



DR. JOEY JONES

Nutrition Patient Information

Once completed, please return to info@drjoeyjones.com.

DEMOGRAPHIC INFORMATION

Date _____

Last Name _____ Legal First Name _____

Birth Date _____ Preferred Name (Optional) _____ Age _____ M or F (circle)

CONTACT INFORMATION

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

(Please check preferred method of contact)

Candida Health Questionnaire

For each “yes” answer in Section A, circle the point score next to the question. Total your score and record it at the end of the section. Then move on to Sections B and C and score as directed. At the end of the questionnaire, you will add your scores to get your grand total.

SECTION A: History

Point Score

- | | |
|---|-----------|
| 1. Have you taken any tetracyclines (Surnycin, Panmycin, Vibramycin, Minocin, etc.) or other antibiotics for acne for one month (or longer)? | 50 |
| 2. Have you at any time in your life taken other “broad spectrum” antibiotics for respiratory, urinary, or other infections for two months or longer, or for shorter periods four or more times in a one-year span? | 50 |
| 3. Have you taken an antibiotic drug-even for one round? | 6 |
| 4. Have you at any time in your life been bothered by persistent prostatitis, vaginitis, or other problems affecting your reproductive organs? | 25 |
| 5. Have you been pregnant two or more times? | 5 |
| One time? | 3 |
| 6. Have you taken birth control pills for more than two years? | 15 |
| For six months to two years? | 8 |
| 7. Have you taken prednisone, Decadron, or other cortisone-type drugs by mouth or inhalation for more than two weeks? * | 15 |
| For two weeks or less? | 6 |
| 8. Does exposure to perfumes, insecticides, fabric shop odors, or other chemicals provoke moderate to severe symptoms? | 20 |
| Mild symptoms? | 5 |
| 9. Are your symptoms worse on damp, muggy days, or in moldy places? | 20 |
| 10. Have you had athlete’s foot, ringworm, “jock itch,” or other chronic fungus infections of the skin or nails? Have such infections been severe or persistent? | 20 |
| Mild to moderate? | 10 |
| 11. Do you crave sugar? | 10 |
| 12. Do you crave bread? | 10 |
| 13. Do you crave alcoholic beverages? | 10 |
| 14. Does tobacco smoke really bother you? | 10 |

Total Score, SECTION A

*The use of nasal or bronchial sprays containing cortisone and/or other steroids promotes overgrowth in the respiratory tract.

Sources: This questionnaire is adapted from William G Crook, MD, *The Yeast Connection Handbook* (Jackson, TN: Professional Books, Inc, 2000). Used with permission.