

# Candida/Fungus Test



Current testing for Candida is very involved, and entails a detailed questionnaire plus a two-stage test. The first stage is called the Micro-ELISA Technique, designed to detect circulating levels of Candida antigens, antibodies and certain immune complexes. (The same as used to test for the AIDS virus.) In the second phase the patient's lymphocytes (white blood cells) are "challenged" with Candida.

This Fast-and-Free Saliva test, though not "scientific" is quite accurate:

## **Candida Saliva Test:**

When you awake in the morning, before you put anything into your mouth, gather a small amount of saliva and spit it into a clear glass of water. Look at the glass every few minutes for up to 30 minutes. If there are cloudy strings hanging down from your saliva, if the saliva turned cloudy, or if your saliva sank to the bottom, you have Candida overgrowth.

## **Candida Fungus Questionnaire:**

Research indicates that most people harbor four or five fungi other than Candida in their systems, often more. Such infestation produces fatigue or weakness, resulting from "friendly flora" destruction. Fungi overgrowth consumes your much-needed nutrition, leaving their toxic waste for you to dispose of. This questionnaire is designed for adults only. Take the test to determine whether or not you have fungus/Candida in your body. For each "yes" answer you have, score yourself the number of points indicated.

1. Have you take tetracycline or other antibiotics for acne for one month or more? (25 points) \_\_\_\_\_
2. Have you taken broad-spectrum antibiotics for any infection for 2 months or longer, or shorter courses in a 1-year period? (20 points) \_\_\_\_\_
3. Have you ever been bothered by a persistent prostatitis, vaginitis or other problems affecting your reproductive organs? (25 points) \_\_\_\_\_
4. Have you been pregnant 1 time only? (3 points) \_\_\_\_\_  
Two or more times? (5 points) \_\_\_\_\_
5. Have you taken birth control pills 2 years or more? (15 points) \_\_\_\_\_  
Less than 2 years? (8 points) \_\_\_\_\_
6. Have you taken Prednisone or other cortisone-type drugs for less than 2 weeks? (6 points) \_\_\_\_\_  
For more than 2 weeks? (15 points) \_\_\_\_\_
7. Does exposure to fragrances, mall odors or chemicals provoke mild symptoms? (5 points) \_\_\_\_\_  
Moderate to severe symptoms? (20 points) \_\_\_\_\_
8. Are these symptoms worse on damp, muggy days or in moldy places? (20 points) \_\_\_\_\_
9. Have you had athlete's foot, jock itch, ring worm or chronic fungus infection of skin/nails, mild or moderate? (10 points) \_\_\_\_\_  
Severe or persistent?(20 points) \_\_\_\_\_
10. Do you crave sugar? (10 points) \_\_\_\_\_
11. Do you crave bread? (10 points) \_\_\_\_\_
12. Do you crave alcoholic beverages? (10 points) \_\_\_\_\_
13. Does tobacco smoke bother you? (10 points) \_\_\_\_\_

**Rate the following symptoms as follows:**

3 points = Occasional or mild

6 points = Frequent and/or moderately severe

9 points = Severe and/or disabling

1. Fatigue or feeling drained \_\_\_\_\_
2. Poor memory, feeling spacey or “unreal” \_\_\_\_\_
3. Depression \_\_\_\_\_
4. Numbness, burning or tingling \_\_\_\_\_
5. Muscle aches, weakness or paralysis \_\_\_\_\_
6. Pain and/or swelling joints \_\_\_\_\_
7. Abdominal pain \_\_\_\_\_
8. Bloating, constipation or diarrhea \_\_\_\_\_
9. Persistent vaginal burning/itching, troublesome vaginal discharge \_\_\_\_\_
10. Prostatitis \_\_\_\_\_
11. Impotence or loss of sexual desire \_\_\_\_\_
12. Endometriosis, PMS, menstrual irregularities or other reproductive organ concerns \_\_\_\_\_
13. Spots in front of eyes, erratic vision \_\_\_\_\_

**Rate the following symptoms as follows:**

1 points = Occasional or mild

2 points = Frequent and/or moderately severe

1. Frequent drowsiness \_\_\_\_\_
2. Frequent irritability and/or jitteriness \_\_\_\_\_
3. Frequent lack of coordination \_\_\_\_\_
4. Frequent inability to concentrate \_\_\_\_\_
5. Frequent mood swings \_\_\_\_\_
6. Frequent headaches \_\_\_\_\_
7. Frequent dizziness/loss of balance \_\_\_\_\_
8. Feeling of head swelling & tingling \_\_\_\_\_
9. Frequent itching anywhere on the body \_\_\_\_\_
10. Frequent or persistent rashes \_\_\_\_\_
11. Frequent heartburn and/or indigestion \_\_\_\_\_
12. Belching, burping & intestinal gas \_\_\_\_\_
13. Mucus in stools \_\_\_\_\_
14. Hemorrhoids \_\_\_\_\_
15. Frequent dry mouth \_\_\_\_\_
16. Rash or blisters in/around mouth \_\_\_\_\_
17. Bad breath \_\_\_\_\_
18. Joint swelling or arthritis \_\_\_\_\_
19. Nasal congestion, itching or discharge \_\_\_\_\_
20. Postnasal drip \_\_\_\_\_
21. Frequent sore or dry throat \_\_\_\_\_

**TOTAL SCORE** \_\_\_\_\_