarm Test

This simple, at home test will help you get an idea about your current thyroid function. Below are the instructions to complete this test.

1. Before you go to bed, place a digital or basal thermometer on your bedside table.
2. The next morning, before getting out of bed, take your temperature under both arms.
3. Record your results below.
4. If your temperature is below 97.4 degrees, that could be an indicator that your thyroid may need some support.

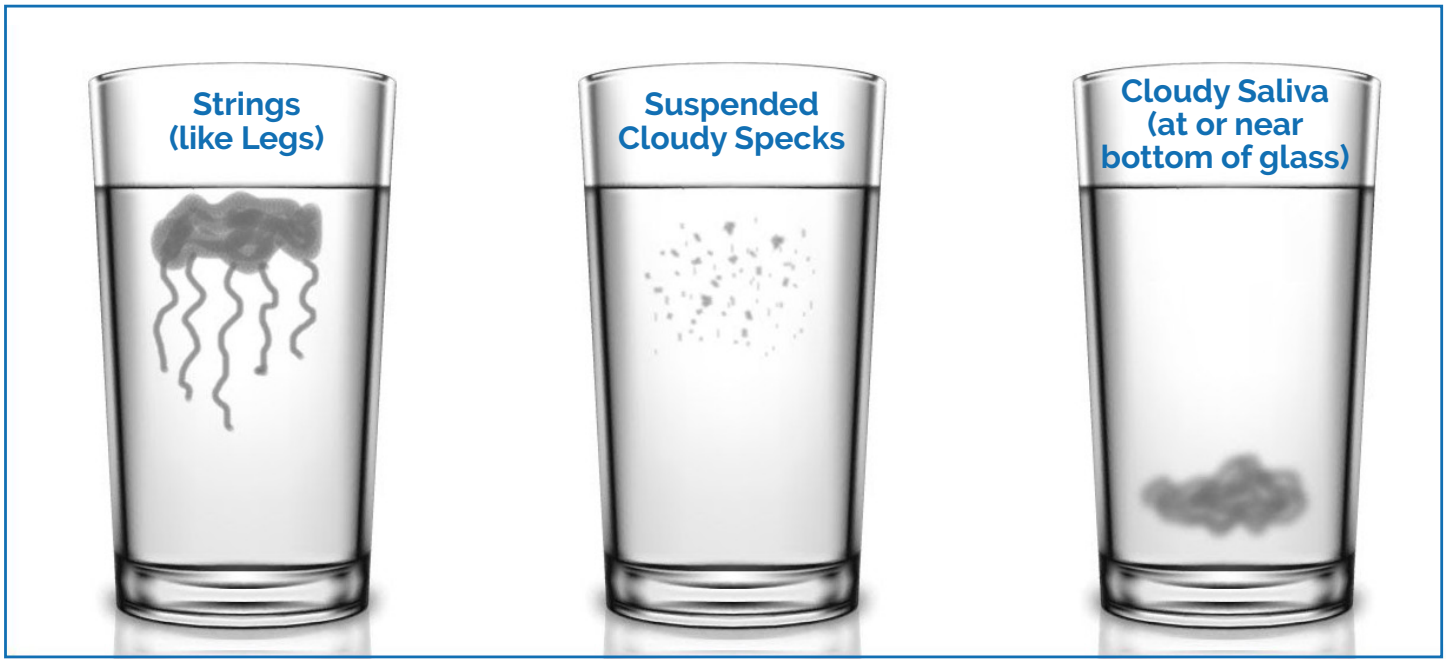
You can record your results here:

Right Arm Temperature: _____ **Left Arm Temperature: _____**

Candida Spittle Test

This simple, at home test will help shine some light on your current candida levels. Below are the instructions to complete this test.

1. Take a clear glass of tap water and place it on your bedside table before you go to bed.
2. The next morning, before you do anything, gently spit into the glass.
3. Check in to see the progress of your saliva after 15 minutes.
4. If your saliva does any variation of the three pictures below, that is a sign of candida overgrowth. If it stays grouped at the top or disperses, that is a sign of little to no candida overgrowth.



Symptom Tracker & Inflammation Calculator

Each week you will complete the symptom tracker to calculate your inflammation. Record your weekly scores in your Progress Tracker to measure your progress.

Rate the following symptoms on a scale of 0 - 4:
0 = None 1 = Some 2 = Mild 3 = Moderate 4 = Severe

Grand Total: _____

Head Total _____
___ Headaches
___ Faintness
___ Migraines
___ Dizziness
___ Trouble Sleeping

Mind Total _____
___ Brain Fog ___ Poor Memory
___ Impaired Coordination
___ Difficulty Deciding
___ Slurred/Stuttered Speech
___ Learning/Attention Deficit

Eyes Total _____
___ Swollen, Red Eyes
___ Dark Circles
___ Puffy Eyes
___ Poor Vision
___ Watery, Itchy Eyes

Nose Total _____
___ Nasal Congestion
___ Excessive Mucus
___ Stuffy/Runny Nose
___ Sinus Problems
___ Frequent Sneezing

Ears Total _____
___ Itchy Ears
___ Earaches/Infections
___ Drainage From Ear
___ Ringing, Hearing Loss

Mouth / Throat Total _____
___ Chronic Cough
___ Clear Throat Frequently
___ Sore Throat
___ Swollen Lips
___ Canker Sores

Heart Total _____
___ Irregular Heartbeat
___ Fast Heart Rate
___ Chest Pain

Lungs Total _____
___ Chest Congestion
___ Asthma, Bronchitis
___ Shortness Of Breath
___ Difficulty Breathing

Skin Total _____
___ Acne
___ Hives, Eczema, Dry Skin
___ Hair Loss
___ Hot Flashes
___ Excessive Sweating

Weight Total _____
___ Overweight
___ Food Cravings
___ Inability To Lose Weight
___ Water Retention/Swelling
___ Compulsive Eating
___ Underweight

Digestion Total _____
___ Nausea/Vomiting
___ Constipation
___ Heartburn/Indigestion
___ Belching/Passing Gas
___ Intestinal/Stomach Pains
___ Diarrhea ___ Bloating

Emotions Total _____
___ Anxiety
___ Depression
___ Mood Swings
___ Nervousness
___ Easily Irritated

Energy Total _____
___ Fatigue
___ Lethargy
___ Hyperactivity
___ Restlessness

Joints / Muscles Total _____
___ Pain/Aching Joints
___ Muscle Stiffness
___ Pain/Muscle Aches
___ Weakness/Tiredness
___ Arthritis

Other Total _____
___ Frequent Illness/Infections
___ Frequent/Urgent Urination
___ Genital Itch, Discharge