

Are you sick and tired of being sick and tired?

YES NO

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|-------------------------------------------------------------------------------------------------------|-------|-------|
| 1. Do you feel tired most of the time? | _____ | _____ |
| 2. Do you suffer from intestinal gas, abdominal bloating or discomfort? | _____ | _____ |
| 3. Do you crave sugar, breads, beer or other alcoholic beverages? | _____ | _____ |
| 4. Are you bothered by constipation, diarrhea or alternating constipation, diarrhea? | _____ | _____ |
| 5. Do you suffer from mood swings or depression? | _____ | _____ |
| 6. Are you often irritable, easily angered, anxious or nervous? | _____ | _____ |
| 7. Do you have trouble thinking clearly, suffer occasional memory losses or have difficulty sleeping? | _____ | _____ |
| 8. Are you ever dizzy or light headed? | _____ | _____ |
| 9. Do you have muscle aches or stiffness with normal activity? | _____ | _____ |
| 10. Have you ever had an unexpected weight gain without a change in diet? | _____ | _____ |
| 11. Are you bothered by itching or burning of the vagina or prostate or loss of sexual desire? | _____ | _____ |

Predisposition to Candida

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|------------------------------------------------------------------|-------|-------|
| 12. Have you ever taken antibiotics? | _____ | _____ |
| 13. Are you currently or have you ever used birth control pills? | _____ | _____ |
| 14. Have you ever taken steroid drugs, such as cortisone? | _____ | _____ |

- 7 or more = high possibility of candida