

Candida is not the only condition which produces these symptoms, but if you have more than one of the Main Symptoms plus several of the Minor Symptoms and can link these symptoms to at least one of the causes in the Causes Checklist then Candida overgrowth may be an underlying problem for you.

| Causes Checklist | | Yes = 1 No = 0 |
|---|--|--|
| Have you ever taken antibiotics for eight weeks or more, or for short periods four or more times in a year? | | |
| Have you ever taken a course of antibiotics for the treatment of acne for a month or more continuously? | | |
| Have you ever had a course of steroid treatment such as prednisolone, cortisone or ACTH? | | |
| Have you ever taken the contraceptive pill for a year or more? | | |
| Have you ever been treated with immuno-suppressant drugs? | | |
| Have you had multiple pregnancies? | | |
| Symptoms Checklist | | Score 0, 1, 2 or 3 according to severity |
| Have you had thrush (oral or vaginal) more than once? | | |
| Have you had recurrent cystitis or other vaginal infections (not thrush)? | | |
| Do you have a history of endometriosis? | | |
| Have you had athlete's foot or fungal infections of the nails or skin? | | |
| Are you severely affected by exposure to chemical fumes, perfumes, tobacco smoke etc.? Or are your symptoms worse after taking yeasty or sugary foods or drinks? | | |
| Do you suffer from a variety of food allergies? | | |
| Do you suffer from abdominal bloating, diarrhoea or constipation? | | |
| Do you suffer from pre-menstrual syndrome? | | |
| Do you suffer from depression, fatigue, lethargy or poor memory? | | |
| Do you have food cravings? | | |
| Do you have muscular aches, tingling, numbness or burning? | | |
| Do you suffer from unaccountable aches and / or swelling in joints? | | |
| Do you have erratic vision or spots before the eyes? | | |
| Do you suffer from impotence or lack of sexual desire? | | |
| Minor Symptoms Checklist | | Score 0, 1, 2 or 3 according to severity |
| Symptoms usually worse on damp days | | |
| Persistent drowsiness / tired all the time | | |
| Poor co-ordination | | |
| Headaches / migraines | | |
| Mood swings | | |
| Poor balance | | |
| Rashes | | |
| Mucus in stools | | |
| Belching and /or flatulence | | |
| Bad breath | | |
| Dry mouth or throat | | |
| Nasal itch and/or congestion | | |
| Nervous irritability | | |
| Tightness in chest | | |
| Ear sensitivity or fluid in ears | | |
| Heartburn and indigestion | | |

| Score | Possibility of overgrowth of Candida Albicans |
|---------|---|
| 0 - 20 | Unlikely |
| 21 - 30 | Possible |
| over 30 | Highly likely |