

M
S P I R I T
N
B O D Y



**Puzzled about your health?
What does your body need?
Stop guessing!**

**This questionnaire was written by Andrea Levinson, Doctor of Natural Medicine.
It incorporates basic principles of physiology, biochemistry, herbology, Traditional
Oriental Medicine concepts, superfoods, spirituality and emotional issues.**

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MIND/BODY/SPIRIT QUESTIONNAIRE

The majority of the healthcare practiced today mainly addresses the symptoms of dis-ease, IGNORING THE CAUSE. By only masking the symptoms, the health problem may be driven deeper into the body and cause even more stress. The symptoms most people experience are often far removed from the cause with the exception of physical trauma. The Questionnaire will put you in touch with your whole body. It is not intended to diagnose disease. It will take over 1 hour to complete. By removing or reducing the stressors identified by your answers, you will most likely increase your wellbeing and reduce your risk of illness. Do not overthink these questions. Leave blank if you don't know the answer.

Deliver or mail completed form with \$95 (extra for overnight or international postage) payment to:

Andrea Levinson
500 Taberna Way
New Bern, North Carolina 28562

You will receive a detailed printout of the how the potential causes of your stress can affect your body. You may make copies for family or friends.

INSTRUCTIONS

This questionnaire is designed to potentially identify the root cause of stress and symptoms you may be experiencing, and that is its sole purpose. It is not intended to diagnose disease or medical conditions. Many questions are repeated throughout the questionnaire. If you answered a question once, answer it again if it reappears. This is not a trick. **Each Letter or Number represents a new potential cause of the symptoms you may be experiencing.** Symptoms may have more than one cause and more than one excess or deficiency can cause the same symptoms.

Place a check mark in the area (☑) of those questions which you can answer "Yes" in the last few weeks and currently. If the answer is sometimes, put a line through the (--). DO NOT MARK IF THEY DO NOT APPLY. Total all check marks and dashes before returning your finished questionnaire.

A***

1. () Do you catch cold easily?
2. () Do you have a predisposition to infections of the throat and lungs?
3. () Do you have frequent bladder, urinary tract or kidney infections?
4. () Do you suffer from sinusitis?
5. () Do you often have abscesses in the ears?
6. () Do you see poorly in dim light or have night blindness?
7. () Do you have rough, dry, scaly skin, acne, or other skin disorders?
8. () Do your eyelids become dry, swollen or pus laden?
9. () Female: Difficulty in getting pregnant?
10. () Female: Have you had a spontaneous abortion?
11. () Do you catch pneumonia easily or get lung infections?
12. () Do you have fatigue?
13. () Do you suffer from unexplained weight loss?
14. () Do you experience abdominal pain?
15. () Female: Do you suffer from amenorrhea?
16. () Have you been diagnosed with an enlarged liver and/or spleen?
17. () Do you suffer from gastrointestinal disturbances?
18. () Are you bothered by hair loss?
19. () Do you suffer from joint pain?
20. () Do you often itch?
21. () Do you experience nausea and/or vomiting?
22. () Do you have small cracks or scales on your lips or corners of your mouth?
23. () Do you suffer from insomnia?
24. () Are you on antibiotics?
25. () Are you taking laxatives?
26. () Are you taking any drugs to lower your cholesterol level?
27. () Do you have a zinc deficiency?

B***

28. () Do you have poor bone development, osteoporosis, osteomalacia (softening of bones) or hypocalcemia?
29. () Have you had rickets (bow legs, knock-knees, large enlargement)?
30. () Do you have arthritis?
31. () Do your teeth have an abnormal number of cavities or poor tooth structure?
32. () Have you lost your appetite or experienced unusual weight loss?
33. () Do you have a burning sensation in your mouth and throat?
34. () Do you have diarrhea?
35. () Do you have insomnia?
36. () Are your muscles weak?
37. () Do you have an irregular heartbeat?
38. () Do you contract colds and flu often?
39. () Do you have problems with your thyroid?
40. () Do you have problems with your blood clotting normally?
41. () Do you have any liver, kidney or gall bladder problems?

42. () Do you have problems with your vision?
43. () Do you suffer from intestinal disorders?
44. () Are you taking drugs to lower your cholesterol?
45. () Do you take antacids?
46. () Do you take mineral oil?
47. () Are you taking any steroids such as cortisone?
48. () Are you taking any diuretics such as Chlorothiazide (Diuril) or Hydrochlorothiazide (Esidrix, HydroDIURIL or Oretic)?

C***

49. () Female: Do you have menstrual discomfort or PMS?
50. () Male: Have you lost your sex drive?
51. () Do you have muscular problems such as swelling or wasting away?
52. () Do you suffer from angina pains or have you had a heart attack?
53. () Do you have cancer?
54. () Do you have poor circulation?
55. () Do your wounds heal slowly or produce severe scars as they heal?
56. () Female: Do you suffer from fibrocystic disease of the breast (non-cancerous fibroid tumors)?
57. () Do you suffer from unhealthy skin and hair?
58. () Are you anemic?
59. () Do you or have you suffered from an eye disorder called (retrolental fibroplasia)?
60. () Does your blood clot abnormally?
61. () Do you have high blood pressure?
62. () Do you have or are you at high risk for getting cataracts?
63. () Are you having problems regarding your athletic performance?
64. () Do you have leg cramps?
65. () Do you have age spots?
66. () Are you zinc deficient?
67. () Are you taking an inorganic form of iron such as ferrous sulfate?

D***

68. () Do your wounds or burns heal slowly?
69. () Do you have little pink spots on your skin?
70. () Do you have ruptured blood vessels in either eye?
71. () Are your gums inflamed or do they bleed while brush your teeth?
72. () Do you have "fleeting" joint pains?
73. () Is your hair falling out abnormally?
74. () Do you have cartilage problems?
75. () Do you have a lot of colds and/or bronchial infections?
76. () Do you smoke more than 3 cigarettes per day?
77. () Do you have swelling in your hands and feet (edema)?
78. () Do you suffer from extreme weakness?

79. () Do you have a lack of energy?
 80. () Do you have poor digestion?
 81. () Do you bruise easily?
 82. () Have you lost a lot of your teeth?
 83. () Is your cholesterol level high?
 84. () Do you have high blood pressure?
 85. () Do you have atherosclerosis?
 86. () Are you susceptible to blood clots?
 87. () Do you have an iron deficiency?
 88. () Do you have low back pain?
 89. () Do you have arthritis or pain in your joints?
 90. () Have you recently suffered from a serious illness?
 91. () Do you have cancer?
 92. () Have you ever had scurvy?
 93. () Do you consume alcohol?
 94. () Are you currently taking any of the following: analgesics, antidepressants, anticoagulants, oral contraceptives, or steroids?
 95. () Do you have AIDS?

E***

96. () Do you have heart palpitations, an enlarged heart or a diastolic blood pressure over 90?
 97. () Do you hurt all over, but can't pinpoint an area?
 98. () Are your muscles weak or sore?
 99. () Do you suffer from forgetfulness?
 100. () Do you have vague fears about many things?
 101. () Do you feel that others are against you?
 102. () Are you abnormally tired or weak?
 103. () Are you often confused about life and your purpose in it?
 104. () Do you suffer from constipation?
 105. () Have you been diagnosed with an enlarged liver?
 106. () Do you experience gastrointestinal disturbances?
 107. () Do you suffer from nervousness or irritability?
 108. () Do you have labored breathing?
 109. () Do you suffer a loss of appetite?
 110. () Do you have numbness of hands and/or feet or a tingling sensation?
 111. () Do you suffer from poor coordination?
 112. () Have you been diagnosed with edema (swelling)?
 113. () Have you experienced a severe weight loss?
 114. () Have you been diagnosed with a nervous system disease/disorder?
 115. () Have you ever been diagnosed with Beriberi?
 116. () Are you currently taking antibiotics?
 117. () Are you taking any sulfa drugs?
 118. () Female: Do you take oral contraceptives?
 119. () Are you on a high-carbohydrate diet?

F***

120. () Do you feel depressed?
 121. () Do you have swelling, cracks or corner sores of your mouth?
 122. () Does your tongue have a red-purple color?
 123. () Is your tongue very shiny or swollen?
 124. () Do you often have a sensation of sand in your eyelids?
 125. () Are your eyes sensitive to light?
 126. () Do your eyes get tired easily?
 127. () Do your eyes burn and itch often?
 128. () Do you have a lot of red lines in the whites of your eyes?
 129. () Do you have, or have you had cataracts?
 130. () Do you have an abnormal amount of oily skin near the corner of your nose?
 131. () Do you have skin lesions?
 132. () Do you suffer from dizziness?
 133. () Are you suffering from hair loss, dandruff or dermatitis?
 134. () Do you have insomnia?
 135. () Do you have poor digestion?
 136. () Do you suffer from retarded growth?
 137. () Is your mental response slow?
 138. () Female: Are you taking oral contraceptives?
 139. () Are you currently undergoing a strenuous exercise program?
 140. () Are you currently taking antibiotics?
 141. () Do you consume alcohol?

G***

142. () Do you suffer from chronic inflammation of the skin?
 143. () Have you lost your appetite?
 144. () Do you have frequent indigestion and/or diarrhea?
 145. () Do you have canker sores in the mouth?
 146. () Do your hands and/or feet often feel like they are hot?
 147. () Have you ever been diagnosed as a schizophrenic or suffer from depression or dementia?
 148. () Do you feel like your hands and/or feet go numb?
 149. () Have you been diagnosed with pellagra?
 150. () Do you experience dizziness?
 151. () Are you fatigued?
 152. () Do you have bad breath (halitosis)?
 153. () Do you suffer from headaches?
 154. () Do you have insomnia?
 155. () Do you have low blood sugar?
 156. () Do you have muscular weakness?
 157. () Do you have pain in your arms or legs?

H***

158. () Do you often suffer from dizziness?
 159. () Do you often suffer from nausea and/or vomiting?
 160. () Do you feel confused often?
 161. () Do you have, or have you had kidney stones?
 162. () Do you have edema? (swelling of hands, feet, ankles)
 163. () Have you ever observed a greenish tint to your urine?
 164. () Do you suffer from anemia?
 165. () Do you have convulsions?
 166. () Do you have headaches?
 167. () Do you have flaky skin or acne?
 168. () Do you suffer from anorexia?
 169. () Do you have conjunctivitis (swelling of the eyelids)?
 170. () Do you have cracks or sores on the mouth and lips, swelling of mouth and gums, or a sore tongue?
 171. () Do you suffer from depression?
 172. () Are you fatigued?
 173. () Are you irritable?
 174. () Is your wound healing impaired?
 175. () Do you have learning difficulties or a weak memory?
 176. () Do you have hair loss?
 177. () Do you have a hearing problem?
 178. () Have you experienced any stunted growth?
 179. () Do you retain water?
 180. () Female: Do you suffer from PMS?
 181. () Do you have allergies or asthma?
 182. () Do you have arthritis?
 183. () Are you suffering from Carpal Tunnel Syndrome, numbness or tingling?
 184. () Are you taking antidepressants?
 185. () Female: Are you on an estrogen therapy program or taking oral contraceptives?
 186. () Are you on diuretics?
 187. () Are you or have you taken cortisone drugs?

I***

188. () Is your tongue sore or inflamed?
 189. () Have you noticed your hands and/or feet tingle?
 190. () Do you feel you have lost your incentive in life?
 191. () Do you occasionally stammer?
 192. () Do you have jerking of limbs?
 193. () Have you been diagnosed with anemia?
 194. () Do you have problems walking?
 195. () Do you suffer from chronic fatigue?
 196. () Are you constipated?

197. () Are you depressed?
 198. () Do you have a digestive disorder?
 199. () Do you experience dizziness?
 200. () Are you drowsy?
 201. () Have you been diagnosed with an enlarged liver?
 202. () Do you have eye problems?
 203. () Do you suffer from hallucinations?
 204. () Do you get headaches?
 205. () Are you irritable, moody or nervous?
 206. () Do you have labored breathing?
 207. () Do you suffer from memory loss?
 208. () Do you have any neurological damage?
 209. () Do you get heart palpitations?
 210. () Do you have ringing in the ears?
 211. () Have you been diagnosed with spinal cord degeneration?
 212. () Do you have a feeling of listlessness?
 213. () Are you anorexic?
 214. () Do you have any learning disorders?
 215. () Are you infertile?
 216. () Are you a vegetarian?
 217. () Are you taking anti-gout medication?
 218. () Are you taking anticoagulant medication?
 219. () Are you taking potassium supplements?

J***

220. () Do you have chronic headaches?
 221. () Are you fatigued?
 222. () Do you suddenly feel dizzy or lightheaded when getting up out of a lying or sitting position?
 223. () Does your heart beat fast upon exertion?
 224. () Has your doctor diagnosed you as arthritic?
 225. () Are you hypoglycemic?
 226. () Do you occasionally have a burning and/or tingling sensation of the hands and/or feet?
 227. () Do you suffer from allergies?
 228. () Are you chronically constipated?
 229. () Do you have periods of deep depression?
 230. () Do you experience nausea?
 231. () Are you anemic?
 232. () Are you suffering from anxiety?

K***

233. () Is your tongue often sore or mouth swollen or inflamed?
 234. () Do you have skin inflammations often?
 235. () Do you suffer from insomnia?

236. () Have you felt a loss of appetite?
 237. () Are you frequently nauseated?
 238. () Have you been diagnosed with anemia?
 239. () Are you depressed?
 240. () Do you have hair loss?
 241. () Do you have high blood sugar?
 242. () Do you have muscle pain?
 243. () Do you have a problem with your sweat glands?
 244. () Are you currently taking antibiotics or sulfa drugs?
 245. () Do you use saccharin as a sugar substitute?

L***

246. () Do you suffer from eczema?
 247. () Have you been diagnosed as having atherosclerosis?
 248. () Has your doctor told you that your cholesterol is high?
 249. () Do you have high blood pressure?
 250. () Do you have a problem losing weight or digesting fat?
 251. () Do you have myasthenia gravis, Parkinson's disease, tardivedyskinesia or weak muscles?
 252. () Do you have kidney or liver impairment?
 253. () Do you have memory or brain impairment?
 254. () Do you have gastric ulcers?
 255. () Have you experienced stunted growth?
 256. () Do you or have you had problems with your gall bladder?
 257. () Do you have any heart problems?

M***

258. () Are you anemic?
 259. () Are you apathetic (just don't care)?
 260. () Is your tongue red and sore?
 261. () Are you having digestive problems?
 262. () Are you fatigued and/or weak?
 263. () Are you prematurely gray?
 264. () Do you have any growth problems?
 265. () Do you have insomnia?
 266. () Do you breathing problems?
 267. () Are you having a hard time remembering things?
 268. () Do you feel paranoid?
 269. () Have any of your children been born with birth defects?
 270. () Do you have an inadequate consumption of fresh fruits and vegetables (5 servings a day)?
 271. () Do you consume only cooked or microwave vegetables?
 272. () Female: Do you take oral contraceptives?
 273. () Do you consume alcohol?

N***

274. () Do you have arteriosclerosis?
 275. () Are you constipated?
 276. () Are you experiencing hair loss?
 277. () Do you have a high blood cholesterol level?
 278. () Are you irritable or experiencing mood swings?
 279. () Do you have skin eruptions?
 280. () Do you consume caffeine?

O***

281. () Is your hair gray due to stress or a nutritional deficiency?
 282. () Are you depressed, fatigued, irritable or nervous?
 283. () Are you experiencing gastrointestinal disorders?
 284. () Are there patchy areas of white on your skin?
 285. () Are you currently taking sulfa drugs?

P***

286. () Have you ever had macrocytic anemia?
 287. () Are you chronically fatigued?
 288. () Do you have a history of cleft palate?

Q***

289. () Do you have indigestion 2-3 hours after eating?
 290. () Do you have a heavy, full, logy feeling after eating a heavy meal?
 291. () Do you have more than usual upper and lower intestinal gas?
 292. () Do you have periods of constipation alternating with diarrhea?
 293. () Have you lost your taste or craving for meat?
 294. () Have you been treated for long periods of time for anemia without making much progress?
 295. () Do you have a sour stomach
 296. () Are you taking antacids?

R***

297. () Do you have problems with your blood clotting effectively?
 298. () Do your bones heal properly, have abnormal bone formation or osteoporosis?
 299. () Do you have liver problems?
 300. () Are you prone to infections?
 301. () Do you have cancer involving the inner linings of your organs?
 302. () Do you have internal bleeding?
 303. () Are you currently taking antibiotics?

S***

304. () Do you often have leg cramps or twitches?

305. () Female: Do you have excessive or lengthy menstruation with pain or suffer from PMS symptoms?
306. () Are you irritable, nervous, depressed or having panic attacks?
307. () Are your teeth crowded, with poor placement or prone to decay?
308. () Do you suffer from any bone disorders such as softening of the bones, brittle bones, rickets, poor growth, osteoporosis, osteomalacia, bone spurs, osteofibrosis or spontaneous bone fractures?
309. () Female: Have you experienced menopause?
310. () Do you exercise heavily?
311. () Do you have receding gums?
312. () Do you have arthritis?
313. () Do you have high blood pressure?
314. () Do you suffer from insomnia?
315. () Do you have kidney stones?
316. () Have you been diagnosed with having calcium deposits?
317. () Do you experience low back pain, muscle spasms, disc problems or have ever had lock jaw?
318. () Have you ever been diagnosed with Bell's Palsy?
319. () Do you have Dowagers Hump or have a "hunchback"?

T***

320. () Do you have pyorrhea?
321. () Do you often feel both mentally and physically fatigued?
322. () Do you often feel as if your breathing is irregular?
323. () Do you have kidney problems?
324. () Are you experiencing anxiety or irritability?
325. () Do you experience any bone pain?
326. () Do you have any numbness?
327. () Is your skin sensitive?
328. () Do you tremble?
329. () Are you having any losing or gaining weight changes?
330. () Do you have a vitamin D deficiency?

U***

331. () Do you have swelling of the ankles and hands?
332. () Do you sometimes suffer from a rapid heart rate; an irregular heart beat or have you had a heart attack?
333. () Do you often feel as if your muscles are just "too weak"?
334. () Do you have diabetic tendencies?
335. () Do you suffer from abnormal or internal bleeding?
336. () Do you have the feeling that you "just don't care"?
337. () Do you have abnormally dry skin?
338. () Do you have acne?
339. () Do you have the chills?
340. () Do you experience any problems with your memory?

341. () Are you constipated?
342. () Are you depressed?
343. () Do you have diarrhea?
344. () Do you have slow reflexes?
345. () Do you have edema?
346. () Are you nervous?
347. () Are you always thirsty?
348. () Has your growth been impaired?
349. () Is your cholesterol level high?
350. () Are you suffering from insomnia?
351. () Do you have high or low blood pressure?
352. () Have you had any muscle damage?
353. () Are you experiencing any nausea or vomiting?
354. () Do you get headaches periodically?
355. () Do you have an excessive amount of protein in your urine?
356. () Do you have any breathing or respiratory problems?
357. () Do you have a salt retention problem?
358. () Do you have kidney problems?
359. () Have you ever had or been close to having a stroke?
360. () If an older individual: Do you have circulatory damage?
361. () If an older individual: Are you lethargic?
362. () If an older individual: Are you weak?
363. () Are you taking diuretics?
364. () Are you taking laxatives?
365. () Do you smoke?
366. () Do you consume large quantities of caffeine?

V***

367. () Are you dehydrated (dry tongue, shrunken, loose skin)?
368. () Do you feel exhausted, fatigued or lethargic?
369. () Are you suffering from anorexia or unwanted weight loss?
370. () Do you experience abdominal cramps?
371. () Are you experiencing confusion or depression?
372. () Do you experience dizziness?
373. () Do you experience flatulence (passing gas)?
374. () Do you have hallucinations?
375. () Do you have headaches?
376. () Do you get heart palpitations?
377. () Do you have an impaired sense of taste?
378. () Have you been diagnosed with low blood pressure?
379. () Do you have a memory impairment?
380. () Do you have muscle weakness or poor coordination?
381. () Do you experience nausea and vomiting?
382. () Do you suffer from recurrent infections?
383. () Do you have seizures?

384. () Are you taking diuretics for high blood pressure?
 385. () Are you on a low-sodium diet?

W***

386. () Do you feel as if your nerves and muscles are irritable with tics, twitches or convulsions, muscle spasms, weakness or tremors?
 387. () Do you have periods of irregular heartbeat, heart spasms or rapid heart beat?
 388. () Do you suffer from convulsions or seizures?
 389. () Do you have dimmed vision?
 390. () Are your teeth sensitive or loose?
 391. () Are you constantly cold?
 392. () Have you been diagnosed with diabetes?
 393. () Are you confused most of the time?
 394. () Do you suffer from insomnia?
 395. () Do you suffer from irritability and/or nervousness?
 396. () Do you have poor digestion?
 397. () Have you been diagnosed with hypertension?
 398. () Have you ever had a heart attack?
 399. () Do you suffer from asthma or any lung disorder?
 400. () Are you chronically fatigued?
 401. () Are you in chronic pain?
 402. () Are you depressed?
 403. () Do you have irritable bowel syndrome (frequent diarrhea)?
 404. () Do you have anorexia?
 405. () Female: Do you get migraine headaches during menstruation?
 406. () Do you have a history of having abnormal growth patterns?
 407. () Do you have vertigo or experience bouts of dizziness?
 408. () Do you have calcification of your small arteries?
 409. () Have you been diagnosed as having malignant calcification of your soft tissue?
 410. () Female: Do you suffer from PMS (premenstrual syndrome)?
 411. () Do you have a pH imbalance?
 412. () Do you have a calcium deficiency?
 413. () Do you or have you had kidney stones?
 414. () Do you throw tantrums?
 415. () Do you consume large quantities of fats?
 416. () Do you take cod liver oil?
 417. () Do you consume large amounts of foods containing calcium or calcium supplements?
 418. () Do you have a large intake of protein in your diet?
 419. () Are you taking fat-soluble vitamins (A, D, E or K)?
 420. () Do you consume large quantities of any of these foods-almonds, chard, cocoa (chocolate) rhubarb, spinach, alcohol or tea?
 421. () Are you taking diuretics?

422. () Are you exposed to large quantities of fluoride?
 423. () Are you consuming high levels of zinc?

X***

424. () Do you have chronically pale skin and palms?
 425. () Do you have shortness of breath or difficulty breathing?
 426. () Do you have a poor appetite?
 427. () Do you have sensation of spots before your eyes?
 428. () Do you have rapid heart rate or palpitations?
 429. () Are you very tired most of the time or tire easily?
 430. () Do your fingernails appear very light in color spoon-shaped or have lengthwise ridges?
 431. () Are you anemic or have a low red blood cell count?
 432. () Is your hair brittle and/or falling out?
 433. () Do you have difficulty swallowing?
 434. () Do you get dizzy?
 435. () Do you experience digestive disturbances or have poor digestion?
 436. () Do you have fragile bones?
 437. () Is your mouth inflamed or do you have a sore tongue?
 438. () Are you nervous?
 439. () Are you suffering from obesity?
 440. () Do you feel that your mental reactions are slow or that you have memory loss?
 441. () Do you chew ice?
 442. () Are you very susceptible to many colds and/or infections?
 443. () Are you constipated?
 444. () Do you have intestinal bleeding?
 445. () Female: Do you have excessive menstrual bleeding during your periods?
 446. () Are you suffering from a long-term illness?
 447. () Do you have ulcers?
 448. () Have you been using antacids for a long period of time?
 449. () Do you consume excessive amounts of coffee or tea?
 450. () Are you currently involved in a very strenuous exercise program?
 451. () Do you perspire very heavily?
 452. () Do you have rheumatoid arthritis?
 453. () Do you have cancer?
 454. () Do you have candidiasis?
 455. () Do you have chronic herpes infections?

Y***

456. () Are you prone to athletic-type injuries, strained knees?
 457. () Have you been diagnosed as myasthenia gravis or multiple sclerosis?
 458. () Have you been diagnosed as a diabetic?

459. () Do you have allergies or asthma?
 460. () Do you have bone deformities?
 461. () Do you suffer from paralysis?
 462. () Do you experience dizziness or convulsions?
 463. () Do you have hearing loss?
 464. () Do you have digestive problems?
 465. () Have you been diagnosed with atherosclerosis?
 466. () Do you experience confusion and/or memory loss?
 467. () Do you have eye or vision problems?
 468. () Do you have any kind of heart disorder or a rapid pulse?
 469. () Have you been diagnosed with high cholesterol?
 470. () Do you have hypertension?
 471. () Do you suffer from irritability?
 472. () Do you have muscle contractions, tremors or poor muscle coordination?
 473. () Do you have any pancreatic damage?
 474. () Do you perspire profusely?
 475. () Do you grind your teeth?
 476. () Do you have poor cartilage formation problems, chondromalacia or chondrodystrophy?
 477. () Do you have any Repetitive Motion Syndromes such as TMJ, Carpal Tunnel Syndrome?
 478. () Are you infertile?
 479. () Female: Have you had a still birth or a spontaneous miscarriage?
 480. () Do you have a loss of sex drive?
 481. () Have you had retarded or slow growth rates?
 482. () Do you have arthritis in your hands or feet?
 483. () Do you have an iron deficiency?
 484. () Have you been diagnosed with ataxia?
 485. () Female: Do you have any breast ailments?

Z***

486. () Do you have dry hair or skin?
 487. () Do you have brittle nails?
 488. () Do you feel your mental reaction time is slow?
 489. () Do you have a stuffy nose?
 490. () Are your eyes sensitive to light?
 491. () Do you have recurrent sties?
 492. () Do you have an elevated blood cholesterol level?
 493. () Do you have an enlarged thyroid gland or a goiter?
 494. () Do you suffer from weight gain?
 495. () Do you or have you had breast cancer?
 496. () Are you always tired?
 497. () Have you been diagnosed as having hypothyroidism (underactive thyroid)?

AA***

498. () Do your wounds heal slowly?

499. () Have you lost part of your sense of smell and/or taste?
 500. () Have you been diagnosed as being diabetic?
 501. () Do you feel more tired than normal or have decreased alertness?
 502. () Male: Do you suffer from prostatitis?
 503. () Do you have acne or skin lesions or age spots?
 504. () Did you experience delayed sexual maturity or remained in a pre-puberty state?
 505. () Are your finger nails thin, peeling, or have white spots?
 506. () Do you have stretch marks?
 507. () Do you suffer from decreased alertness?
 508. () Are you very susceptible to colds and infections?
 509. () Do you have hair loss?
 510. () Do you have high cholesterol?
 511. () Do you have impaired night vision?
 512. () Do you have any memory impairment?
 513. () Do you suffer from any one of these: Down syndrome, cleft lip and cleft palate, brain defects, small or absent eyes, spina bifida, clubbed limbs, webbed toes or fingers, hiatal hernia and umbilical hernia, heart and lung defects, urogenital defects.
 514. () Have you experienced a poor growth pattern or are you short in stature?
 515. () Female: Do you have ovary problems (small or poor) or infertility?
 516. () Male: Do you have testis problems (small or poor) or infertility?
 517. () Are you anemic?
 518. () Have you been diagnosed as having acrodermatitis enteropathica?
 519. () Do you have "frizzy" hair?
 520. () Do you have diarrhea?
 521. () Are you suffering from depression or paranoia?
 522. () Are you suffering from anorexia and/or bullemia?
 523. () Do you have bad body odors ("smelly tennis shoe" syndrome) or perspire heavily?
 524. () Do you have kidney disease or cirrhosis of the liver?
 525. () Do you have a high fiber intake?
 526. () If taking zinc and iron supplements, do you take them together?

BB***

527. () Do you accumulate fluids in the extremities?
 528. () Do you have cataracts?
 529. () Do you think, or know, that you have low hormone levels?
 530. () Do you have low resistance to disease?
 531. () Do you feel overall weakness?

CC***

532. () Do you have dry, brittle or weak hair and nails?

533. () Do you have fungus infection of the nails?
 534. () Are your eyes sensitive to light?
 535. () Do you often feel weak?
 536. () Do you have impaired respiratory function?
 537. () Do you have sores on your skin?
 538. () Do you have osteoporosis?
 539. () Are you anemic?
 540. () Are you bald, have white or prematurely gray hair?
 541. () Do you experience frequent bouts of diarrhea?
 542. () Have you had an increase in the amount of fat your blood?
 543. () Have you been diagnosed as having Ptosis (sagging tissue of the eyelids, skin, breasts and/or stomach)?
 544. () Do you or have you had a hernia?
 545. () Do you have varicose veins?
 546. () Have you ever had an aneurysm?
 547. () Have you been diagnosed as having Kawasaki Disease?
 548. () Do you have hypo or hyperthyroid problems?
 549. () Do you have arthritis?
 550. () Do you have ruptured vertebral disc problems?
 551. () Have you have cirrhosis of the liver?
 552. () Do you ever experience fits of blind rage, violent behavior or explosive outbursts?
 553. () Do you have a learning disability?
 554. () Have you been diagnosed with cerebral palsy or hypoplasia of the brain?
 555. () Do you have a high blood cholesterol level?
 556. () Do you have low blood sugar?
 557. () Does fruit make up 20% of your daily calorie intake?
 558. ()

DD***

559. () Do you have twitches or spasms in any part of the body?
 560. () Do you frequent muscle pain or any muscular disorders?
 561. () Do you ache in the neck and shoulders?
 562. () Have you had any physical trauma?
 563. () Do you suffer from chronic pain?

EE***

564. () Do you have cancer?
 565. () Female: Did your children have birth defects or unusually low birth weight?
 566. () Do you feel you are suffering from premature aging?
 567. () Have you been diagnosed with heart disease, palpitations or irregular heart beat?
 568. () Do you have dandruff?
 569. () Do you have loose skin?
 570. () Do you suffer from tissue hardening?

571. () Do you feel exhausted or over fatigued?
 572. () Have you ever experienced any growth impairment?
 573. () Do you have high cholesterol?
 574. () Do you have frequent infections?
 575. () Do you have liver impairment or a pancreatic insufficiency?
 576. () Are you anemic?
 577. () Do you have age spots or liver spots?
 578. () Have you been diagnosed with HIV (AIDS)?
 579. () Do you have myalgia, scoliosis, muscular dystrophy, cystic fibrosis, multiple sclerosis, ALS (Lou Gehrig's Disease), Parkinson's Disease, Alzheimer's Disease or sickle cell anemia?
 580. () Do you or have you had lead poisoning?
 581. () Do you consume a large amount of vegetable oil?
 582. () Are you infertile?

FF***

583. () Do you have high cholesterol in the blood?
 584. () Do you have diabetes or have you been diagnosed as prediabetic or as being glucose intolerant?
 585. () Do you have alcohol intolerance?
 586. () Do you have the feeling of being anxious all the time?
 587. () Are you extremely tired all the time?
 588. () Have you been diagnosed as having an increased risk for arteriosclerosis?
 589. () Have you been diagnosed as having inadequate amino acid metabolism?
 590. () Have you been diagnosed with hyperactivity, ADD/ADHD (Attention Deficit Disorder) or learning disabilities?
 591. () Are you always irritable or have Dr. Jekyll/Mr. Hyde rages?
 592. () Are you frequently depressed or have you been diagnosed as a manic depressive?
 593. () Do you have any growth impairments?
 594. () Do you experience numbness or tingling in your extremities?
 595. () Have you ever had a negative nitrogen balance test?
 596. () Do you have elevated triglyceride or cholesterol blood levels?
 597. () Have you been diagnosed with coronary blood vessel disease or aortic cholesterol plaque?
 598. () Are you infertile?
 599. () Are you hypoglycemic (low blood sugar)?
 600. () Do you have cancer?
 601. () Do you have heart problems?

GG***

602. () Have you experienced a slow growth pattern?
 603. () Are you experiencing infertility problems?

604. () Do you have an elevated cholesterol and/or triglyceride level?
 605. () Are you hypoglycemic?
 606. () Are you diabetic?
 607. () Do you suffer from cardiovascular disease?
 608. () Do you suffer from obesity?
 609. () Do you have kidney disease?
 610. () Do you smoke?

HH***

611. () Do you have arthritis or rheumatoid arthritis?
 612. () Do you have osteoporosis?
 613. () Is your energy level low?
 614. () Do you have cancer?
 615. () Do you have any food allergies?
 616. () Do you have an elevated cholesterol level?
 617. () Do you have candidiasis?
 618. () Do you have chronic viral infections, HIV or AIDS?

II***

619. () Are you depressed or have you been diagnosed with manic depression, or have fits of rage?
 620. () Do you consume a high amount of sugar in your diet?
 621. () Are you infertile?
 622. () Have you had a reduced growth rate?
 623. () Do you have ADD (Attention Deficit Disorder)?

JJ**

624. () Do you consume a large quantity of refined and processed foods?
 625. () Do you have any gum disorders?
 626. () Do you have cancer?
 627. () Male: If an older male, are you impotent?
 628. () Are you taking high levels of a sulfur drug?

KK***

629. () Do you have a poor growth pattern?
 630. () Are you anemic?
 631. () Do you have liver problems?
 632. () Do you suffer from dermatitis?
 633. () Were you late coming into puberty?
 634. () Does your body not absorb the mineral zinc very well?

LL***

635. () Do you have any cartilage, ligament or tendon degeneration?
 636. () Do you have lupus?
 637. () Do you have sickle cell anemia?

638. () Have you been diagnosed as having any collagen diseases?
 639. () Do you have frequent bacterial or viral infections?
 640. () Do you have dry, brittle hair and fingernails?
 641. () Does your body tend not to utilize the mineral calcium very well?
 642. () Have you been diagnosed as having arterial wall strength problems?
 643. () Are you located in a high pollution area?
 644. () Are you experiencing premature aging?

MM***

645. () Do you have Alzheimer's disease?
 646. () Do you have osteoporosis?
 647. () Do you have dry or brittle nails?
 648. () Do you have hardening of the arteries?
 649. () Do you have premature aging?
 650. () Do you have cardiovascular disease?

NN***

651. () Do you have stunted body growth?
 652. () Do you have an abdominal "apron" of fat?
 653. () Do you have feelings of inadequacy?
 654. () Do you have headaches inside the middle of your head?
 655. () Do you have eye problems?
 656. () Are you fatigued without obvious cause?
 657. () Are you tall and very thin with long hands and feet?
 658. () Do you have high blood sugar (diabetes)?
 659. () Do you have problems mobilizing energy to start a project?
 660. () Do you have easily changeable temperament, moody or sentimental?
 661. () Do your feelings dominate over logic?

OO***

662. () Do you tend to have cold hands and feet?
 663. () Do you prefer warm to cool climate?
 664. () Is your hair scanty, dry, brittle and lusterless?
 665. () Are you constipated or have bowel movements usually less than once daily?
 666. () Female: Are your periods regular, profuse and painless?
 667. () Does your heart beat rapidly on slight exertion?
 668. () Do you have an irregular heart rhythm?
 669. () Do you tolerate heat poorly?
 670. () Are you nervous?

PP***

671. () Are you chronically fatigued?

672. () Are you extremely intolerant to the cold weather?
 673. () Do you have muscle aches and pains?
 674. () Female: Are your menstrual cycles less than 28 days?
 675. () Female: Do you have very heavy blood flow during your period?
 676. () Do you have a low sex drive?
 677. () Do you have dry, brittle nails or hair loss?
 678. () Have you experienced a recent weight gain?
 679. () Do you have muscle cramping?
 680. () Are you depressed?
 681. () Are you constipated?
 682. () Do you have an elevated blood cholesterol level?
 683. () Is your face puffy?
 684. () Do you have the inability to concentrate or a poor memory?
 685. () Do you have a goiter?

QQ***

686. () Do you have insomnia?
 687. () Are you heat intolerant?
 688. () Do you sweat excessively?
 689. () Female: Are your menstrual cycles longer than 28 days or light?
 690. () Do your fingers or hand tremble when you hold them out straight?
 691. () Do you have a rapid pulse?
 692. () Do you have bulging eyes?
 693. () Are you losing weight?
 694. () Has your appetite increased?
 695. () Are you experiencing muscle weakness?
 696. () Do you have frequent bowel movements?
 697. () Are you irritable or nervous?
 698. () Do you have a goiter?

RR***

699. () Do you have short, heavy-muscled physique?
 700. () Do you have much body hair?
 701. () Do you have high blood pressure?
 702. () Do you tend to have a rapid pulse?
 703. () Do you have more than usual neck, head, or shoulder discomfort?
 704. () Do you have low blood pressure?
 705. () Do you suffer from low blood sugar or hypoglycemia?
 706. () Do you have rapid, shallow breathing?
 707. () Have you ever had convulsions, blackouts or coma?
 708. () Do you have an inferiority complex?
 709. () Do you have allergic tendencies?
 710. () Do you tend to be negative?

SS***

711. () Do you have a big appetite?
 712. () Do you have constant, intense thirst?
 713. () Do you urinate large amounts, more than 2 quarts daily?
 714. () Does your breath sometimes smell sweet like sugar or like acetone?
 715. () Do you sometimes have peculiar, unaccountable sensations in hands or feet (tingling, burning, sharp jabs, numbness, etc.)?
 716. () Is your vision failing rather rapidly?
 717. () Do your cuts and abrasions heal slowly?
 718. () Are you excessively fatigued where even the thought of walking across the room makes you tired?
 719. () Have you ever fainted, blacked out or had a convulsion?
 720. () Are you moody with marked ups or downs, elations or depression, hyperactivity or laziness?

721. () Do you have vague, unrelated complaints, which can be temporarily improved by eating only to return with vengeance in a short time?
722. () Do you have cold sweats of the hands even when warm or excited?
723. () Do you suffer from high or low blood sugar?
724. () Do you experience indigestion after eating a meal?
725. () Have you ever been diagnosed with having an alkaline or acidic blood condition?
726. () Do you have any allergies?
727. () Do you have an abnormally high intestinal acid content or ulcers?

TT***

728. () Do you have more than the usual number of cavities?
729. () Are you easily fatigued?
730. () Do you have catarrhal or allergic tendencies?
731. () Are you subject to muscular weakness?
732. () Do you look older than you are?
733. () Is your heart irregular?
734. () Do you tend to be nervous?
735. () Are you susceptible to infections?

UU***

736. () Are you taller than most people of your sex are?
737. () Is your fifth finger particularly short?
738. () Do you have sparse hair (especially pubic)?
739. () Do you have tapered fingers?
740. () Are you small-breasted (female) or have small external genitals (male)?
741. () Do you have soft fingernails?
742. () Do you have voice quality of opposite sex?
743. () Do you have reduced physical and emotional stamina?
744. () Are you depressive?
745. () Do you perspire easily?
746. () Are your actions quicker than others are?
747. () Did your sex characteristics develop early?

VV***

748. () Do you have tremor of hands or head?
749. () Do you see double?
750. () Do you have slurred speech?
751. () Are you irritable and impatient or lose your temper easily?
752. () Do you have loss of stamina while working physically?
753. () Do you fall asleep easily during the day?
754. () Are you emotionally unstable?
755. () Do you have an irregular heartbeat?

WW***

756. () Do you have breathlessness on slight exertion?
757. () Do you have breathlessness on lying down?
758. () Do you have a nagging cough?
759. () Do your ankles swell later in the day?
760. () Do you urinate more than twice during the night?
761. () Does your heartbeat seem irregular?

XX***

762. () Do you have a chronic cough?
763. () Have you had several chest colds in the past year?
764. () Do you become short of breath easily?
765. () Do you find it difficult to be satisfied with a deep breath?
766. () Do you smoke?

YY***

767. () Do your gums bleed or are they swollen?
768. () Do you have headaches?
769. () Do you have pain behind your eyes?
770. () Do you have pain in your teeth?
771. () Are your cheeks tender when you rub them.
772. () Do you hear clicking noises or crunching noises from your jaw when you open or close it?
773. () Is it painful to chew hard food?
774. () Do you hear ringing or humming in your ears?
775. () Do you experience frequent nausea, dizziness or lose your balance?
776. () Can you place 3 or more fingers vertically in your mouth?
777. () Do you often get a sore neck or shoulders?

ZZ***

778. () Do you experience the feeling of burping rotten egg gas immediately after eating?
779. () Do you experience headaches, nausea, or hunger pangs immediately after eating?
780. () Do you experience stomach pain between or prior to meals?
781. () Do you have excessive mucus production after eating?
782. () Do you experience a "tightness" in your stomach after eating?
783. () Do you get heartburn after eating?
784. () Do you feel any upper abdominal pain after eating a meal?
785. () Do you feel sleepy or drowsy after eating?
786. () After eating a meal, does your food seem to just sit heavy in your stomach?
787. () Do you experience a lot of gas after eating a meal?
788. () Do you seem to have bad breath after eating?

789. () Do you experience pain immediately after eating?
 790. () Are you vitamin B12 deficient?
 791. () Do you have poor stomach muscle tone?
 792. () Are your nose and/or eyes unusually dry?
 793. () Do you have inadequate amount of stomach enzymes and acids?
 794. () Do you ever notice any undigested food in your stool?
 795. () Do you have an overproduction of acid in your stomach?

AAA***

796. () Is your body temperature seem higher at night and lower in the morning?
 797. () Do you have or have you ever had hepatitis?
 798. () Do you experience headaches or dizziness after a meal?
 799. () Do you have a problem with your cholesterol level?
 800. () Are you overweight?
 801. () Does your skin tend to have a yellowish tint?
 802. () Do you experience any pain under your right shoulder after eating a meal?
 803. () Do you experience diarrhea immediately after eating?
 804. () Do you feel faint or experience hot sweats or chills after eating?
 805. () Are you "cold" often?
 806. () Have you experienced a rapid loss of weight recently?
 807. () Do you bruise easily?
 808. () Do you seem to catch colds often?
 809. () Do your wounds seem to heal slowly?
 810. () Are your urine or feces light in color?
 811. () Have you been diagnosed as being hypoglycemic?
 812. () Do you experience "hunger pangs" often after eating a meal?
 813. () Do you have "spider like" broken blood vessels on your face?
 814. () Do you feel you have lost your sex drive?
 815. () Do you have constipation following a meal?
 816. () Have you been diagnosed with being anemic?
 817. () Does your tongue have an unusual coating on it?
 818. () Do you feel a sense of fatigue after eating a meal?
 819. () Do you ever notice undigested food in your stool?
 820. () Have you been diagnosed with having an unusually high metal content?
 821. () Have you been diagnosed with having a high urea content in your blood?

BBB***

822. () Do you experience abdominal pain after eating?
 823. () Are you experiencing feelings of resentment toward someone or something?
 824. () Are you nauseated after completing a meal?
 825. () Do you find it particularly hard to keep still?
 826. () Do you experience heartburn after consuming a meal?
 827. () Have you had a loss of appetite lately?
 828. () Does your skin appear to be jaundice?

829. () Is your stool particularly watery?
 830. () Have you or do you have gallstones?
 831. () Have you been experiencing a feeling of not wanting to eat?
 832. () Have you had unusual bouts of constipation lately?
 833. () Do you have bowel movements that are very few or not at all?

CCC***

834. () Do you experience indigestion after completing a meal?
 835. () If overweight, do you have difficulty losing weight?
 836. () Do you have abdominal pain?
 837. () If underweight, have you been unsuccessful in gaining weight?
 838. () Do you experience muscle spasms after eating?
 839. () Do you have an overproduction of enzymes?
 840. () After eating a meal does your food have a tendency to move back up instead of down?
 841. () Do you feel bloated after eating?
 842. () Do you ever notice undigested portions of food in your stool?

DDD***

843. () Do you ever temporarily lose your voice?
 844. () Do you have a sore throat often?
 845. () Is it painful when you swallow food?
 846. () Do you have heartburn after you have swallowed food?
 847. () Do you get the hiccoughs after you have eaten a meal?
 848. () Do you seem to have an unusual amount of phlegm in your throat?
 849. () Have you ever or do you have hiatus hernia pain?

EEE***

850. () Do you have asthma?
 851. () Is your cholesterol level high?
 852. () Do you have eczema?
 853. () Are you hyperactive?
 854. () Do you have hypertension?
 855. () Female: Do you suffer from PMS (premenstrual syndrome)?
 856. () Do you have thrombosis?
 857. () Do you have vascular spasms?

FFF***

858. () Are you suffering from angina or thrombosis?
 859. () Are you suffering from arthritis?
 860. () Do you have Cron's Disease?
 861. () Do you have diabetes?
 862. () Are you depressed or schizophrenic?
 863. () Do you have cancer?

864. () Do you have any food allergies?
 865. () Female: Do you have menstrual cramps during your period?
 866. () Do you have multiple sclerosis?

GGG***

867. () Do you have acne?
 868. () Do you have dandruff?
 869. () Do you have elevated triglyceride levels?
 870. () Do you have any learning impairments?
 871. () Do you have any autoimmune diseases?
 872. () Do you have thrombosis?
 873. () Are you schizophrenic?

HHH***

874. () Do you have hypertension?
 875. () Do you have varicose veins?
 876. () Do you bruise easily?
 877. () Do you have purplish spots on your skin?
 878. () Do you suffer from athletic injuries?
 879. () Do you have pain in your legs or across your back?
 880. () Do you have symptoms associated with prolonged bleeding?
 881. () Do you have poor circulation?
 882. () Do you have abnormal bowel movements?
 883. () Do you have a high cholesterol level?
 884. () Do you have cataracts?
 885. () Do you have oral herpes?
 886. () Do you have asthma?

III***

887. () Do you have poor circulation?
 888. () Do you have a poor immune system?
 889. () Do you have periodontal disease?
 890. () Do you have swollen or bleeding gums?
 891. () Do you have muscular dystrophy?
 892. () Do you have diabetes?
 893. () Do you have allergies, asthma or respiratory disease?
 894. () Do you have schizophrenia?
 895. () Do you have Alzheimer's disease?
 896. () Do you suffer from obesity?
 897. () Do you suffer from yeast infections?
 898. () Do you have multiple sclerosis?
 899. () Do you have cardiovascular disease or congestive heart failure?
 900. () Do you have high blood pressure?
 901. () Are you currently undergoing a chemotherapy program?
 902. () Do you have ulcers?

JJJ***

903. () Are your blood sugar levels out of balance?
 904. () Do you have a lack of energy or have a low endurance level?
 905. () Do your wounds or muscles heal improperly?
 906. () Are you suffering from any mental disorder?
 907. () Are you suffering from any physical disorder?
 908. () Are you chronically sick?

KKK***

909. () Do you have a high blood sugar level?
 910. () Do your wounds of your skin, bones and muscles heal improperly?
 911. () Do you have chronic physical disease?
 912. () Do you have Parkinson's disease?
 913. () Do you have chronic mental disease?

LLL***

914. () Do you have herpes?
 915. () Do you have poor bone, cartilage or connective tissue problems?
 916. () Are you chronically tired or lack energy?
 917. () Are you irritable or have the inability to concentrate?
 918. () Do you have bloodshot eyes?
 919. () Are you experiencing hair loss?
 920. () Are you anemic?
 921. () Do you have reproductive problems?
 922. () Are you recovering from surgery or a sport injury?
 923. () Do you have high serum triglyceride levels?
 924. () Do you have a poor appetite?
 925. () Have you experienced a sudden loss of weight?
 926. () Do you experience dizziness?
 927. () Do you have problems with your vision?
 928. () Are you nauseous?
 929. () Do you or have you had kidney stones?

MMM***

930. () Do you have any hair, skin or nail disorders?
 931. () Are you fatigued?
 932. () Do you have a high cholesterol level?
 933. () Do you suffer from bladder problems?
 934. () Do you have problems with your digestion?
 935. () Do you have muscle weakness?
 936. () Do you have osteoporosis?
 937. () Do you have any chemical allergies?
 938. () Do you have toxemia due to pregnancy?
 939. () Are you suffering from a disease called Gilbert's syndrome?

940. () Female: Are you taking oral contraceptives?
 941. () Are you schizophrenic?
 942. () Do you have gall bladder problems?
 943. () Do you have arthritic or rheumatic symptoms?
 944. () Do you have cataracts?
 945. () Do you have Parkinson's disease?
 946. () Have you been diagnosed to have excess fat in your liver?
 947. () Are you anemic?
 948. () Do you have atherosclerosis?

NNN***

949. () Are you suffering from depression?
 950. () Do you have a learning disability or have a hard time paying attention being alert or remembering things?
 951. () Do you experience hunger pangs often?
 952. () Do you have arthritis?
 953. () Female: Do you have cramps during your menstrual cycle?
 954. () Do you suffer from migraine headaches?
 955. () Are you obese?
 956. () Do you have Parkinson's disease?
 957. () Do you have multiple sclerosis?
 958. () Are you schizophrenic?
 959. () Female: Do you suffer from PMS?
 960. () Do you suffer from chronic pain?
 961. () Do you suffer from any emotional disorders?
 962. () Have you experienced an unusual weight gain?
 963. () Do you have circulatory problems?

000***

964. () Are you a vegetarian?
 965. () Do you have digestive or intestinal tract dysfunction?
 966. () Are you irritable?
 967. () Do you suffer from any personality disorders?

PPP***

968. () Do you have insomnia?
 969. () Do you suffer from anxiety or depression?
 970. () Do you suffer from migraine headaches?
 971. () Do you smoke cigarettes?
 972. () Are you very susceptible to colds and infections?
 973. () Do you have heart spasms?
 974. () Do you have high cholesterol?
 975. () Have you had a severe weight gain recently?
 976. () Are you under a lot of stress?
 977. () Have you suffered from stunted growth?
 978. () Are you suffering from menopausal depression?

979. () Do you have "restless legs syndrome"?
 980. () Do you have poor skin tone or coloring?
 981. () Do you have brittle fingernails?
 982. () Do you suffer from indigestion?
 983. () Do you have frequent cravings for carbohydrates?

QQQ***

984. () Are you nervous?
 985. () Do you have poor sleep patterns?
 986. () Do you have improper muscle coordination?
 987. () Are you highly emotional?

RRR***

988. () Do you have an improper functioning immune system?
 989. () Do your wounds heal slowly?
 990. () Do you suffer from liver problems?
 991. () Have you been affected by stunted growth?
 992. () Have you had unusual muscle growth?
 993. () Do you have an improperly functioning thymus gland?
 994. () Do you have AIDS?
 995. () Are you suffering from any malignant disease?
 996. () Do you have cirrhosis of the liver?
 997. () Did you experience slow sexual maturity?
 998. () Male: Are you sterile or have a low sperm count?
 999. () Do you suffer from arthritis or connective tissue disorders?
 1000. () Do you have arthritis?
 1001. () Are you suffering from premature aging?
 1002. () Are you overweight?

SSS***

1003. () Are you suffering from a chronic illness such as rheumatoid arthritis, hardening of the arteries or cancer?
 1004. () Are you suffering from any respiratory disorders such as bronchitis, emphysema or tuberculosis?
 1005. () Are you recovering from a recent surgery?
 1006. () Have you recently burned yourself?
 1007. () Do you consume alcohol?
 1008. () Do you smoke cigarettes?

TTT***

1009. () Do you have a cardiovascular disease?
 1010. () Do you have allergies?
 1011. () Do you have anemia?
 1012. () Do you have rheumatoid arthritis?
 1013. () Do you have ulcers?
 1014. () Do you have hearing problems?

1015. () Do you suffer from indigestion because of a lack of stomach acid?
 1016. () Do you have a low sex drive?
 1017. () Do you have schizophrenia?
 1018. () Female: If pregnant, do you suffer from nausea?

UUU***

1019. () Do you have epilepsy?
 1020. () Do you have arteriosclerosis?
 1021. () Do you have swelling?
 1022. () Do you have a heart disorder?
 1023. () Do you suffer from hypertension?
 1024. () Are you hypoglycemic?
 1025. () Do you suffer from anxiety or hyperactivity?
 1026. () Do you have a zinc deficiency?
 1027. () Do you have impaired vision?
 1028. () If a child, do you suffer from Down Syndrome?
 1029. () If a child, do you suffer from muscular dystrophy?
 1030. () Female: Do you have/ had breast cancer?
 1031. () Do you suffer from intestinal problems?
 1032. () Female: Do you suffer from frequent yeast infections?
 1033. () Are you under a great amount of physical or emotional stress?
 1034. () Do you consume large quantities of alcohol?
 1035. () Are you diabetic?
 1036. () Do you suffer from gall bladder disease?

VVV***

1037. () Do you have any muscular, brain or central nervous system problems?
 1038. () Do you suffer from any immune deficiencies?
 1039. () Are you tired a lot?

WWW***

1040. () Are you overly nervous?
 1041. () Are you overly calm?
 1042. () Are you currently undergoing treatment for a brain or nervous system disorder?

XXX***

1043. () Do you have liver problems?
 1044. () Are you chronically fatigued?
 1045. () Do you have neural or brain disorders?

YYY***

1046. () Do you have digestive problems or intestinal disorders?
 1047. () Are you currently on a diet?
 1048. () Are you a bodybuilder?

1049. () Are you under an unusual amount of stress?
 1050. () Do you have arthritis?
 1051. () Do you have an autoimmune disease such as polymyositis or scleroderma?
 1052. () Do you have fibrosis?
 1053. () Do you suffer from peptic ulcers?
 1054. () Do you have tissue damage caused by radiation?
 1055. () Do you suffer from developmental disabilities?
 1056. () Do you have epilepsy?
 1057. () Are you fatigued?
 1058. () Male: Are you impotent?
 1059. () Are you senile?
 1060. () Are you a recovering alcoholic or do you consume alcohol?
 1061. () Are you schizophrenic?
 1062. () Do you consume a large amount of sugar in your diet?
 1063. () Are you depressed?
 1064. () Are you suffering from obesity?
 1065. () Do you have a poor memory?
 1066. () Are you grouchy often?

ZZZ***

1067. () Do you have a poor memory?
 1068. () Do you have ulcers?
 1069. () Are you fatigued?
 1070. () Are you an alcoholic?
 1071. () Are you schizophrenic?
 1072. () Do you crave sugar?
 1073. () Do you have personality disorders?
 1074. () If a child, do you have behavioral disorders?
 1075. () Do you have epilepsy?
 1076. () Do you have mental retardation?
 1077. () Do you have muscular dystrophy?
 1078. () Are you hypoglycemic?
 1079. () Do you have kidney stones?

AAA***

1080. () Have you recently had tendon, cartilage or joint injury?
 1081. () Do you have a weak heart muscle?
 1082. () Do you have unhealthy skin?

BBB***

1083. () Do you have an immune system deficiency?
 1084. () Do you have poor muscle condition?

EXCESSESCCCC***

1085. () Do you have abdominal pain?
 1086. () Do you have an enlarged liver and/or spleen?
 1087. () Do you have gastrointestinal disturbances?
 1088. () Do you have hair loss?
 1089. () Do you have severe itching?
 1090. () Do you have joint pain?
 1091. () Do you have nausea or vomiting?
 1092. () Do you or have you had water on the brain?
 1093. () Do you have small cracks or scales on your lips or mouth?

DDDD****

1094. () Does your face feel flushed often?
 1095. () Do you sweat excessively?

EEEE***

1096. () Do you have a calcium deficiency?
 1097. () Do you eat a lot of "junk food"?
 1098. () Do you drink soda daily?

FFFF***

1099. () Do you have excessive swelling?
 1100. () Do you have high blood pressure?
 1101. () Do you have a potassium deficiency?
 1102. () Do you have liver or kidney disease?

GGGG***

1103. () Do you have a deficiency of vitamin E?
 1104. () Do you have heart disease?
 1105. () Do you have cancer?
 1106. () Do you have hemochromatosis?

HHHH***

1107. () Do you have a metallic taste in your mouth?
 1108. () Do you have sores in your mouth?
 1109. () Do you have swollen salivary glands?
 1110. () Do you have diarrhea?
 1111. () Do you frequently vomit?

IIII***

1112. () Do you drink less than 4 glasses of water a day?
 1113. () Do you drink mostly coffee, tea, alcoholic beverages or soda?
 1114. () Do you take diuretics?

1115. () Do you wait until you are thirsty to drink something?
 1116. () Do you have muscle pain or chronic pain?

JJJJ***

1117. () Do you have a zinc or vitamin C deficiency?

KKKK***

1118. () Do you have arthritis?
 1119. () Do you have brittle nails?
 1120. () Does your breath have a garlicky odor?
 1121. () Do you have any gastrointestinal disorders?
 1122. () Have you been experiencing hair loss?
 1123. () Are you irritable?
 1124. () Do you have liver or kidney impairment?
 1125. () Do you have a metallic taste in your mouth?
 1126. () Do you have skin eruptions?
 1127. () Does your skin have a yellowish tint?

LLLL***

1128. () Do you combine eggs, meat, fish or cheese with fruit, fruit juices, and/or desserts at the same meal?

MMMM***

1129. () Are you hypoglycemic?
 1130. () Have you been diagnosed with pellagra?

NNNN***

1131. () Are you currently taking monoamine oxidase inhibitor drugs (MAO)?
 1132. () Do you have high blood pressure?
 1133. () Are you a phenylketonuric?
 1134. () Are you pregnant or breast-feeding?

OOOO***

1135. () Are you pregnant?
 1136. () Do you have asthma?
 1137. () Do you have lupus?

PPPP***

1138. () Do you have a crawling of the skin sensation?
 1139. () Do you have hallucinations?

QQQQ***

1140. () Do you have thickening or coarsening of the skin?
 1141. () Do you have herpes?

1142. () Are you schizophrenic?
 1143. () Do you have tumors?

RRRR***

1144. () Are you schizophrenic?
 1145. () Are you manic-depressive?
 1146. () Do you have PMS?

SSSS***

1147. () Do you have Epstein-Barr disease?
 1148. () Are you chronically fatigued?
 1149. () Do you have blood sugar problems?

TTTT***

1150. () Do you have cirrhosis of the liver?
 1151. () Do you have kidney problems?
 1152. () Do you have Reye's syndrome?
 1153. () Do you suffer from any manic behavior?
 1154. () Are you schizophrenic?

LIFESTYLEUUUU***

1155. () Do you consume a lot of "junk food"?
 1156. () Do you eat white bread?

VVVV***

1157. () Do you have a bowel movement after each meal?
 1158. () Do you have high cholesterol?
 1159. () Do you have frequent diarrhea or constipation?

WWWW***

1160. () Do you get herpes?
 1161. () Do you use CaCO₃ (calcium carbonate) oyster shells, or egg shells as a calcium supplement?
 1162. () Are you currently taking vitamin or mineral supplements?

XXXX***

1163. () Do you eat mostly cooked foods?
 1164. () Do you usually eat white bread, and white sugar?
 1165. () Do you take enzyme supplements?
 1166. () Do you smoke?
 1167. () Do you wake up still tired in the morning after sleeping all night?
 1168. () Do you sleep through the night?
 1169. () Are you a vegetarian?
 1170. () Do you eat one or more cups of fiber cereal daily?
 1171. () Do you eat more than four cups of raw fruits and vegetables daily?
 1172. () Do you consume at least one and one half cupfuls of varied seeds and nuts per day?
 1173. () How many glasses of water do you drink a day? _____
 1174. () How much do you drink with your meals? _____
 1175. () How many times a day do you eat? _____
 1176. () How many bowel movements do you have a day? _____

YYYY***

1177. () Do you eat ice cream, pie, cookies, cake, candy bars or pastries at least once a day?
 1178. () Do you add sugar to coffee, tea, or consume soda pop or diet soda on a daily basis?

ZZZZ***

1179. () Do you or anyone in your family use Nutri-Sweet or aspartame-containing sugar-free products or do you buy sugar-free products?

The following pages relate to causes of disharmony in balance of energy, hormones, body shape, emotions and spirituality

1)

- Do You have a stiff neck?
- Is your nose runny?
- Are you frequently coughing and sneezing?
- Do you have an aversion to cold?
- Do you have stiff or painful joints?
- Do you have wandering pains?
- Do you have migraines?

2)

- Do you have stiffness or chilliness mostly in the limbs, shoulder and lower back?
- Do you frequently vomit after eating?
- Do you have abdominal pain and diarrhea?
- Do you have painful menstruation (females)
- Do you have thin, clear, watery and cool discharges from your body?

3)

- Do your legs feel heavy?
- If yes, does the heavy feeling move upward?
- Do you have heavy vaginal discharge (females)?
- Do you have loose stools?
- Do you have frequent, burning and difficult urination?
- Do you have swollen or achy joints?
- Do you have excess phlegm?

4)

- Do you have dry lips, mouth, tongue or throat?
- Do you have dry stool?
- Is your urine scanty
- Do you have excessive thirst?
- Do you get headaches frequently?
- Is your speech sometimes slurred?
- Do you have mental restlessness?

5)

- Are you over-stimulated?
- Do you have mental restlessness?
- Do you have heart palpitations?
- Do you have insomnia?
- Do you have mouth or tongue ulcers?

6)

- Do you sometimes feel terrified?
- Do you have a lack of self confidence?

- Do you have palpitations?
- Do you have night sweating?
- Do you have a dry mouth and throat?
- Do you suffer from bedwetting?

7)

- Do you feel frequent resentment or animosity?
- Do you have ringing in the ears?
- Are you frequently thirsty?
- Do you suffer from dizziness?
- Do you frequently vomit or feel nauseated?
- Do you suffer from frequent headaches?
- Do you suffer from frequent diarrhea?
- Do you suffer from chronic depression?

8)

- Do you suffer from mild or worse chest pain?
- Are you frequently tired?
- Do you sometimes have breathlessness?
- Do you suffer from depression?
- Do you frequently cry?
- Do (did) you have an abnormal cessation of menstruation (female)?

9)

- Have you been doing excessive studying lately?
- Are you frequently tired?
- Do you have loose stool?
- Do you have a lack of appetite?
- Do you sometimes feel breathless?
- Do you have stiffness in the neck and shoulders?
- Do you suffer from anxiety?

10)

- Have you had any mental experiences that cause you great distress?
- Do you have frequent dizziness?
- Do You have night sweats?
- Do you have ringing in the ears?

11)

- Do you have skeletal problems?
- Do you have any nervous disorders?
- Do you have any problem with any sexual organ?
- Do you suffer from any paralysis?
- Do you get frequent headaches?

- Is your life out of control?
- Do you have any facial pain?

12)

- Do you have any sexual dysfunction?
- (Female) Do you have menstrual problems?
- Do you have problems expressing yourself?
- Do you get frequent bronchitis?
- Do you experience occasional chest pains?
- Do you have any problems with your esophagus?
- Do you have a hernia?

13)

- Do you have any problems with your liver?
- Do you have any muscle problems?
- Do you suffer from occasional or frequent abdominal pain?
- Do you occasionally look jaundiced?
- Do you have pancreatitis?
- Do you have irregular menstruation?
- Do you have a hernia?
- Do you have any pain in your inner legs?
- Do you have pain in the groin area?
- Do you have any pain around your diaphragm area?
- Do you suffer from a lot of anger?
- Do you have low willpower?

14)

- Do you have gallbladder problems?
- Do you get frequent headaches or migraines?
- Do you have any vision problems?
- Do you get frequent colds?
- Have you had appendicitis?
- Do you suffer from dizziness?
- Do you suffer from a lot of anger?
- Do you have low willpower?
- Do you get a frequent stuffy nose?
- Are you bothered by a windy day?
- Do you get pain on the top of your foot?

15)

- Does hot weather bother you?
- Do you have problems communicating in relationships?
- Do you suffer from frequent headaches?
- Do you have frequent sore throats?
- Do you have hearing problems?

- Do you have any facial paralysis?
- Do you get frequent toothaches?
- Do you have TMJ problems?
- Do you have any circulation problems?
- Do you have any eyesight problems?
- Do you suffer from facial pain?

16)

- Do you have kidney problems?
- Do you have problems with your bones?
- Do you have pain in your inner foot and ankle?
- Do you have pain in your inner thighs?
- Do you have hypertension?
- Do you have emphysema?
- Do you have an irregular menstrual cycle?
- Do you get frequent hiccups?
- Do you have frequent pain in the diaphragm area?
- Do you have pain or muscle spasm in the chest area?
- Do you suffer from a lot of anger?
- Are you fearful of many things?

17)

- Do you have problems with your spleen?
- Do you have problems with your pancreas or blood sugar problems?
- Do you have problems with your adrenal glands?
- Do you have problems with your reproductive organs?
- So you have problems with your sense of taste?
- Do you have problems with your big toe or top of foot?
- Do you have problems with your inner leg?
- Do you have problems in the groin area?
- Does high humidity bother you?
- Do you have frequent indigestion or ulcers?
- Do you have frequent abdominal distension?
- Do you have pain in your lower extremities?
- Do you feel generally run down?
- Do you have anemia?
- Are you impotent or sexually disinterested?
- Do you have an over abundance or lack of sympathy?

18)

- Do you have pain in the abdominal area?
- Do you get frequent intestinal stress?
- Do you have shoulder pain?
- Are you affected by hot weather?
- Do you have tinnitus (ringing in the ear)?
- Do you have hearing loss?

- Do you have frequent tonsillitis?
- Do you have any problems with your speech?
- Do you have pain around your elbow?
- Do you have a lack of inner joy?
- Do you have frequent earaches?

19)

- Do you have breathing problems?
- Are you affected by the weather mostly in the fall?
- Do you get frequent influenza, asthma or bronchitis?
- Do you get frequent sore throats?
- Do you suffer from chest discomforts?
- Are there any problems with your sense of smell?
- Do you have any sinus problems?
- Do you have excess or deficient mucus problems?
- Do you have any skin problems?
- Do you have pain in your inner arm?
- Do you have thumb pain?
- Do you have problems letting go if issues that bother you?

20)

- Do you have abdominal pain?
- Do you suffer from constipation?
- Do you have frequent fevers?
- Do you get toothaches?
- Do you get frequent diarrhea?
- Do you have frequent sore throats?
- Does autumn weather bother you?
- Do you have problems with your sense of smell?
- Do you have excess mucus in your digestive tract?
- Do you get frequent intestinal bloating or pain?
- Do you get pain in your outer arms or shoulder
- Do you have problems letting go if issues that bother you?

21)

- Do you have any eye or vision problems?
- Do you have stomach aches?
- Do you have any problems with your sense of taste?

24)

- Do you have problems with your circulation?
- Do you have problems with your reproductive system, ovaries or testicles?
- Do you have problems in your lower extremities (legs, feet)?
- Do you have problems in your pelvic area?

- Do you have knee pain?
- Do you have gastritis?
- Do you get frequent indigestion?
- Do you vomit frequently?
- Do you have a lack of sympathy?
- Does humidity bother you?
- Female: Do you have menstrual problems?
- Do you have pain along the front of your leg?
- Do you have pain on the top of your foot?
- Do you get facial pain?

22)

- Do you have frequent chest pain, palpitations or angina?
- Do you have speech problems?
- Do you have cardiac disorders?
- Do you have circulation problems?
- Do you have insomnia?
- Do you suffer from hysteria?
- Do you have arm pain along your inner arm?
- Do you have a problem with perspiration?
- Do you have problems with your tongue?
- Do you have shoulder pain?
- Do you have a lack of inner joy?
- Do you have pain in your little finger or inner hand?

23)

- Do you have hearing problems?
- Do you have problems with your eyesight?
- Do you have pain in your buttocks?
- Do you get frequent colds?
- Do you have a frequent runny nose or sinus problems?
- Do you have back problems?
- Do you have menstrual problems?
- Do you have urinary problems?
- Does the back of your legs bother you or do you have sciatica?
- Do you have neck pain?
- Do you have problems overcoming your fears and anger?
- Does cold weather bother you?

- Are you frequently fearful?

25)

- Do you have problems with your adrenal glands?
- Do you have problems with constipation or diarrhea or urinating?
- Is your body toxic?

- Do you have muscular problems?
- Do you have problems with your sense of touch?
- Do you have personality problems?
- Do you feel creatively blocked?
- Are you basically selfish?
- Do you worry what others think?
- Are you unable to get along with others or anti-social?
- Are you pushy, vane, or arrogant?

26)

- Do you have digestive problems?
- Do you have adrenal problems?
- Do you have problems assimilating your nutrients?
- Do you have ulcers?
- Do you have any crippling diseases?
- Do you have problems on your right side?
- Do you have un-rational thoughts?
- Are you aloof, judgmental, or isolated?
- Do you feel deprived of recognition?
- Do you bully others?

27)

- Do you have immune problems?
- Do you have heart or circulatory problems?
- Do you have problems assimilating your nutrients?
- Do you have problems healing or heal slowly?
- Are you uncompassionate?
- Do you dislike yourself?
- Do you feel like you have a heartache?
- Do you suffer from grief or sorrow?
- Are you possessive, jealous of others or envious?
- Are you generally an angry person?

28)

- Do you have problems with your mouth or teeth?
- Do you have hyperthyroid or hypothyroid problems?
- Do you have calcium problems?
- Do you have any respiratory problems?
- Do you have problems with your voice?
- Do you have digestive problems?
- Are you creatively blocked?
- Do you feel a lack of abundance in your life?
- Do you cling to tradition and resist new ideas?
- Are you rigid and stubborn?
- Are you slow to respond to things?

29)

- Do you have endocrine problems?
- Do you have immune system problems?
- Do you have facial problems in the eyes, ears and face in general?
- Do you have any neurological problems from brain dysfunction?
- Do you lack a vivid imagination – are you uncreative?
- Do you worry a lot?
- Are you impatient?
- Are you often “spaced out” usually late or forgetful?
- Do you have a fear of the future?

30)

- Do you have problems with your nervous system?
- Do you feel you lack a spiritual connection to the Higher Power?
- Do you feel often misunderstood?
- Do you have a negative self-image?
- Do you daydream often?
- Do you have problems with your skeletal system?
- Do you have problems with your nervous system?
- Do you have mostly short-lasting relationships?

31)

- Is your body pear shaped, with large buttocks and saddle bags?
- Do you prefer spicy, rich, creamy foods with heavy sauces?

32)

- Do you carry your excess weight primarily around the middle?
- Do you prefer caffeine, sodas, sweets, breads, or pastas?

33)

- Is your body fat fairly evenly distributed over your entire body?
- Do you prefer dairy products such as ice cream, milk, cheeses, cottage cheese, yogurt?,

34)

- Do you have an apple shaped, stocky build with a larger middle, muscular legs and arms?
- Do you prefer salty foods, heavy proteins, meats, potatoes?

35)

- Are you wiry and thin or soft and plump?
- Were you slow to mature as a teen or look young for your age?
- Do you prefer dairy products or cereals

36)

- Do you have broad shoulders and narrow hips?
- Do you tend to hold weight in the upper body, stomach and upper thigh?
- Do you have strong legs and a flat buttock?
- Do you prefer mostly protein?
- Do you have hypertension, water retention, gas or bloating, stiff joints and shoulder pain?

37)

- Do you distribute weight all over and have a high perky but?
- Do you prefer breads, rice, pasta, desserts, sugar?
- Do you have skin problems, headaches, mood swings, fatigue, thyroid dysfunction, or hypoglycemia?

38)

- Do you have small, sloping shoulders, carry weight in hips with low but?
- Do you crave fatty, fried, rich food, or ethnic foods?
- Do you have gallbladder or urinary problems, arthritis, or shoulder pain?

39)

- Do you have headaches or pain in your face or ears?
- Do you suffer from frequent nervousness?
- Do you suffer from insomnia?
- Do you have high blood pressure?
- Do you get frequent head colds?
- Do you get migraine headaches?
- Do you get occasional amnesia?
- Are you chronically tired?
- Do you suffer from frequent dizziness?

40)

- Do you have sinus trouble?
- Do you have allergies?
- Do you have problems with your eyes?
- Do you get frequent earaches or hearing loss?
- Do you get frequent fainting spells?
- Do you have vision difficulties?
- Do you feel like your eyes cross sometimes?

41)

- Do you suffer from neuralgia – neurologic pain of unknown origin?
- Do you suffer from neuritis?

- Do you have acne or pimples?
- Do you have pain in your cheeks or face?
- Do you have unexplained pain in your teeth?
- Do you have eczema?

42)

- Do you have pain or numbness in your nose, lips, mouth, or eustachian tubes?
 - Do you have hay fever?
 - Do you have hearing loss?
- Do you have a problem with your adenoids (leave blank if removed)?

43)

- Do you have a problem with your vocal cords?
- Do you have a problem with your thyroid or parathyroid?
- Do you have a problem with your pharynx or frequent laryngitis?
- Do you have frequent hoarseness or sore throats?

44)

- Do you have frequent sore neck or shoulder muscles?
- Do you have frequent tonsillitis?
- Do you have frequent cough or croup?

45)

- Do you have a problem or suspected issue with the thyroid gland?
- Do you have bursitis in the shoulders or elbows?
- Do you get frequent colds?

46)

- Do you have pain in your arms from the elbows down?
- Do you have pain in your hands, wrists and fingers?
- Do you have a problem with your esophagus or trachea?
- Do you have asthma, difficult breathing, or shortness of breath-nonsmoker?

47)

- Do you have any type of heart problems?
- Do you get unexplained pain in your chest?

48)

- Do you have any problems with your lungs?
- Do you get pleurisy?
- Do you get chest pains?
- Are your breasts sore or sensitive?
- Do you get frequent pneumonia?

49)

- Do you have gallbladder problems?
- Is your stool light in color?
- Do you get Shingles frequently?
- Do you have a yellowish hue or jaundice to your skin or eyes?

50)

- Do you have problems with your liver?
- Do you have pain just below your breast bone (sternum)?
- Do you get frequent fevers?
- Do you have low blood pressure?
- Do you have anemia?
- Do you have poor circulation?
- Do you have arthritis?

51)

- Do you have frequent stomach aches with or without food?
- Do you have problems digestion your food?
- Do you have a nervous stomach?
- Do you get frequent heartburn?

52)

- Do you have blood sugar problems?
- Do you have ulcers?
- Do you have Gastritis?

53)

- Do you have low resistance to colds and disease?
- Do you have problems with your spleen meridian or Chakra?
- Do you have frequent anemia?

54)

- Do you have problems with your adrenal glands?
- Are you frequently exhausted?
- Do you need stimulants to keep you going?
- Do you have allergies?
- Do you get frequent hives?

55)

- Do you have kidney trouble?
- Do you have hardening of the arteries?
- Are you chronically tired?

Do you have nephritis?

Do you have pylitis?

56)

- Do you have problems with your kidneys? (Repeat if above)
- Do you have acne?
- Do you have frequent pimples?
- Do you have eczema?
- Do you have boils?

57)

- Do you have problems in your small intestine?
- Do you have problems with your lymphatic circulation?
- Do you have rheumatism?
- Do you have frequent bloating or gas pains not caused by diet or parasites?
- Do you have a problem with sterility?

58)

- Do you have problems in your large intestine?
- Do you have inguinal rings?
- Are you frequently constipated?
- Do you have colitis?
- Do you have dysentery?
- Do you have frequent diarrhea?
- Do you have a hernia in your abdomen?

59)

- Do you have or have you had appendicitis?
- Do you have pain or cramps in your abdomen?
- Do you have pain in your upper leg?
- Do you have difficulty breathing?
- Do you have acidosis?
- Do you have varicose veins?

60)

- Do you have any problems with your sex organs?
- Do you have problems with your bladder?
- Do you have pain in your knees?
- Do you have impotence problems?
- Have you had miscarriages?
- Do you have problems with bedwetting?
- Are you having abnormally early change of life symptoms?

61)

- Do you have pain in the muscles of your lower back?

- Do you have prostate problems? (Male)
- So you have sciatic nerve pain?
- Do you have lumbago?
- Do you have difficult, painful or too frequent urination?

62)

- Do you have pain in your lower legs, ankles or feet?
- Do you have poor circulation in the lower legs?
- So you have swollen ankles?
- Do you have weak ankles and arches?
- Do you have cold feet not related to thyroid issues?
- Do you have weakness in the legs?
- Do you have leg cramps?
- Are you impotent or have a low sex drive?

63)

- Are you impotent or have a low sex drive? Answer again if above
- Do you have low back pain?
- Do you have spinal curvature?
- Do you have hip pain?
- Do you have pain in the buttocks?

64)

- Do you have hemorrhoids (piles) not related to parasites?
- Do you have rectal itching not related to parasites?
- Do you have pain in your tailbone when sitting?

65)

- Do you have signs of excess testosterone?
- (F) Does your pubic hairline peak toward your navel?
- Do you have broad shoulders and a narrow hip?
- (M) Do you have a thick neck unless you are very thin?
- (M) Are you bald on the forehead?
- Do you have high blood pressure?
- Do you think logically?
- Do you like to have things your own way?
- Are you more of a leader than follower?
- Do you have duodenal ulcers?
- Do you have an excess of hydrochloric acid?
- Do you have heart problems?
- Do you have inflamed gums (not caused by smoking)?
- (M) Do you have prostate problems?

66)

- Do you have excess estrogen?

- (F) Is your pubic hairline straight across your abdomen?
- Do you have low blood pressure?
- Do you think intuitively?
- Are you more of a follower than a leader?
- Do you have excessive gum problems?
- Do you have breast cancer?
- Do you have schizophrenia?
- Do you have lung, intestinal or liver cancer?

67)

- Do you often feel restless, unsettled?
- Does your sleep come slowly or is easily interrupted?
- Are you easily fatigued?
- Are you underweight?
- Do you tend to be constipated?
- Do you tend to have dry skin?
- Do you worry a lot or feel anxious?
- Do you get tension headaches?
- Does cold weather bother you?

68)

- Do you often feel frustrated or angry?
- Is your hair prematurely gray or thinning early?
- Are you a perfectionist?
- Does hot weather bother you?
- Are you often irritable, hostile or impatient?
- Do you get skin rashes?
- Are you demanding and critical?
- Do you get heartburn?
- Do you have visual problems?

69)

- Is your skin oily?
- Do you feel lethargic?
- Are you overweight?
- Do you want to oversleep?
- Do you get frequent sinus congestion or nasal allergies?
- Do you have slow digestion?
- Do you often feel complacent?
- Do you feel dull?

70)

- Do you act carefree to mask a feeling of mental torture?
- Do you have a turbulent state of mind?
- Do you seek excitement, the consequences of which can be dangerous and may bring harm?
- Are you restless at night, caused by churning thoughts?
- Do you dislike being alone?
- Do you seek companionship in order to escape from and to forget worries?
- When under stress, do you resort to alcohol or drugs in order to dull mental pain?
- Do you avoid confrontation and are distressed by arguments or quarrels?

71)

- Do you have fear for no known reason?
- Do you have feelings of apprehension or uneasiness with no known cause?
- Do you awake in the morning with a sense of fear and anxiety of what the day will bring?
- Do you worry something bad may happen but you aren't sure what?
- Do you sweat and tremble with this sense of fear?

72)

- Are you annoyed by the habits and shortcomings of others?
- Do you find yourself being overly critical and intolerant, usually looking for what someone has done wrong and not right?
- Would you rather be alone or work alone because the foolishness of others irritates you?
- Do you not try to understand or make allowances for shortcomings of others?
- Do you lack in humility and sympathy?
- Are you annoyed at small habits, mannerisms, idiosyncrasies and gestures of others?
- Must you have exactness, order and discipline everywhere?
- Do you complain about others frequently?
- Do you feel lonely a lot?.
- Does pain seem to concentrate in your neck and shoulders?

73)

- Are you timid and shy?
- Are you easily imposed upon?
- Do you deny your own needs in order to please others?
- Do you find you cannot say no when asked to contribute of your time?
- Do you act out of subservience rather than a spirit of willing co-operation?
- Are you anxious to please others and find you tend not to stand up for yourself?

74)

- Do you doubt your own ability and question your own decisions?
- Do you frequently ask advice from one and all, often influenced and misguided by advice of others?
- Do you frequently change your mind?
- Do you tend to constantly seek advice and ask questions?
- Do you seek confirmation from other people, mistrusting your own wisdom?
- Do you have a tendency to imitate rather than follow your own judgment?

75)

- Do you feel your mind is out of control?
 - Do you feel you are in a constant state of desperation?
 - Are you on the verge of a nervous breakdown?
 - Do you have fear of suicide?
 - Do you fear that your mind will give way to doing fearful things?
 - Do you have a fear of losing control and reason?
 - Do you have a fear of insanity?
 - Do you think there is a possibility of sudden murderous and violent impulses?
- Do you have a tendency to react violently and have fits of rage and anger?

76)

- Do you take a long time to learn by experience or sometimes fail to do so?
- Do you repeat making the same error such as falling for the same type of partner or staying in a job you dislike?
- Instead of learning from past mistakes, do you find you just try to forget them?
- Do you suffer from reoccurring ailments such as colds, migraines, indigestion and never question as to the root of the cause?

77)

- Are you possessive about people you love?
- Do you easily feel hurt, offended or rejected?
- Do you require others to conform to your 'high sense of values' especially those near & dear?
- Do you feel you interfere in other people's lives?
- Do you require constant attention?
- Do you feel people owe you repayment when you do something for them?
- When you feel thwarted, do you become fretful, even tearful?
- Do you dislike being alone?
- Would someone describe you as selfish, deceitful, or strong willed?
- Are you excessively talkative?
- Are you frequently irritable?

() Do you enjoy arguments?

78)

- () Do you have a lack of interest in the present?
- () Do you feel vacant or inattentive toward others?
- () Are you absent-minded?
- () Do you daydream a lot?
- () Do you suffer from drowsiness?
- () Are you a heavy sleeper?
- () Are you listless?
- () Do you enjoy dozing at any time and fall asleep easily?
- () Do you prefer to be alone?
- () Do you avoid difficulties by withdrawing?
- () Do you feel you have a poor memory?
- () Are you accident-prone?
- () Do you consider yourself very romantic?

79)

- () Do you feel self-hatred?
- () Do you have feelings of despair?
- () Are you compulsive about keeping a clean house?
- () Do you feel mentally & physically unclean?
- () Are you ashamed of your physical condition & appearance?
- () Do you feel despondent if something goes wrong?
- () Do you spend time on trivial thoughts and things?
- () Are you obsessive about washing your hands?

80)

- () Do you get sudden feelings of being overwhelmed by your responsibilities?
- () Do you feel inadequate for your responsibilities?
- () Do you become despondent or feel exhaustion with ideas of being unequal to your tasks?
- () Do even momentary doubts of abilities causes weakness & debility?
- () Are feelings of being overwhelmed only temporary?

81)

- () Do you often have a negative outlook?
- () Are you often melancholy?
- () Do you get discouraged when things go wrong or when there are difficulties?
- () Do you get despondent & depressed at setbacks from a KNOWN cause?
- () Do you refuse to believe that it is one's own negative mentality that attracts these conditions of despondency & melancholia?
- () Do you suffer from a long-term or recurrent illness?

82)

- () Do you feel hopelessness or despair, after being told 'nothing more can be done' in a situation?
- () Do you feel you must continue to bear pain & suffering; may be convinced of an inherited condition?
- () Do you feel it is useless to try different treatments?
- () Do you have a shallow complexion or dark circles under your eyes?
- () Do you suffer from a chronic illness?

83)

- () Do you come close to people and speak close into their face?
- () Do you want to tell people about your problems?
- () Do you dislike being alone?
- () Do you make mountains out of molehills?
- () Are you a poor listener?
- () Do you have little interest in problems of others?
- () Are you obsessed by ailments, problems and their trivia?

84)

- () Are you suspicious of other people?
- () Do you have trouble sharing with other people?
- () Are you jealous of what others have?
- () Do you feel you have an absence of love?
- () Do you have a bad temper?
- () Are you aggressive toward other people?
- () Do you have high blood pressure or arthritis?
- () Do you have anger towards other people?
- () Do you feel a sense of suffering much – often without a cause?

85)

- () Are you often homesick?
- () Would you rather live in past than present and find yourself conversing about past memories?
- () Do you have many regrets about life?
- () Do you fear the future?
- () Do you feel a slowing down or lack of energy?

86)

- () Do you suffer from weariness or mental fatigue?
- () Do you doubt you have the strength to face or to cope, but usually accomplish things anyway?
- () When ill, do you doubt you have strength to recover?
- () Does being self-preoccupied make you tired?

- Do you often have the “Monday morning’ feeling?
- Do you suffer from a heavy head & tired eyes; sleep isn’t refreshing?
- Do you tend to procrastinate?
- Do you lack enthusiasm?

87)

- Are you often irritable, impatient or nervous?
- Do simple things frustrate you?
- Do you have to have everything done quickly and hate wasting time?
- Do you speak quickly and finish sentences for the other people?
- Do you prefer to work alone?
- Do slow workers irritate you?
- Do you feel mental tension through frustration & other pressures?
- Are you energetic but tense?
- Do you suffer from muscle spasms, cramps, indigestion or skin rashes?

88)

- Do you lack self-confidence?
- Do you do poorly on test or exams or interview poorly?
- Are you convinced of failure, so don’t want to try anyway?
- Do you feel you will never be a success?
- Do you feel inferior & possesses a false modesty (secretly know ability is there)?
- Do you admire success of others without envy?
- Do you feel discouraged and depressed?

89)

- Do you have fear from known reasons
- Fear of illness & consequences.
- Fear of death.
- Fear of accidents – of pain.
- Fear of dark, of damp & cold.
- Fear of poverty.
- Fear of people – of animals.
- Fear of speaking in public.
- Fear of losing friends.
- Are you timid and shy?
- Do you feel tongue-tied and unable to speak about fears?
- Do you blush easily, occasionally stutter or have nervous laughter?
- Are you artistic or talented?

90)

- Do feelings of hopelessness, despair, depression & melancholia come suddenly without apparent reason?
- Do you experience constant sways in mood?
- Are you depressed but can’t put a finger on why?
- Are you overtaken by gloom sometimes and can’t shake it off?

91)

- Are you exhausted from work but hide tiredness to avoid appearing weak in front of others?
- Are you persistent and have a strong sense of duty?
- Are you dependable, carrying on no matter what obstacles stand in your way?
- Are you an overachiever?
- Do you neglect your own needs in order to complete a task?
- Do you feel sadness or loss of pleasure in work or service?
- Do you possess great endurance and can stand up to a lot of stress?

92)

- Does your life lack zest?
- Do you feel exhausted both mentally and physically?
- Do you tire easily and feel you require a lot of sleep?
- Is there little time for rest and relaxation?
- Have you experienced a long period of strain through personal difficulties or intense period of study or work?
- Is it hard to find enjoyment in activities or work?

93)

- Do you blame yourself for mistakes of others & for everything that goes wrong?
- Does your guilt-complex take away all joy?
- Are you never content with achievements and often overwork?
- Do you find yourself apologizing often?
- Do you feel undeserving or unworthy?
- Do you feel deserving of your pain or illness?

94)

- Are you excessively worried about loved ones and fear for their safety?
- Are you preoccupied with concern that harm may come to those you care for?
- Are you greatly troubled over other people’s problems?
- Do you feel a minor complaint will grow into something serious?

95)

- Have you experienced a near fatal accident or witnessed one?

- Do you suffer from nightmares?
- Do feelings of terror and panic torment you?
- Are you frozen and helpless in the face of a fearful situation?
- Do you panic in emergencies?

96)

- Do you strive for perfection?
- Are you obsessed with diet and exercise?
- Are you very self-critical?
- Are you overly concerned with work or spiritual disciplines?
- Do you feel you are a taught, tightened-up person?
- Do you hold strong opinions?
- Do you feel you need to perform perfectly in order to set an example for others?

97)

- Are you indecisive and uncertain?
- Do you suffer extreme mood swings?
- Are you troubled by car, air or seasickness?
- Do you feel you lose a lot of opportunities?
- Is it impossible to make a decision between two choices?
- Do you lack concentration?
- Are you fidgety and nervous?

98)

- Have you suffered SHOCK in any form; accident, bad news, illness, loss?
- Have you experienced a nervous breakdown, depression or an anxiety attack?
- Do you feel numb or withdrawn?
- Have you suffered a loss or grief that you have never recovered from?
- Are you suffering serious distress or unhappiness?

99)

- Do you feel you have reached your limit of endurance?
- Does your future look bleak and hopeless?
- Are you exhausted?
- Do you suffer from intense sorrow and loneliness?
- Do you feel on the verge of a nervous breakdown?

100)

- Do you try to tackle too many jobs at once?
- Are you stubborn and opinionated?
- Do you find it hard to relax and suffer insomnia?

- Are you mentally exhausted and feel your mind races?
- Do you speak rapidly and walk quickly?
- Are you overly enthusiastic almost to the point of being fanatical?
- Are you hyperactive and high strung?

101)

- Do you have a tendency to use great gifts to gain power & to dominate?
- Do you tend to dominate or hold power over other people?
- Are you greedy for power?
- Do you feel you are always right and criticize others?
- Are you inflexible and demand absolute obedience?
- Are you aggressive and ruthless in order to get what you want?

102)

- Have you experienced a recent change in your life; a move, new job, loss of loved one, new relationship, divorce, pregnancy, puberty, menopause or giving up an addiction?
- Do you have definite ideas and ambitions?
- Can you be diverted by the strong opinions of others?
- Do you want to move forward in life but feel you are being held back?

103)

- Do you keep your troubles to yourself?
- Do you bear your sorrow and pain in silence?
- Do you become withdrawn or anti-social when there are too many external distractions?
- Would you describe yourself as being aloof or proud or feel a sense of superiority?
- Do you enjoy being alone?

104)

- Do you suffer from mental anguish?
- Is it hard to concentrate because your mind is filled with worry or distressing thoughts?
- Do you find often at times you do not answer when spoken to?
- Is insomnia a problem because your mind is filled with unwanted thoughts that won't go away?
- Do you relive unhappy events or past arguments?
- Are you depressed and constantly tired?
- Do you experience headaches and indigestion frequently?

105)

- Are you unclear or completely uncertain what to do in life?
- Are you ambitious or talented but just cannot find a clear path?

- Do you feel dissatisfied with your achievements or displeased with your lifestyle?
- Do you feel frustrated life is passing you by?
- Are you easily bored?

106)

- Do you lack motivation to improve your quality of life?
- Have you resigned yourself to illness or an unfulfilling job?
- Is your attitude “I will just have to live with this”?
- Even though you don’t complain often, are you continually unhappy?
- Do you suffer from chronic pain or a recurrent illness?
- Do you feel weary often and cannot enjoy simple pleasures?

107)

- Is life unfair and you feel “Why me”?
- Are you resentful and bitter feeling?
- Is it difficult for you to forgive and forget?
- Do you begrudge good fortune, health and happiness of a fellow person?
- Do you find yourself taking less and less interest in the things you used to enjoy?
- Are you resentful?
- Do you tend to sulk and feel unsatisfied or displeased the majority of time?

108)

- Are you in an emergency stressful situation?
- Have you received shocking news or have a family upset?
- Are you fearful and confused?
- Do you feel uptight, tensed up or bothered?
- Are you about to speak in public, attend an interview, go on stage, take a test, go to the dentist or doctor or any similar occasion?
- Is your mind overactive and restless?

Please examine your eyes with a mirror preferably in natural sunlight. Check all that apply.

- A () Do you have Bulging or protruding eyes?
- B () Do you have dark circles under your eyes?
- C () Do you have yellowing of the sclera (white portion of your eyes)?
- D () Do you have periodic blurred vision?
- E () Do you have droopy eyelids (not hereditary)?
- F () Do your eyes frequently water?
- G () Do you have unequal pupil sizes (black portion in center of eye)?
- H () Do you have hazy or unclear vision?
- I () Do you have dry tear ducts?
- J () Do you have itchy eyes?
- K () Do you have thinning eyelashes?
- L () Do you have red, swollen, watery eyes with dark circles?
- M () Do you have recessed eyes?
- N () Do you have puffy eyes all day?
- O () Is the underside of your eyelid white or bleached out?
- P () Does the underside or your eyelid have pigment changes?

Please examine your skin. Check all that apply.

- A () Do you have abnormally dry skin?
- B () Do you get cold sweats?
- C () Do you have swelling (edema) in any extremity?
- D () Is there any redness on your skin in any area?
- E () Does your skin have a yellowish tone?
- F () Are you particularly pale?
- G () Do you have enlarged pores?
- H () Do you sweat excessively?
- I () Do you have excessive feet sweating?
- J () Do you have “age spots” or “liver spots”?

Please examine your nails. Check all that apply.

- A () Do you have dry and brittle nails?
- B () Do you have fragile nails with horizontal or vertical ridges
- C () Do you have darkened nails that are dry with round and curved ends?
- D () Do you get frequent hangnails and split ends?
- E () Do you have white bands on your nails?
- F () Do you have fungal forms under and round nails?
- G () Do you have red moons or whitish nails?
- H () Do you have nails that chip, crack, split, peel, and break easily?
- I () Do you have deep blue nail beds?
- J () Do you have thick nails?
- K () Do you have little or no moons?
- L () Do you have moonless nails that separate from nail beds or soft nails?

Place a ⊗ in the column for each line that best describes how are you feeling? Answer all the questions.

	Rarely	A little	Sometime	A lot
I am proud of myself				
I am hopeful about my life				
My sex life is fulfilling				
My life is going well				
I enjoy doing things				
I feel good about the future				
My family and friends support me				
I get along with people				
I enjoy my work/school/duties				
I sleep well				
My social life is fulfilling				
I accomplish the things I want to				
I feel sad				
I feel physically sick				
I feel tired				
I feel like a failure				
I feel restless				
I get irritable or agitated				
I have negative thoughts				
I feel panicky				
I'm afraid to start new projects				
I worry about many things				
I obsess about _____				
I tell other people how to live their lives				
I wish I were dead				
I feel like committing suicide				
I feel my life is out of control				

What events do you think triggered physical or emotional distress?

Circle on the scale below of 1 to 10 how responsible you are for your health. Be honest with yourself. If you smoke, drink alcohol daily, use drugs, have poor eating habits, have a negative attitude, etc., you should check 5 or below. If you are very positive, check a 10.

1 2 3 4 5 6 7 8 9 10

Circle on the scale below of 1 to 10 how willing you are to make changes necessary to improve your health.

1 = not willing to make any changes in lifestyle

10 = willing to make every change necessary to achieve good mind/body/spirit balance.

1 2 3 4 5 6 7 8 9 10

Circle on the scale below of 1 to 10 how positive of a person are you.

1 = I'm generally negative. I find fault with everything and everyone around me.

10 = I always find the best in every situation. I'm lucky to be alive!

1 2 3 4 5 6 7 8 9 10

Circle the number below that best describes yourself?

1. I use my illness (mental-emotional, physical or spiritual) to get attention.
2. I don't want to live, I hope my illness leads to passing on.
3. I'm willing to do what ever my health care provider says. They are responsible for my health. I'm willing to accept side effects from my recommended treatment.
4. I actively participate in my wellness with my health provider as a team. I want results that restore my health, not a protocol that can cause additional health problems with side effects.

What purpose has your health issue served you?

- Forced me to grow and learn
- Helped foster compassion in me and for others
- Is helping me learn about personal responsibility – to take more responsibility for my own health
- It provides a transition for death
- It gets me love and attention from others
- It has given me a new perception on life and its process
- It has helped me to teach others
- It has helped cleanse my body of toxins accumulated from poor quality foods and external sources in my water, air, and environment.
- It has changed my attitude about a lot of things
- It has made me more aware of the spiritual aspect of my existence

What do you think may be some of the triggers for disharmony in your mind/body/spirit status?

- Mostly physical from trauma
- Genetic
- Caused by emotional traumas in the past that continue to affect me
- Spiritual
- Caused by my diet or how I eat (don't chew my food, eat junk food or drink soda or alcohol, or eat sugary foods)
- Caused by lack of exercise
- Caused by negative thinking
- Caused by lack of drinking water
- Caused by environmental factors
- Caused by lack of proper sleep
- Caused by poor elimination of toxins in my body (not enough sweating, don't have a bowel movement after each meal, etc)

This next section is very personal but very important and should be done over a several day period.

Emotions affect the harmony of the body. Experiencing sadness, anger, greed, worry, joy, fear, etc. is natural when the occasion demands it, but it is harmful if an emotion is carried on for years. These emotions can be stored in the body and cause distress in many ways in specific muscles, organs, glands, meridians, and it can affect brain biochemicals, etc.. Sometimes acknowledging these events can cause them to "let go".

Please create a timeline of any physical or emotional events in your life for your own records if you do not wish to share. Make sure and note your age at the time. These may include deaths of loved ones, moves, events at school, accidents, assaults, personal violations, something you did that affected someone else, etc. that you feel may have impacted your life.

There are no right or wrong answers here. This section is to help you take inventory of your own Spirituality.

Describe your interpretation of “Spirit” when someone says “Mind/Body/Spirit”. How do you relate it to your life?

What influences shape your relationship with your Higher Power?

- Indoctrinated by Parents
- Indoctrinated by Society
- Indoctrinated by Religious Organization
- Bible
- Nature
- Need a Reason to Live
- Need to explain things I do not understand
- Fear of Death
- Near Death Experience
- Personally experienced Divine Inspiration
- Makes me morally superior to those who don't believe as I do
- I do not believe in a Higher Power
- I am constantly learning about my relationship
- I have remembered or been shown some of my past lives
- Other _____

What best describes your link to the Higher Power?

- I have to go through religious leaders to reach my Higher Power.
- I have a direct link to my Higher Power without the need of intervention of someone else.
- I have an open mind to new ideas and thinking about the Higher Power
- My beliefs are fixed. There is no room for open thinking.

Do you seek comfort from other sources of Inspiration?

- Self Help Books
- Tarot
- Astrology
- Spiritual Guides
- Mediums
- Meditation
- Prayer
- Group Gatherings
- Motivational Speakers
- Personally communicate with my Angels and Guides
- Other _____

Please circle one or more in each line that best describes you. If it does not apply, leave blank.

	Lu/Li	Sp/ST	Ht/Hp/SI/TH	Liv/Gb	Ki/Bl
Circle an element you are most drawn to.	Metal	Earth	Fire	Wood	Water
Pick your least favorite season.	Fall	Late Summer	Summer	Spring	Winter
Circle your least favorite color.	White	Yellow	Red	Green	Black
Circle any of these problems.	Nose/smell	Mouth	Tongue	Eyes	Ears
Circle any of these problems.	Skin	Muscles/lips	Blood Vessels	Ligaments	Bones
Which best describes your voice quality?	Weeping	Singing	Laughing	Shouting	Groaning
Circle the emotion which best describes you.	Sadness/grief	Worry	Joy	Anger	Fearful
How would others describe your natural body scent?	Rotten	Fragrant	Burning	Rancid	Putrid
Which weather type bothers you?	Dryness	Damp	Heat	Wind	Cold
What taste do you prefer?	Pungent	Sweet	Bitter	Sour	Salty

Yinin

- Are you introspective
- Are you quiet?
- Are you mellow and easy going?
- Are you sensitive?
- Are you spiritually oriented?
- Do you like mostly fruits and vegetables?
- Do you like honey?
- Do you like soft drinks and/or drink alcohol?

Yinout

- Are you spaced out sometimes?
- Do you feel "Ungrounded"?
- Are you weak willed?
- Are you mostly passive?

Yangin

- Are you strong willed?
- Are you extroverted?
- Do you feel grounded and focused?
- Do you prefer cooked foods, meat, and grains as opposed to fruits and veggies?
- Do you feel like you have a low degree of spirituality?

Yangout

- Do you get angry easily?
- Are you irritable?
- Are you often tense?
- Are you impatient with people?

Please write a typical day of food intake and list what you typically drink in between meals and with meals

Food

Beverage

Breakfast

Lunch

Dinner

Typical Snacks

How much liquid do you drink with your meals?

Please Total Your Answers Here . Leave blank, if 0 in it.

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: (____) _____ Sex: _____

Birthdate: _____ Age: _____ Today's Date: _____

This Questionnaire was given to me by: _____

A. _____
 B. _____
 C. _____
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Please turn page over to continue totaling your answers.

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Any Questions you have? _____