Candida overgrowth Q (check if YES)

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| 1. Have you taken tetracyclines (Sumycin®, Panmycin®, Vibramycin®, Minocin®, etc.) or other antibiotics for acne for 1 month (or longer)? |  |
| 2. Have you, at any time in your life, taken other “broad spectrum” antibiotics† for respiratory, urinary or other infections (for 2 months or longer, or in shorter courses 4 or more times in a 1-year period?) |  |
| 3. Have you taken a broad spectrum antibiotic drug† —even a single course? |  |
| 4. Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs? |  |
| 5. Have you been pregnant 2 or more times? |  |
| 6. Have you taken birth control pills …(indicate for how long) |  |
| 7. Have you taken prednisone, Decadron® or other cortisone-type drugs…For more than 2 weeks |  |
| For 2 weeks or less? |  |
| 8. Have you had athlete’s foot, ring worm, “jock itch” or other chronic fungous infections of the skin or nails? Have such infections been severe or persistent |  |
| 9. Do you crave sugar? |  |
| 10. Do you crave breads? |  |
| 11. Do you crave alcoholic beverages? |  |
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| 13.Do you have any of following:Feeling fatigue and weakness Feeling of being "hung over"Gastrointestinal disturbances(diarrhea, constipation, nausea, bloating after eating)Psychological disturbances - depression, anxiety, irritability, mood swingsCognitive dysfunction - poor memory, lack of concentrationRecurrent vaginitisMenstrual Disturbances and InfertilityAllergiesSkin irritations/rashes/acneRecurrent throat/ear infectionsChronic sinus infection  |  |