

	POINTS
16. Cold hands and/or feet	_____
17. Women - Endometriosis	_____
18. Women - Menstrual irregularities and/or severe cramps	_____
19. Women - Premenstrual tension	_____
20. Women - Vaginal discharge	_____
21. Women - Persistent vaginal burning or itching	_____
22. Men - Prostatitis	_____
23. Men - Impotence	_____
24. Loss of sexual desire	_____
25. Low blood sugar	_____
26. Anger or frustration	_____
27. Dry patchy skin	_____
TOTAL SCORE SECTION 2	_____

MINOR SYMPTOMS Section 3

For each of your symptoms, enter the appropriate figure in the point score column.

No symptoms.....	0	POINTS
Occasional or mild.....	1	
Frequent and/or moderately severe...	2	
Severe and/or disabling.....	3	
1. Heartburn	_____	
2. Indigestion	_____	
3. Belching and intestinal gas	_____	
4. Drowsiness	_____	
5. Itching	_____	
6. Rashes	_____	
7. Irritability or jitters	_____	
8. Uncoordinated	_____	

	POINTS
9. Inability to concentrate	_____
10. Frequent mood swings	_____
11. Postnasal drip	_____
12. Nasal itching	_____
13. Failing vision	_____
14. Burning or tearing if the eyes	_____
15. Recurrent infections or fluid in the ears	_____
16. Ear pain or deafness	_____
17. Headaches	_____
18. Dizziness/loss of balance	_____
19. Pressure above the ears - your head feels like it is swelling and tingling	_____
20. Mucus in the stool	_____
21. Hemorrhoids	_____
22. Dry mouth	_____
23. Rash or blisters in the mouth	_____
24. Bad breath	_____
25. Sore or dry throat	_____
26. Cough	_____
27. Pain or tightness in the chest	_____
28. Wheezing or shortness of breath	_____
29. Urinary urgency or frequency	_____
30. Burning during urination	_____
TOTAL SCORE SECTION 3	_____

THE RESULTS....

Total Score from Section 1	_____
Total Score from Section 2	_____
Total Score from Section 3	_____
TOTAL SCORE	_____

IF YOUR SCORE IS AT LEAST:	YOUR SYMPTOMS ARE:
180 Women 140 Men	Almost Certainly yeast connected
120 Women 90 Men	Probably yeast connected
60 Women 40 Men	Possibly yeast connected
IF YOUR SCORE IS LESS THAN:	
60 Women 40 Men	Probably not yeast connected

If you scored below 60 for women or 40 for men, - WAY TO GO!! You are probably not plagued with the symptoms of Candida albicans. You are obviously following a very healthy lifestyle and you deserve a huge pat on the back! However, if your score was above 60 for women and 40 for men, you may want to consider looking into a means to get the Candida overgrowth under control.

Nature's Secret has pinpointed several highly effective anti-Candida components that can work wonders. Zinc Tannates, Berberine containing herbs (Barberry Root and Goldenseal Root), Acidophilus (BT1386) and more. Look for these powerful ingredients in your anti-Candida nutritional program.

FOR A COPY OF THE NATURE'S SECRET
CANDIDA DIET PLEASE CALL

**1-800-29SECRET
7:15 AM - 4:15 PM**

This questionnaire has been provided by your friends at Nature's Secret, formulators of unique nutritional products; including Candistroy - a unique two-part program with proven ingredients designed to combat yeast and replenish healthy intestinal microflora. If you are concerned about the impact Candida albicans may be having on your overall health, we recommend you consult with your health care practitioner and consider taking Candistroy in conjunction with healthy modifications to your diet.

**This self analysis is provided for educational purposes only. Neither this analysis nor Candistroy® are intended to diagnose, treat, care or prevent disease. Diagnosis and treatment of specific health conditions should be completed by a physician or other health care practitioner.*

CANDIDA got you on the run?



Candida Self Analysis TEST



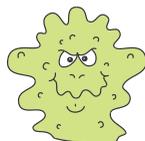
What is CANDIDA Albicans?

It is estimated that over 90% of the U.S. population has some degree of Candida overgrowth. What is Candida albicans? It is a yeast organism that normally lives in the mouth, on your skin and in your intestinal tract. If you are a female, it can also live in the vagina.

In a normal healthy body, the immune system and the "friendly bacteria" that inhabit the intestinal tract keep Candida overgrowth under control. However, in today's polluted and stressful environment, and with our less than perfect dietary habits, most of us do not live at our maximum health potential. When our immune system is weak, or we have taken a series of antibiotics, the natural balance of our body is disturbed.

Antibiotics are prescribed to eliminate unhealthy bacteria in the body. However, they also eliminate the "good" bacteria enabling the Candida organism to multiply unchecked.

Candida is a living organism which excretes toxic waste. This can lead to a variety of problems including: poor digestion, fatigue, bloating, gas, poor elimination, mood swings, sugar and carbohydrate cravings, head pain, brain fog, female issues, skin rashes, lowered immunity, cold hands or feet and much more. Not only does our diet of excessive sugar and



carbohydrates contribute towards increased susceptibility - oral contraceptives and chemicals found in today's food and drink play a major role as well. People that have been battling chronic symptoms such as fatigue and low immunity without relief should explore the possibility of Candida overgrowth and take the necessary steps to alleviate this condition.

The following pages contain a "Candida Self Analysis" that we have prepared in order to help you find out your own levels of Candida.



HISTORY Section 1

POINTS

This section involves an understanding of your medical history and how it may have promoted Candida growth. Circle those comments to which you can answer "yes". Record your total at the end of the section.

1. Throughout your lifetime, have you taken any antibiotics or tetracyclines (Symycin®, Panmycin®, Vibramycin®, Monicin®, etc.) for acne or other conditions for more than one month? **25**

2. Have you taken a "broad spectrum" antibiotic for more than 2 months or 4 or more times in a 1-year period? These could include any antibiotics taken for a respiratory, urinary or other infections. **20**

3. Have you taken a broad spectrum antibiotic - even for a single course. These antibiotics include ampicillin™, amoxicillin™, Keflex®, etc. **6**
4. Have you ever had problems with persistent prostatitis, vaginitis or other problems with your reproductive organs? **25**
5. Women - Have you been pregnant:
 - 2 or more times? **5**
 - 1 time? **3**
6. Women - Have you taken birth control pills:
 - More than 2 years? **15**
 - More than 6 months? **8**
7. If you were NOT breast-fed as an infant. **9**
8. Have you taken any cortisone-type drugs (Prednisone™, Decadron™, etc.)? **15**
9. Are you sensitive to and bothered by exposure to perfumes, insecticides, or other chemical odors...
 - Do you have moderate to severe symptoms? **20**
 - Mild symptoms? **5**
10. Does tobacco smoke bother you? **10**
11. Are your symptoms worse on damp, muggy days or in moldy places? **20**
12. If you have had chronic fungus infections of the skin or nails (including athlete's foot, ring worm, jock itch) have the infections been...
 - Severe or persistent? **20**
 - Mild to moderate? **10**
13. Do you crave sugar (chocolate, ice cream, candy, cookies, etc.)? **10**
14. Do you crave carbohydrates (bread, bread and more bread)? **10**
15. Do you crave alcoholic beverages? **10**
16. Have you drunk or do you drink chlorinated water (city or tap)? **20**

TOTAL SCORE SECTION 1 _____

POINTS



MAJOR SYMPTOMS Section 2

For each of your symptoms, enter the appropriate figure in the point score column.

No symptoms	0
Occasional or mild	3
Frequent and/or moderately severe	6
Severe and/or disabling	9

POINTS

- | | |
|--|-------|
| 1. Constipation | _____ |
| 2. Diarrhea | _____ |
| 3. Bloating | _____ |
| 4. Fatigue or lethargy | _____ |
| 5. Feeling drained | _____ |
| 6. Poor memory | _____ |
| 7. Difficulty focusing/brain fog | _____ |
| 8. Feeling moody or despaired | _____ |
| 9. Numbness, burning or tingling | _____ |
| 10. Muscle aches | _____ |
| 11. Nasal congestion or discharge | _____ |
| 12. Pain and/or swelling in the joints | _____ |
| 13. Abdominal pain | _____ |
| 14. Spots in front of the eyes | _____ |
| 15. Erratic vision | _____ |