



Your
Health
IQ Index
Quiz

GET YOUR UNIQUE SCORE
UNDERSTAND YOUR SYMPTOMS
RECORD YOUR STARTING POINT
AND MEASURE SUCCESS



Real Health & Wellness

Your Health IQ Index

Congratulations on taking this first and important step in taking back control of your health! As with anything in life, having a clear understanding of the situation is the starting point for doing something about it.

Taking a few moments to print out and fill in this questionnaire will give you the chance to get a bird's eye view of the niggly health issues you are tolerating in your life, and the fact is, you don't have to tolerate any of it. We put up with so much we don't need to because we think it is 'just part of getting older'. But it isn't.

All the issues on this questionnaire are either undermining the quality of life themselves or they are signposts to some underlying cause that is getting in the way of you losing weight or feeling as happy as you want to feel. The fact is you don't have to put up with any of it!

If you are mindful to take this information further, you can book in for a FREE session with me to go over what you discover here, and, more importantly, what you can do about it. You will find the links to do this at the end of the questionnaire.

To get the most out of this form, please rate the intensity and frequency of your symptoms using the scale of symptom points listed below.

Score EVERY symptom based on your average experience weekly over the last month.

Blank = NEVER or RARELY have this symptom

1 = Was MILD and OCCASIONAL (1 time per week or less)

2 = Was MILD and FREQUENT (2 or more times per week)

3 = Was SEVERE and OCCASIONAL (1 times per week or less)

4 = Was SEVERE and FREQUENT (2 or more times per week)

Energy Level

Fatigue (sluggish, tired)	<input type="text"/>	Restless (can't relax/sit still)	<input type="text"/>
Daytime sleepiness	<input type="text"/>	Waking up during the night	<input type="text"/>
Malaise (feeling lousy for no obvious reason)	<input type="text"/>	Difficulty falling asleep	<input type="text"/>

Total (0-24)

EMOTIONAL/MENTAL

Depression	<input type="text"/>	Anxiety (fears, uneasiness)	<input type="text"/>
Mood swings (rapid changes)	<input type="text"/>	Irritability	<input type="text"/>
Forgetfulness	<input type="text"/>	Lack of concentration/brain fog	<input type="text"/>
Low sex drive	<input type="text"/>	Feeling numb, lacking joy	<input type="text"/>

Total (0-32)

NEUROLOGICAL

Headache (not migraine)	<input type="text"/>	Migraine	<input type="text"/>
sporadic problems with vision or hearing	<input type="text"/>	Dizziness or vertigo	<input type="text"/>
Hyperactive (nervous energy)	<input type="text"/>	Seizures (atonic or myoclonic)	<input type="text"/>
Tics or twitches (facial/other)	<input type="text"/>	Loss of memory	<input type="text"/>

Total (0-32)

Skin

Blemishes (pots or blackheads)	<input type="text"/>	Rashes or hives	<input type="text"/>
Eczema or psoriasis	<input type="text"/>	"Rosy" cheeks or flushing	<input type="text"/>
Itchy skin	<input type="text"/>	Acne	<input type="text"/>
Rough or dry skin	<input type="text"/>	Boils	<input type="text"/>

Total (0-36)

Genitourinary

Increased urinary frequency	<input type="text"/>	Painful urination	<input type="text"/>
Bladder pain	<input type="text"/>	Stress or pressure incontinence	<input type="text"/>
Recurrent thrush	<input type="text"/>	Cystitis	<input type="text"/>
STD's now or in the past	<input type="text"/>	Painful sex	<input type="text"/>

Total (0-36)

Nasal/Sinus

Post nasal drip	<input type="text"/>	Sinus pain	<input type="text"/>
Runny nose	<input type="text"/>	Stuffy nose	<input type="text"/>
Sneezing	<input type="text"/>	Frequent colds	<input type="text"/>
Weak chest	<input type="text"/>	Cough	<input type="text"/>

Total (0-36)

Mouth/Throat

Dry mouth	<input type="text"/>	Sore or swollen throat	<input type="text"/>
Swelling/burning lips/tongue	<input type="text"/>	Gagging/throat clearing	<input type="text"/>
Cold sores	<input type="text"/>	Difficulty swallowing	<input type="text"/>
Mouth ulcers	<input type="text"/>	Dental problems	<input type="text"/>

Total (0-32)

Lungs

Wheezing	<input type="text"/>	Chest congestion	<input type="text"/>
Dry cough	<input type="text"/>	Wet cough	<input type="text"/>
Shortness of breath	<input type="text"/>	Persistent, irritating cough	<input type="text"/>

Total (0-24)

Eyes

Red or swollen eyes	<input type="text"/>	Watery eyes	<input type="text"/>
Dry eyes	<input type="text"/>	Itchy eyes	<input type="text"/>
Dark circles or "bags"	<input type="text"/>	Sensitivity to light	<input type="text"/>

Total (0-24)

Ears

Earache	<input type="text"/>	Ear infection	<input type="text"/>
Ringling in ears	<input type="text"/>	Itchy ears	<input type="text"/>
Discharge from ears	<input type="text"/>	Sensitivity to sound	<input type="text"/>

Total (0-24)

Musculoskeletal

Joint pains	<input type="text"/>	Stiff joints	<input type="text"/>
Muscle aches	<input type="text"/>	Stiff muscles	<input type="text"/>
Muscle spasms or cramps	<input type="text"/>	Pain that wakes you at night	<input type="text"/>

Total (0-24)

Cardiovascular

Irregular heartbeat	<input type="text"/>	Rapid heartbeat (tachycardia)	<input type="text"/>
High blood pressure	<input type="text"/>	Low blood pressure	<input type="text"/>
Breathlessness	<input type="text"/>	Fatigue	<input type="text"/>

Total (0-24)

Digestive

Heartburn/reflux	<input type="text"/>	Hiccups	<input type="text"/>
Stomach pains/cramps	<input type="text"/>	Intestinal pains/cramps	<input type="text"/>
Constipation	<input type="text"/>	Diarrhea	<input type="text"/>
Painful elimination	<input type="text"/>	Bloating sensation	<input type="text"/>
Gas (of any kind)	<input type="text"/>	Nausea	<input type="text"/>
Vomiting	<input type="text"/>	Pain or discomfort after eating	<input type="text"/>

Total (0-48)

Relationship with food

Overweight	<input type="checkbox"/>	Underweight	<input type="checkbox"/>
Fluctuating weight	<input type="checkbox"/>	Food cravings	<input type="checkbox"/>
Water retention	<input type="checkbox"/>	Binge eating or drinking	<input type="checkbox"/>
Purging (all methods)	<input type="checkbox"/>	Emotional eating	<input type="checkbox"/>

Total (0-36)

Allergies/sensitivities

Hayfever	<input type="checkbox"/>	Food sensitivities	<input type="checkbox"/>
IBS or IBD symptoms	<input type="checkbox"/>	Asthma or Eczema	<input type="checkbox"/>

Total (0-20)

Stress

Sleeplessness	<input type="checkbox"/>	Excessive sweating	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	Fatigue	<input type="checkbox"/>
Panic attacks	<input type="checkbox"/>	Jitteriness/fidgeting	<input type="checkbox"/>

Total (0-24)

Hormone Balance

PMS	<input type="text"/>	Night sweats	<input type="text"/>
Problems conceiving	<input type="text"/>	Mood swings	<input type="text"/>
Uterine issues eg fibroids, endometriosis, PCOS	<input type="text"/>	Excessive bleeding	<input type="text"/>
Spotting	<input type="text"/>	Missed periods	<input type="text"/>
Menopause	<input type="text"/>	Peri-menopause	<input type="text"/>

Total (0-40)

Grand Total Symptom Points:

How to understand your score:

Total up your score for each section. If your score for any one section is higher than 50% of the total possible (ie if the maximum number of points for a section is 36 and your score 18 or above) then it is worth understanding more about what is causing these issues in order to get to the root cause. Click the link below to book yourself in for a FREE session to understand all the issues at play, and start to take some positive action.

Then, add together all the scores for each section to get a grand total. Compare your score below:

0 - 20 - You may have a few irritating symptoms, and although they are not yet impacting your daily life too badly, they could be important sign-posts to the underlying reason for stubborn weight, or not feeling as comfortable in your own skin as you would like to. It is worth understanding your unique 'lifestyle prescription' and making the most appropriate positive lifestyle choices as an investment in your future, and to ensure your symptoms do not get worse.

20 -50 - You are coping with more symptoms than you would like. Now is the perfect time to fully evaluate all the issues at play so you can become an expert in

your own health instead of becoming a patient.

50 - 100 - Your symptoms are beginning to have a negative affect on your quality of life. You do not need to put up with this passively. You have the opportunity to get to the root cause of all your issues and deal with them once and for all in order to avoid a clinical diagnosis.

100 and above - It is time to take stock and make some important changes. Whatever you are struggling with, you will be surprised by the profoundly positive benefit of making a few simple changes. If you are struggling with a chronic condition be assured that support is at hand to help you make the important lifestyle changes that will protect your health into the future.

If you would like to get a clearer understanding of exactly what these results may mean, and what you can do to change them, book yourself in for a FREE chat. We will go through your symptoms together and work out what to do next.

You will find the link below, or you can go to franmac.co.uk where you can click through straight through to my scheduler.

[Click here to make a booking.](#)