

Candida Quiz



For each section circle the number if the answer is yes. Total your yes answers and score 1 point for each yes in sections A and B, 2 points for each yes in section C and record it at the end of the section. Add the totals for each section to get your Grand Total Score.

Section A Medical History

1. Have you taken antibiotics in the past 3-5 years?
2. Have you taken antibiotics for one month (or longer)?
3. Have you taken antibiotics for short runs but more frequent than 2x/year?
4. Have you taken tetracycline or other antibiotics for acne for more than 1 month?
5. Have you ever experienced prostatitis, vaginitis, or other problems affecting your reproductive organs?
6. Have you taken birth control pills?
7. Have you taken prednisone or other cortisone-type drugs?
8. Are your symptoms worse on rainy, damp, days or in moldy places?
9. Have you had athlete's foot, genital itching or other chronic fungal infections of the skin or nails?
10. Do you have Endometriosis or infertility?
11. Do you have Neuropathy: Numbness, burning, or tingling, "pins and needles" feeling?
12. Do you have ear pain or loss of hearing or suffer from ear infections

Section A Total Yes Answers

Section B Symptoms and Lifestyle

Do you suffer from:

1. Mood changes or depression
2. Anxiety, excessive worrying
3. Sensitivity to scents (perfumes, chemicals, cleaners)
4. Muscle aches or pain in joints
5. Loss of libido
6. Cramps / other menstrual problems
7. Cold extremities (hands or feet)
8. Blood sugar irregularities: (shaking or irritable when hungry)
9. Irritability or jitteriness
10. Headaches
11. Indigestion or heartburn
12. Nasal congestion or postnasal drip
13. Laryngitis, loss of voice or sore throat
14. Cough or tightness in chest
15. Wheezing or shortness of breath
16. Urinary Urgency or burning when urinating
17. Are you chronically stressed?
18. Do you crave carbohydrate rich foods like bread?
19. Do you regularly consume alcoholic beverages?

Section B Total Yes Answers

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Section C Symptoms & Lifestyle Part 2

1. Food sensitivity or intolerance
2. Vaginal burning, itching, or discharge
3. Oily Sheen or Mucus in stools
4. Rectal itching
5. Thrush in mouth or Dry mouth
6. Bad breath
7. Constant Foot, body, or hair odor
8. Brain fog or difficulty concentrating
9. Chronic fatigue or low energy
10. Brain Fog
11. Abdominal pain
12. Constipation
13. Diarrhea
14. Bloating, belching, or intestinal gas

Section C Total Yes Answers x2

Total Score (section A, B, C)

The grand total will be used to determine if yeast overgrowth, dysbiosis, or candida albicans are an issue for you and how severe the problem may be. Regardless of your score you can benefit from the dietary approaches in this ebook, but a score of 11 or more will require the Candida Supplement support to aid in die off and removal of the overgrowth.

Interpretation

5 or below Candida Albicans or other yeast is not likely to cause health problems

No need to restrict to phase one of diet, can do just a low-glycemic diet seen with phase 2

6-10 Candida Albicans or other yeast are possibly present

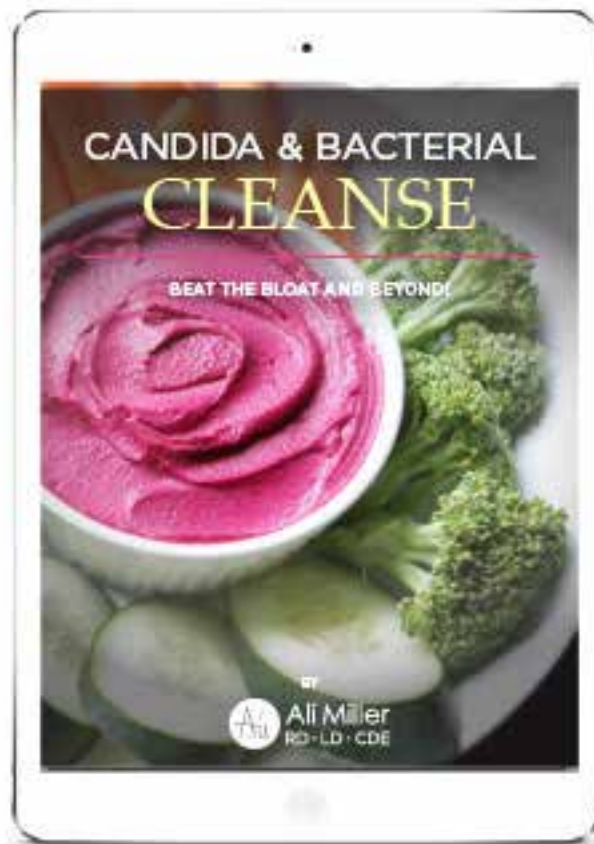
Follow the diet protocol for both the yeast-free phase 1 and phase 2, optional supplementation

11-20 Candida Albicans or other yeast are probably present

Follow the diet protocol for both phases and supplementation as recommended

21+ Candida Albicans or other yeast are almost certainly present

Follow the diet protocol for both phases and supplementation as recommended, you may need to prolong phase 1 and supplementation or repeat the protocol. We recommend at least a 20-minute touch-base with a Naturally Nourished practitioner.



Candida Cleanse E-book

\$19.95

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