



JACK ZOLDAN, M.D., LTD

BOARD CERTIFIED INTERNAL MEDICINE
5015 N. Paulina Suite 315 ● Chicago, IL 60640
TEL: (773) 561-6573 ● FAX: (773) 561-8323
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YEAST or CANDIDA SYNDROME QUESTIONNAIRE

Please **PRINT** your descriptions

1. Has there been a period in your life, even as a child, when you took prolonged or repeated courses of antibiotics? Please describe the details and timing.

2. How much alcohol do you drink? _____

How long? _____ How much? _____

Do you consider yourself one of the following:

- Social drinker
 Problem drinker
 Binge drinker
 Heavy drinker
 Alcoholic

3. Are you a current or past user of caffeine?

How long? _____ How much? _____

What have been the sources of caffeine?

4. Are you now or have you ever been a user of tobacco in any form? Yes No

If yes, please describe the details of your tobacco usage history.

5. Have you had a recurrent coating on your tongue? Yes No

6. Have you had recurrent rashes on your skin? Yes No



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7. Women:

- Have you ever taken birth control pills Yes No
 - Have you ever taken hormones? Yes No
-

- Do you have any symptoms that occur on a regular basis and seem to correlate with some phase of your menstrual cycle? Yes No
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- Do you get any of the following:
 - frequent vaginal discharge Yes No
 - itching Yes No
 - painful intercourse Yes No
 - rash Yes No
 - painful vulva Yes No

8. Do you get any of the following symptoms?

- abdominal gas and bloating Yes No
- headaches Yes No
- migraines Yes No
- excessive fatigue Yes No
- cravings for alcohol Yes No
- anxiety Yes No
- vaginitis Yes No
- rectal itching Yes No
- cravings for sweets Yes No
- inability to think clearly or concentrate Yes No
- hyperactivity Yes No
- mood swings Yes No



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- diarrhea Yes No
- constipation Yes No
- hyperactivity Yes No
- itching Yes No
- acne Yes No
- eczema Yes No
- depression Yes No
- sinus inflammation Yes No
- pre-menstrual syndrome Yes No
- dizziness Yes No
- poor memory Yes No
- persistent cough Yes No
- earaches Yes No
- low sex drive Yes No
- muscle weakness Yes No
- irritability Yes No
- learning difficulties Yes No
- sensitivity to fragrances and/or other chemicals Yes No
- cognitive impairment Yes No
- thrush Yes No
- athlete's foot Yes No
- sore throat Yes No
- indigestion Yes No
- acid reflux Yes No
- chronic pain Yes No