# 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) Tetracycline or other antibiotics 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, Cipro, Erythromycin (Z-Pack), 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 steroids (Prednisone or cortisone-type drugs) as creams, sprays, inhalers or orally
   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, fungal 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____

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

## Part 2

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