



THE CANDIDA SELF-TEST

Print this page to answer each question below. If you score 3 or higher, there is a chance that you are suffering from candida overgrowth, or Candidiasis.

1. Do you experience regular fatigue and / or muscle aches and pains?

YES () NO ()

2. Do you have food sensitivities or food allergies?

YES () NO ()

3. Have you experienced nail fungus, athlete's foot or jock itch?

YES () NO ()

4. Do you have recurrent vaginal yeast overgrowth?

YES () NO ()

5. Have you taken broad-spectrum antibiotics, even once in your life?

YES () NO ()

6. Do you crave sugar?

YES () NO ()

7. Do you commonly have gas and bloating?

YES () NO ()

8. Do you crave bread, pasta, etc. (and similar foods made with refined white flour)?

YES () NO ()

9. Have you taken birth control pills for 6 months or longer?

YES () NO ()

10. Do you experience brain fog?

YES () NO ()

Total Score _____

The material on this page is for consumer formational and educational purposes only. Is not to diagnose.