

Candida & Fungal Infection Test

The following questionnaire is provided to help determine whether or not there could be a presence of candida or a fungal infection in your body. This test uses a point system that you can add up yourself for instant results, but even so it is recommended that you submit a copy of this test to Kelsey Weber (kelsey@myallforjesus.com) for further analysis, a more personalized result, and follow up consultations. This test is in no way meant to be a stand-alone diagnostic tool and should never replace the advice of your healthcare provider.

1) Contact Information

First Name:

Last Name:

Email:

Phone Number:

2) Client's Personal Information

Name of Client: *(if different from above)*

Age:

Height:

Weight: lbs/oz kg

Gender: Male Female

Ethnic Group: *(some health conditions are relative to race and family heritage)*

If you are submitting this form on behalf of another person, what is your relation to the client?

Marital status? Single Married Divorced / Separated Widowed

3) Referral

Who referred you to us, or how did you hear about us?

4) Dietary Indications

For each of the dietary items listed below, enter the appropriate figure in the "point score" column:

I consume this dietary item about 1-3 times *a month* --- 1 point

I consume this dietary item about 1-3 times *a week* --- 3 points

I consume this dietary item about 1-3 times *a day* --- 6 points

(leave a section blank if it does not apply)

Dietary Item:	Point Score:
Milk	
Cheese	
Ice cream	
Fast food meals (pizza, hamburgers, etc)	
Deep fried foods	
Box mix meals (instant or processed foods)	
Pasta or noodles	
White flour products (bread, rolls, donuts, pastries, etc)	
Wheat, barley, oats, or rye	
Mayonnaise, ketchup, commercial dressings	
Vinegar or fermented foods (pickles, sauerkraut, etc)	
Pork, luncheon meat, smoked meats or jerky	
Fish or seafood (except salmon or sardines)	
Potatoes, sweet potatoes, yams, or squash (except zucchini)	
Beans (kidney beans, chickpeas, soy beans, etc) and any soy products	
Peas, carrots, beets, corn, or any corn products	
Mushrooms	
Nuts, cashews, pistachios, peanuts, peanut butter	
Peanut oil, corn oil, canola oil, or soy oil	
Yeast products (bread, rolls, pastries, etc)	
White sugar (including products containing white sugar)	
Honey, maple syrup, corn syrup	

Canned or dried fruit	
Spicy foods	
Soda pop (including diet soda), juice, or energy drinks	
Coffee or tea	
Total score of this section:	

5) Signs & Symptoms

For each of the symptoms listed below, enter the appropriate figure in the "point score" column:

- I experience this symptom occasionally or mildly --- 1 point
 I experience this symptom frequently or moderately severe --- 3 points
 I experience this symptom constantly or severely --- 6 points

(leave a section blank if it does not apply)

Sign or Symptom:	Point Score:
Abdominal pain	
Stomach soreness	
Constipation	
Diarrhea	
Hemorrhoids	
Rumbling or gurgling sounds in the belly	
Bloating	
Gas	
Indigestion	
Heartburn or acid reflux	
Food sensitivity	
Numbness or tingling sensations	
Burning or itching sensations	
Pain and/or swelling in joints	
Muscle aches	
Muscle weakness	

Fatigue	<input type="text"/>
Feeling “spacey” or “unreal”	<input type="text"/>
Feeling “drained”	<input type="text"/>
Difficulty concentrating	<input type="text"/>
Difficulty thinking clearly	<input type="text"/>
Poor memory	<input type="text"/>
Depression	<input type="text"/>
Decreased sex drive	<input type="text"/>
Painful intercourse	<input type="text"/>
Reduced (or lost) interest in life	<input type="text"/>
Insomnia	<input type="text"/>
Skin or nail fungus	<input type="text"/>
Athlete’s foot	<input type="text"/>
Ringworm	<input type="text"/>
Thrush	<input type="text"/>
Acne, skin rash, or hives	<input type="text"/>
Dry or itchy skin	<input type="text"/>
Itching scalp, ears, armpits, or groin	<input type="text"/>
Increased underarm perspiration	<input type="text"/>
Recurrent infection or fluid in ears	<input type="text"/>
Ear pain or deafness	<input type="text"/>
Pressure above ears	<input type="text"/>
Failing vision	<input type="text"/>
Burning or tearing of the eyes	<input type="text"/>
Psoriasis	<input type="text"/>
Eczema	<input type="text"/>
Increased frequency or urgency to urinate	<input type="text"/>
Burning when urinating	<input type="text"/>
Persistent rash or itch	<input type="text"/>
Headaches	<input type="text"/>

Nasal congestion, discharge, or itching	
Regular cough or recurring bronchitis	
Easy bruising	
Poor coordination or loss of balance	
Sore or dry throat	
Dry mouth	
Rash or blisters in mouth	
Receding Gums	
Coating (white, yellow, or brown) on the tongue	
Bad breath	
Unusually bad body odor (especially the feet, underarms, or genital area)	
Pain or tightness in chest	
Shortness of breath	
Swollen limbs (edema)	
Feeling cold and/or shaky	
Hair loss	
Premature aging	
Total score of this section:	

6) Lifestyle Indicators

For each of the questions listed below, if your answer is “yes” add 1 point in the "point score" column:

(leave a section blank if it does not apply)

Questions:	Point Score:
Have you taken antibiotics within the last years?	
Have you taken antibiotics within the last 3 months?	
Do you have metal dental fillings?	
Have you been vaccinated?	
Do you frequently experience cravings for carbohydrates? (bread, pasta, potatoes – including chips or fries, etc)	

Do you frequently experience cravings for sweets? (desserts, chocolate, etc)	<input type="text"/>
Do you often experience nervousness or anxiety?	<input type="text"/>
Are you often dizzy or feeling light-headed?	<input type="text"/>
Do you get shaky or irritable when hungry?	<input type="text"/>
Have you had a bladder infection within the past year?	<input type="text"/>
Do you experience frequent allergy symptoms?	<input type="text"/>
Have you experienced increased heart rates within the past year?	<input type="text"/>
Do you have Chronic Fatigue Syndrome or Fibromyalgia?	<input type="text"/>
Are you significantly overweight?	<input type="text"/>
Are you significantly underweight?	<input type="text"/>
Do you have type 2 diabetes?	<input type="text"/>
Do you have ADD or ADHD?	<input type="text"/>
Are you unusually sensitive to smoke, perfumes, colognes, or chemical odors?	<input type="text"/>
Have you experienced adrenal or thyroid problems within the past year?	<input type="text"/>
Do you feel “sick all over” but with no visible or known cause?	<input type="text"/>
Do some foods disagree with you or trigger symptoms?	<input type="text"/>
Have you taken prednisone, steroids, hydrocortisone, or any cortisone-type drugs within the past year?	<input type="text"/>
Are your symptoms worse on damp, rainy, foggy days?	<input type="text"/>
For Women Only:	
Have you taken birth control pills (or shots) within the past year?	<input type="text"/>
Do you struggle with symptoms of PMS?	<input type="text"/>
Do you struggle with symptoms of menopause?	<input type="text"/>
Have you noticed any unusual vaginal discharges within the past year?	<input type="text"/>
Have you had any vaginal itching or burning within the past year?	<input type="text"/>
For Men Only:	
Have you been bothered by enlarged or inflamed prostate within the past year?	<input type="text"/>
Have you had any male yeast problems such as jock itch within the past year?	<input type="text"/>
Total score of this section:	<input type="text"/>

7) Saliva Test

The following is a simple saliva test that can be done at home and is often helpful in determining if candida, or fungus, is present in the intestines.

This is not an accurate scientific test, but in combination with other tests it can be one more indicator that can help to determine whether candida or fungus may be a potential problem in the body.

This test is best done *first thing in the morning* – as soon as you wake up and before you rinse, drink, spit, or put anything in your mouth.

Follow the instructions below to take this test. When completed, use the points sheet on the following page to calculate your score.

Note: *The test results will be the most accurate if you are not dehydrated. Try to drink at least 8–10 (8 oz) glasses of water the day before you take this test!*

Step 1:

As soon as you wake up in the morning (before you brush your teeth, eat, or drink anything), fill a clear glass with bottled water that is at room temperature.

Note: *You may want to set out the glass on the sink or nightstand the night before so that you see it and remember to do this test first thing upon waking.*

Step 2:

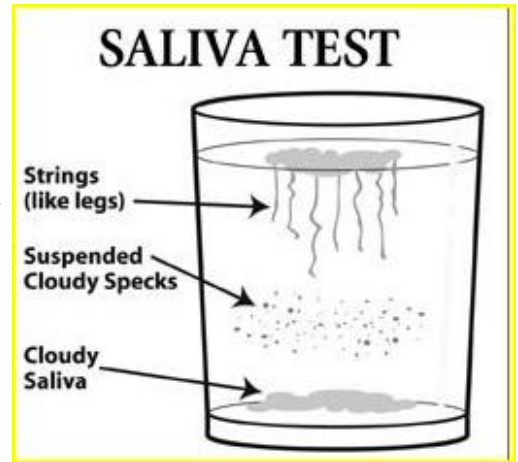
Work up some saliva in your mouth (just the saliva, do not pull up any mucus from your throat or nasal passage) and spit it gently into the clear glass of water. Do not use too much force in spitting it, as you want the saliva to float.

Step 3:

Let the cup stand undisturbed for at least 15 minutes, then then come back and examine the saliva in the glass

Step 4:

Use your observations to fill out the following score sheet. For each of the questions listed, if your answer is “yes” add 2 points in the "point score" column (leave a section blank if it does not apply).



Questions:	Point Score:
Are there any “strings” coming down from the saliva? (<i>see example image</i>)	
Has the water in the glass turned cloudy or foggy?	
Did the saliva sink either to the middle or to the bottom of the glass?	
Are there opaque specks floating in the center area of the glass? (<i>see example image</i>)	
Is there cloudy saliva sitting at the bottom of the glass?	
Total score of this section:	

8) Your Final Scores

Gather the total scores from each section and complete the chart below to add up your score:

Add Up Total Scores:	Point Score:
Total score from Section #4	
Total score from Section #5	
Total score from Section #6	
Total score from Section #7	
If you answered “yes” to three or more questions in Section #7, add 20 points	
Total Score:	

Score is *Less Than 125*

If your total score is less than 125 you probably do *not* have candida or any fungal infection. Any symptoms or health issues you may be experiencing more than likely have a different underlying cause.

Score Between 125 and 300

If your total score is between 125 and 300 you may have candida or a fungal infection. Further inquiries or testing may be required to determine whether your symptoms are caused by fungus or if there could be a different underlying cause.

Score is More Than 300

If your score is 300 or more you *very* likely have a problem with candida or a fungal infection. Fungal infections of any kind can be very complicated or difficult to get rid of. It is recommended that you seek consultation to help you examine your options and set up a plan of action for addressing this issue.

9) Final Remarks

The space below is provided for you to include any further information or comments that you feel may be relevant to share:

10) Disclaimer

Please type your name in the space provided below and check the box if you agree to the given statement.

I, , understand that this test has not been evaluated by the Food and Drug Administration. The information contained here, and any products or suggestions given as a result of this test, are not intended to diagnose, treat, or cure any diseases or medical problems.

I understand that the recipient of this test, Kelsey Weber, is not a medical doctor, but is a naturopath with a diploma in herbal medicine. I understand that only licensed doctors and practitioners can give a diagnosis or treatment to any medical conditions and that this is simply a consultation and will not result in a diagnosis or prescribed treatment.

I furthermore understand that I am taking full responsibility for my health. Any action I take as a result of this, or any other tests or consultations, is done on my own accord. Kelsey Weber is in no way responsible for the outcome of any treatments I choose to take. I will in no ways hold others liable for the action I take in regards to my health.

Please submit completed form by email to: kelsey@myallforjesus.com