

## 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 a yeast organism that normally lives in the mouth, on your skin and in your intestinal tract. If you are a female, it can also live in the 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 without 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 excessive 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 chronic symptoms such as fatigue and low immunity without relief should explore that possibility of Candida overgrowth and take the necessary steps to alleviate this condition.

The following self analysis is provided for educational purposes only. It is not intended to diagnose, treat, cure or prevent disease. Diagnosis and treatment of specific health conditions should be completed by a health care practitioner.

## History

**This section involves an understanding of your medical history and how it may have promoted Candida growth. Please circle the points below that apply to you and add the total at the end of this section.**

Questions	Points
1. Throughout your lifetime, have you Taken any antibiotics or tetracyclines (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 antibiotic - even for a single course? These antibiotics include ampicillin, 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 time?	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 any cortisone-type drugs (Prednisone, Decadron, etc.)?	15
9. Are you sensitive to and bothered by exposure to perfumes, insecticides, or other chemical odors...	20
-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 have had chronic fungus infections of the skin or nails (including athlete's foot, ring worm, jock itch) have the infections been...	
-Severe or persistent?	20
-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 drank or do you drink chlorinated water (city or tap)?	20

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

## Major Symptoms Part II

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

Questions	Points
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 despaired	_____
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 desire \_\_\_\_\_
- 25. Low blood sugar \_\_\_\_\_
- 26. Anger or frustration \_\_\_\_\_
- 27. Dry patchy skin \_\_\_\_\_
  
- TOTAL** \_\_\_\_\_

## Candida Self Analysis Part III

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

Questions	Points
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 \_\_\_\_\_
20. Mucus in the stools \_\_\_\_\_
21. Hemorrhoids \_\_\_\_\_
22. Dry mouth \_\_\_\_\_
23. Rash or blisters 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** \_\_\_\_\_

## Candida Self Analysis Results

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

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

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

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

**If your score is at least:**

**Your symptoms are:**

180 Women  
140 Men

Almost certainly yeast  
connected

120 Women  
90 Men

Probably yeast connected

60 Women  
40 Men

Possibly yeast connected

If your score is less than:

60 Women  
40 Men

Probably not 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  
huge 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.

Following are a few helpful hints to get you started on your way!

For more information call 1-800-493-1146, Fax 817-236-5411

e-mail [info@silvercreeklabs.com](mailto:info@silvercreeklabs.com) or visit <http://www.silvercreeklabs.com/>

Thanks to our friends at Lifestyle for Health & Nature's Secret for help with the above questionnaire.