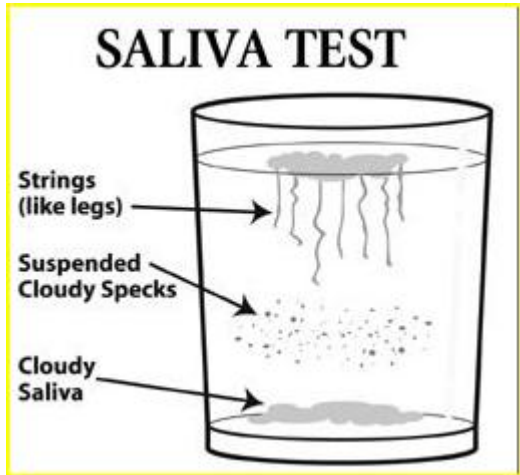


Simple Home Candida Test:

Here is a home Candida yeast test, one you can do in the morning. We do not know the source of this home Candida test but it's been around a long time and is thought to be quite reliable in the evaluation of Candida symptoms:
Up to 85% of Americans May Have Candida - DO YOU?

Try this Fast and FREE Candida Saliva Test!



When you awake in the morning, before you put anything into your mouth, work up some saliva and spit it into a clear glass of water. Within 1-30 minutes, look in the glass. If there are strings coming down from your saliva, or if the water turned cloudy, or if your saliva sank to the bottom, **YOU MAY HAVE A CANDIDA CONCERN!** Healthy saliva will simply float on the top!

(You may want to put out a glass of water in the bathroom or on the nightstand the night before you wish to do the home Candida Saliva test, just to remind yourself not to brush your teeth prior to spitting into the glass.)

Patient's Name: _____

Date _____

YEAST TEST

The Yeast Connection Handbook by William G. Crook, MD

SECTION A: HISTORY

Please circle those that apply to you:

1. Have you taken tetracyclines or other antibiotics for acne for 1 month or longer? **35 points**
2. Have you at any time in your life taken broad-spectrum antibiotics or other antibacterial medication for respiratory, urinary or other infections for two months or longer, or in shorter courses four or more times in a one-year period. **35 points**
3. Have you taken a broad-spectrum antibiotic drug-even in a single dose? **6 points**
4. Have you, at any time in your life been bothered by persistent prostatitis, vaginitis or other problems affection your reproductive organs? **25 points**
5. Are you bothered by memory or concentration problems-do you sometimes feel space out? **20 points**
6. Do you feel "sick all over" yet, in spire of visits to many different physicians, the causes haven't been found? **20 points**
7. Have you been pregnant...
 - a. Two or more times? **5 points**
 - b. One Time? **3 points**
8. Have you taken birth control pills...
 - a. For more than two years? **15 points**
 - b. For six months to two years? **8 points**
9. Have you taken steroids orally, by injection, or inhalation...
 - a. For more than two weeks? **15 points**
 - b. For two weeks or less? **6 points**
10. Does exposure to perfumes, insecticides, fabric shop odors and other chemicals provoke...
 - a. Moderate to severe symptoms? **20 points**
 - b. Mild symptoms? **5 points**
11. Does tobacco smoke REALLY bother you? **10 points**
12. Are your symptoms worse on damp, muggy days, or in moldy places? **20 points**
13. Have you had athlete's foot, ring worm, "jock itch" or other chronic fungous infections of the skin or nails? Have such infections been...
 - a. Severe or persistent? **20 points**
 - b. Mild to moderate? **10 points**
14. Do you crave sugar? **10 points**

Total Score, Section A: _____

Patient's Name: _____

Date _____

YEAST TEST - continued

SECTION B: MAJOR SYMPTOMS

For each of your symptoms, enter the appropriate figure in the Point Score column:

- If a symptom is occasional or mild 3 points
- If a symptom is frequent and/or moderately severe 6 points
- If a symptom is severe and/or disabling 9 points

	<u>Point Score</u>
1. Fatigue or lethargy	_____
2. Feeling of being "drained"	_____
3. Depression or manic depression	_____
4. Numbness, burning or tingling	_____
5. Headache	_____
6. Muscle aches	_____
7. Muscle weakness or paralysis	_____
8. Pain and/or swelling in joints	_____
9. Abdominal pain	_____
10. Constipation and/or diarrhea	_____
11. Bloating, belching or intestinal gas	_____
12. Troublesome vaginal burning, itching or discharge	_____
13. Prostatitis	_____
14. Impotence	_____
15. Loss of sexual desire or feeling	_____
16. Endometriosis or infertility	_____
17. Cramps and/or other menstrual irregularities	_____
18. Premenstrual tension	_____
19. Attacks of anxiety or crying	_____
20. Cold hands or feet, low body temperature	_____
21. Hypothyroidism	_____
22. Shaking or irritable when hungry	_____
23. Cystitis or interstitial cystitis	_____

Total Score, Section B _____

Patient's Name: _____

Date _____

YEAST TEST - continued

SECTION C: OTHER SYMPTOMS

For each of your symptoms, enter the appropriate figure in the Point Score column:

- If a symptom is occasional or mild 1 points
- If a symptom is frequent and/or moderately severe 2 points
- If a symptom is severe and/or disabling 3 points

	<u>Point Score</u>
1. Drowsiness, including inappropriate drowsiness	_____
2. Irritability	_____
3. Incoordination	_____
4. Frequent mood swings	_____
5. Insomnia	_____
6. Dizziness/loss of balance	_____
7. Pressure above ears...feeling of head swelling	_____
8. Sinus problems...tenderness of cheekbones or forehead	_____
9. Tendency to bruise easily	_____
10. Eczema, itching eyes	_____
11. Psoriasis	_____
12. Chronic hives (urticaria)	_____
13. Indigestion or heartburn	_____
14. Sensitivity to milk, wheat, corn or other common foods	_____
15. Mucus in stools	_____
16. Rectal itching	_____
17. Dry mouth or throat	_____
18. Mouth rashes, including "white" tongue	_____
19. Bad breath	_____
20. Foot, hair or body odor not relieved by washing	_____
21. Nasal congestion or postnasal drip	_____
22. Nasal itching	_____
23. Sore throat	_____
24. Laryngitis, loss of voice	_____
25. Cough or recurrent bronchitis	_____
26. Pain or tightness in chest	_____
27. Wheezing or shortness of breath	_____
28. Urinary frequency or urgency	_____
29. Burning on urination	_____
30. Spots in front of eyes or erratic visions	_____
31. Burning or tearing eyes	_____
32. Recurrent infections or fluid in ears	_____
33. Ear pain or deafness	_____

Total Score, Section C: _____

Patient's Name: _____

Date _____

YEAST TEST - continued

Total Score, Section A: _____

Total Score, Section B: _____

Total Score, Section C: _____

GRAND TOTAL: _____

The Grand Total Score will help you and your physician decide if your health problems are yeast-connected. Scores in women will run higher, as seven items in the questionnaire apply exclusively to women, while only two apply exclusively to men.

Yeast-connected health problems are almost certainly present in women with scores **more than 180**, and in men with scores **more than 140**.

Yeast-connected health problems are probably present in women with scores **more than 120**, and in men with scores **more than 90**.

Yeast-connected health problems are possibly present in women with scores **more than 60**, and in men with scores **more than 40**.

With scores of less than 60 in women and 40 in men, yeasts are less apt to cause health problems.

Patient's Name: _____

Date _____