

Candida-Related Complex (CRC) Questionnaire

Part 1

Print Survey and score your history by checking the appropriate answer. Point totals - **A=0, B=5, C=10.**

1. I have taken (or am currently taking) tetracyclines for acne.
 - a. Never _____
 - b. 1-2 Months _____
 - c. More than 2 months _____
2. I have taken (or am currently taking) broad-spectrum antibiotics including amoxicillin, ampicillin, Keflex, Bactrim, or Septra.
 - a. Never _____
 - b. 1-2 Months _____
 - c. More than 2 months _____
3. I have taken one of the above antibiotics for a single course of treatment.
 - a. Never _____
 - b. 1 week _____
 - c. 2-3 weeks _____
4. I have taken Prednisone, Decadron or cortisone-type drugs.
 - a. Never _____
 - b. 2 weeks or less _____
 - c. More than 2 weeks _____
5. I have taken birth control pills/oral contraceptives.
 - a. Never _____
 - b. 6 months – 2 years _____
 - c. More than 2 years _____
6. I have vaginitis/discharge, thrush of mouth, fungus infections of toenails/skin.
 - a. Never _____
 - b. Mild to moderate _____
 - c. Severe or persistent _____
7. I find exposure to tobacco smoke, perfumes, fabrics, or chemical odors troublesome.
 - a. Never _____
 - b. Mildly irritating _____
 - c. Very irritating _____
8. I have abused alcohol or have been an alcoholic.
 - a. Never _____
 - b. Past _____
 - c. Currently _____
9. I have used cocaine, marijuana, codeine, or other drugs.
 - a. Never _____
 - b. Past _____
 - c. Currently _____
10. I have been a cigarette/cigar smoker.
 - a. Never _____
 - b. 1-2 Months _____
 - c. More than 2 months _____

Part 2

A=0, B=5, C=10
PART 1 TOTAL _____

1 2 3

				Fatigued and Tired
				Irritable, Jittery, Moody
				Depressed
				Headaches
				Dizziness
				Pressure in Ears
				Rashes
				Heartburn, Indigestion
				Belching
				Mucous in Stools
				Bad Smelling Gas
				Cold Sores
				Bad Breath
				Hair/Body Odor
				Post Nasal Drip
				Cough
				Nasal Itching
				Crave Candy or Sweets
				Ear Pain/Hearing Loss
				Burning Eyes
				Vaginitis/Discharge
				Irregular Menses
				PMS

On the chart to the left, check each symptom according to its severity.

Column 1 indicates - **mild and occurs occasionally.**

Column 2 indicates - **moderate and/or occurs at least once a week.**

Column 3 indicates - **severe and occurs frequently.**

Column 1 Total Checks _____ x 1 = _____

Column 2 Total Checks _____ x 2 = _____

Column 3 Total Checks _____ x 3 = _____

_____ PART 2 TOTAL

_____ PART 1 TOTAL

GRAND TOTAL _____

- CRC is almost certainly present in women with scores of 140+ and in men with scores of 120+
- CRC is probably present in women with scores over 120 and in men with scores over 90
- CRC is probably not a problem for individuals with scores less than 50