

Calling in your Power

Functional Medicine Intake Form

* Required

1. Name *

2. Email *

3. Phone number

PART ONE: Lifestyle Review

Current Health Concerns, in order of priority. Describe treatment & success thus far. Example: Acid Reflux - Zantac, Apple Cider Vinegar, TUMS - worked well.

4.

Sleep

5. How many hours of sleep do you get each night on average?

Mark only one oval.

| | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. Describe your sleep problems:

7. Sleeping aids / medication?

Exercise

8. Describe your exercise, duration & number of times per week:

9. Does anything limit you?

Nutrition

10. Do you follow any special diets? (ie. vegan, gluten-free, paleo)

11. Do you have food sensitivities?

Diet: Please record what you eat in a typical day

12. Breakfast

13. Lunch

14. Dinner

15. Snacks

16. Snacks

17. Fluids

18. How many servings of vegetables (1/2 cup of vegetables) do you eat in a typical week?

Mark only one oval.

- ☐ 0 - 5
- ☐ 5 - 15
- ☐ 15 - 30
- ☐ 30 - 60
- ☐ 60+
- ☐ Other: _____

19. How many servings of sweets, soda, ice cream, unhealthy snacks (chips) do you eat in a typical week?

Mark only one oval.

- ☐ 0 - 5
- ☐ 5 - 15
- ☐ 15 - 30
- ☐ 30 - 60
- ☐ 60+
- ☐ Other: _____

20. Describe your caffeine intake:

Gut Health

21. A growing amount of research shows that gut health is linked to *everything*. Please describe your gut history (if not already described elsewhere): Constipation? Diarrhea? Irritable bowel? Cramping pains? Bloating? What do your stools look like? Formed? Mushy? Normal formed stool once a day or something else? How often? Details!

Smoking

22. Describe your smoking history:

Alcohol:

23. How many alcoholic beverages do you drink in a week?

Mark only one oval.

☐ 0 - 2

☐ 2 - 5

☐ 5 - 10

☐ 10+

Other Substances

24. Any recreational drugs?

Stress:

25. Do you feel you have an excessive amount of stress in your life?

26. What are your biggest sources of stress?

27. Do you use relaxation techniques (meditation, breathing, yoga, prayer, tai chi, other)? Which ones?

28. Have you ever tried therapy / counseling? Are you currently in therapy?

Mark only one oval.

☐ Yes

☐ No

☐ Currently in therapy

☐ Other:

29. We know that any trauma can significantly affect physical health, even many years after the event. Have you ever been abused, a victim of crime, or experienced a significant trauma? NB: if it is too triggering or stressful to write more details about this, just put YES and move on.

30. What are your hobbies or leisure activities?

Relationships:

31. Marital status:

Mark only one oval.

- ☐ Married
- ☐ Single
- ☐ Divorced
- ☐ Widowed
- ☐ Partnership
- ☐ Other:

32. With whom do you live? (include children, parents, relatives, friends, pets)

33. Current occupation:

34. Previous occupation:

35. What are your main resources for emotional support?

36. Do you have a religious or spiritual practice? Describe:

Birth / Childhood History

37. You were born: Term / Premature?

38. Vaginal delivery of C-section?

Mark only one oval.

- ☐ Vaginal
- ☐ C-section

39. Were there any pregnancy or birth complications?

40. You were: Breast-fed/Bottle-fed/Don't know?

Mark only one oval.

☐ Breast-fed

☐ Bottle-fed

☐ Don't Know

41. As a child, were there any foods that were avoided because they gave you symptoms?

42. What was your temperament as a child?

Environmental / Toxin History

43. Do you recall any significant toxic exposures? Examples: grew up on a farm with pesticides, worked in a glass factory, etc.

44. Particular sensitivities to smells?

Medications

45. Please list all medications:

46. Have you ever used NSAIDS (Advil, Aleve, Motrin, Aspirin), Tylenol for a long time? If yes, describe:

47. Have you ever used Acid-blocking drugs (Prilosec, Nexium, Aciphex, etc) for a long time? If yes, describe:

48. Estimate how many times you've taken Antibiotics in Childhood and Adulthood:

49. How often have you taken oral steroids? If yes, describe:

Nutritional Supplements

50. Please list the Name and Brand, Dosage and Reason for use of all supplements.

Readiness Assessment and Health Goals

Rate on a scale of 1 (not willing) to 5 (very willing) to improve your health via ...

51. Significantly modifying your diet:

Mark only one oval.

1

2

3

4

5

52. Taking several nutritional supplements each day:

Mark only one oval.

1

2

3

4

5

53. Modifying your lifestyle (e.g., work demands, sleep habits):

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

54. Practicing a relaxation technique:

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

55. Engaging in regular movement or exercise:

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Health Goals (be specific with these)

56. What do you hope to achieve in your visit with us?

57. When was the last time you felt well?

58. Did something trigger your change in health?

PART TWO

Write out a TIMELINE of your life. This is your health history. Include anything you think is pertinent, affecting mind/body/spirit. Follow your intuition. What does the doctor need to know? This assignment is usually 1-2 pages long.

59. Childhood: Where was I born? What do I remember about my personality as a child? Trauma? Did I have health issues?

60. Teens: What was going on in my life? Where was I? Trauma? Any health issues?

61. Adult: Relationships? Schooling? Travel? Interests? Trauma? Significant illnesses? When did symptoms first start? What was happening in my life during that time?

62. Health: Describe your health journey - symptoms, what you've tried, specialists you've seen.

PART THREE

- 0 - Never or almost never have the symptom
1 - Occasionally have it, effect is not severe
2 - Occasionally have it, effect is severe
3 - Frequently have it, effect is not severe
4 - Frequently have it, effect is severe

Head

63. Headaches

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

64. Faintness

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

65. Dizziness

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

66. Insomnia

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Eyes

67. Watery or itchy eyes

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

68. Swollen, reddened or sticky eyelids

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

69. Bags or dark circles under eyes

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

70. Blurred or tunnel vision

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Ears

71. Itchy ears

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

72. Earaches, ear infections

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

73. Drainage from ear

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

74. Ringing in ears, hearing loss

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Nose

75. Stuffy nose

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

76. Sinus problems

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

77. Hay fever

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

78. Sneezing attacks

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

79. Excessive mucus formation

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Mouth / Throat

80. Chronic coughing

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

81. Gagging, frequent need to clear throat

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

82. Sore throat, hoarseness, loss of voice

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

83. Swollen or discolored tongue, gums, lips

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

84. Canker sores

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Skin

85. Acne

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

86. Hives, rashes, dry skin

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

87. Hair loss

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

88. Flushing, hot flashes

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

89. Excessive sweating

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Heart

90. Irregular or skipped heartbeat

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

91. Rapid or pounding heartbeat

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

92. Chest pain

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Lungs

93. Asthma, bronchitis

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

94. Shortness of breath

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

95. Difficulty breathing

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Digestive Tract

96. Nausea, vomiting

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

97. Diarrhea

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

98. Constipation

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

99. Bloating feeling

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

100. Belching, passing gas

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

101. Heartburn

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

102. Intestinal/stomach pain

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Joints / Muscles

103. Pain or aches in joints

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

104. Chronic inflammation

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

105. Arthritis

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

106. Stiffness or limitation of movement

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

107. Pain or aches in muscles

Mark only one oval.

| 0 | 1 | 2 | 3 | 4 |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

108. Feeling of weakness or tiredness

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Weight

109. Binge eating/drinking

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

110. Craving certain foods

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

111. Excessive weight

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

112. Compulsive eating

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

113. Water retention

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

114. Underweight

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Energy / Activity

115. Fatigue, sluggishness

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

116. Apathy, lethargy

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

117. Hyperactivity

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

118. Restlessness

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Mind

119. Poor memory

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

120. Confusion, poor comprehension

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

121. Poor concentration

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

122. Poor physical coordination

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

123. Difficulty in making decisions

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

124. Stuttering or stammering

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

125. Slurred speech

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

126. Learning disabilities

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Emotions

127. Mood swings

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

128. Anxiety, irritability, aggressiveness

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

129. Depression

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other

130. Frequent illness

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

131. Frequent or urgent urination

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

132. Genital itch or discharge

Mark only one oval.

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

PART FOUR

- 0 - None
- 1 - Daily
- 2 - Weekly
- 3 - Monthly

Possible Low Stomach HCL

133. Bloating, belching, or flatulence after meals

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

134. Feeling particularly full after eating

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

135. Indigestion after meals

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

136. Tendency to have vitamin B12 deficiency

Mark only one oval.☐ Yes☐ No

137. Burning sensation 30-40 mins after eating

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

138. Undigested food in your stool

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

139. Food allergies or intolerances

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

140. Experience chronic stress

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible High Stomach HCL

141. Burning sensation immediately after eating

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

142. GERD

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

143. Heartburn is worse when lying down at night

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

144. Stomach ulcers

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

145. Vomiting or nausea

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

146. Consume more than one caffeinated or alcoholic drink

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

147. Are you smoking?

Mark only one oval.

☐ Yes

☐ No

148. Are you pregnant?

Mark only one oval.

☐ Yes

☐ No

Possible Small Intestine Bacterial Overgrowth (SIBO)

149. Abdominal pain / discomfort

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

150. Bloating

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

151. Abdominal dissension

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

152. Diarrhea

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

153. Flatulence

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

154. Weakness

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

155. Fatigue

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

156. Vitamin B12 deficiency

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

157. Iron deficiency

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

158. Excess folate

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible Candida

159. Chronic fatigue

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

160. Brain fog

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

161. Digestion problems

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

162. Low immune function

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

163. Vaginal itching, discharge, or soreness

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

164. Pain during intercourse (Females)

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

165. Skin disorders, such as psoriasis or skin patches

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

166. Itching of the skin in lower abdominal or bra line

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

167. Exposure to old carpet (older than 3 years) or moist environment

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible Heavy Metals Exposure & Environmental Chemicals

168. Headaches

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

169. Chronic joint or muscle

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

170. Chronic inflammation

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

171. An autoimmune condition

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

172. Irritability or anger

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

173. Depression or mood swings

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

174. Chronic fatigue

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

175. Difficulty to concentrate or "brain fog"

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

176. Have dental fillings or had them removed

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

177. Live or work in an industrial environment

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

178. Do you live in a house which was built before 1978?

Mark only one oval.

☐ Yes

☐ No

☐ Other: _____

179. Use pesticides or herbicides (bug or week killers; flea and tick sprays, collars, powders, or shampoos) in your home or garden, or on pets

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

180. Use household air fresheners, laundry detergents, or other cleaning products

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

181. Are you smoking or have you smoked before for longer than a few months?

Mark only one oval.

- ☐ Yes
☐ No

182. Drink tap water

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

183. Work in construction

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

184. Eat fish or sea food

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

185. Use deodorants

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

186. Cook with aluminum baking plates

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

187. How often are you near any high-powered electrical wires or transformers?

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

188. How often are you in a place that does not have proper ventilations or does not have air filter?

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

189. How often were you exposed to chemicals in the PAST (occupational, at home, or at work)?

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible Deficiency of Nutrients

190. Irritability or depression

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

191. Headaches

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

192. Fatigue

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

193. Weight loss

Mark only one oval.

☐ Yes

☐ No

194. Muscle weakness

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

195. Cracked or sore lips

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

196. Difficulty to sleep

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

197. Loss of appetite

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

198. Impaired immune function

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

199. A decline in your mental abilities, such as memory or concentration

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

200. Hair loss

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

201. High blood pressure

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

202. Irregular heartbeat

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

203. Impotence or loss of sexual function

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

204. Muscle spasm or cramps

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

205. Tendency to feel depressed

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

206. Lower calcium levels in the blood

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

207. Type 2 Diabetes or pre-diabetic

Mark only one oval.

☐ Yes

☐ No

208. Loss of bone mass: Osteopenia or osteoporosis

Mark only one oval.

☐ Yes

☐ No

209. Sensation of numbness, tingling or pins and needles

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible Mitochondria Dysfunction

210. Fatigue during

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

211. Chronic joint pain

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

212. Headaches

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

213. Neurological conditions, such as Alzheimer's, dementia, Huntington's, or Parkinson's

Mark only one oval.☐ Yes☐ No

214. Neurobehavioral and psychiatric diseases, such as autism, schizophrenia, or bipolar

Mark only one oval.☐ Yes☐ No

215. Depression and mood disorders

Mark only one oval.☐ Yes☐ No

216. Diabetes

Mark only one oval.☐ Yes☐ No

217. Nerve pain (also called neuropathy)

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

218. High blood pressure

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

219. Muscle fatigue

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

220. Takes time to recover from physical activity

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

221. An autoimmune condition, such as Lupus, Rheumatoid Arthritis

Mark only one oval.

☐ Yes

☐ No

222. Multiple sclerosis

Mark only one oval.

☐ Yes

☐ No

223. Memory problems

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

224. Chronic infections

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

225. Fibromyalgia

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

226. Cancer diagnosis

Mark only one oval.☐ Yes☐ No

227. Heart or kidney disease

Mark only one oval.

☐ Yes

☐ No

Possible Low Testosterone

228. Reduced libido (sex drive)

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

229. Loss of body hair

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

230. Headaches

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

231. Obesity or significant weight gain

Mark only one oval.

☐ Yes

☐ No

232. Loss of muscle mass

Mark only one oval.

☐ Yes

☐ No

233. Men: Erectile dysfunction

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

234. Decrease in bone mass

Mark only one oval.

☐ Yes

☐ No

235. Mood changes or depression

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

236. Memory decline

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

237. Fatigue

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible High Estrogen

238. Swelling and tenderness in your breasts

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

239. Decreased or loss sex drive

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

240. Increased symptoms of premenstrual syndrome (PMS)

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

241. Weight gain (especially in the hips area)

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

242. Hair loss

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

243. Abnormal menstrual periods, bleeding too light or too heavy

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

244. Irregular menstrual periods

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

245. Mood swings, often presenting as depression or anxiety

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

246. Uterine fibroids or Fibrocystic breasts

Mark only one oval.

☐ Yes

☐ No

247. Men: Enlarged breasts, sexual dysfunction, or infertility

Mark only one oval.

☐ Yes

☐ No

Possible Adrenal Hypocortisolemia

248. Feel tired in the mornings

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

249. Lower back soreness or pain

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

250. Back pain increases if you are tired or standing for a long period of time

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

251. Tend to be a night person

Mark only one oval.

☐ Yes

☐ No

252. Feel tired or tend to yawn in the afternoon

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

253. Feel dizziness when standing up quickly

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

254. Shortness of breath or asthma

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

255. Crave salty foods

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

256. Joint pain or arthritis

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

257. Grind or clench your teeth at night

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

258. Had or have allergies

Mark only one oval.☐ Yes☐ No

259. Feel anxious or stressed

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

260. Had or have a stressful / abusive relationship

Mark only one oval.

☐ Yes

☐ No

261. Dark circles under your eyes

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

262. Puffiness under your eyes

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

263. Sleep in and have difficulty getting out of bed

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

264. Tired all the time

Mark only one oval.

☐ Yes

☐ No

265. Work or used to work night shifts

Mark only one oval.

☐ Yes

☐ No

266. Consumed steroids (e.g. prednisone) for over a month

Mark only one oval.

☐ Yes

☐ No

267. Symptoms reduced with prescription of steroids

Mark only one oval.

☐ Yes

☐ No

268. Pain reduced with cortisol injection

Mark only one oval.

☐ Yes

☐ No

Possible Low Thyroid or Thyroid Hormone Imbalance

269. Feeling cold when other people do not, or cold fingers and toes

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

270. Constipation or less than one bowel movement per day

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

271. Muscle weakness

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

272. Weight gain, even though you are not eating more food

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

273. Difficulty to lose weight

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

274. Joint or muscle soreness

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

275. Feeling sad or depressed

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

276. Feeling tired

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

277. Morning headaches that reduce during the day

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

278. Pale, dry skin

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

279. Dry or loss of hair

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

280. Less sweating than others or usual

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

281. Low motivation or "brain fog"

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

282. Puffy face or excess fluids

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

283. A hoarse voice

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

284. Brittle nails

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

285. More than usual menstrual bleeding

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

286. Decline in memory or "slower thinking"

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible High Thyroid or Thyroid Hormone Imbalance

287. Difficulty to gain weight, even with large consumption of food

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

288. Feeling nervous, emotional, or irritable

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

289. Faster pulse at rest or heart palpitation (feeling your own heartbeat)

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

290. Intolerance to high temperatures

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

291. Tremors

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

292. Frequent bowel movements

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

293. Sleep disturbance or insomnia

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

294. Changes in vision, sensitivity to light, or eye irritation or dryness

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

295. Increased appetite

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

296. Fatigue, muscle weakness

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

297. Skin thinning

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

298. Tendency to sweat

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible Pituitary Dysfunction

299. Increased libido

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

300. Decreased libido

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

301. Headaches

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

302. Memory decline

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

303. Need to eat sugar, sweets, or carbs to feel good

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

304. Vision problems

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

305. Unexplained weight gain

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

306. Excessive sweating and oily skin

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

307. Carpal Tunnel Syndrome

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

308. Poor growth or delayed sexual development (short height)

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

309. Inability to produce breast milk

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

310. Infertility

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

311. Severe headache or stiff neck

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible (Low) Serotonin Imbalance

312. Do you have a tendency to be negative

Mark only one oval.

- ☐ Yes
- ☐ No

313. Are you often worried and anxious?

Mark only one oval.

- ☐ Yes
- ☐ No

314. Are you a perfectionist or behave in an obsessive-compulsive way?

Mark only one oval.

- ☐ Yes
- ☐ No

315. Do you have winter or seasonal depression?

Mark only one oval.

☐ Yes

☐ No

316. Do you tend to be shy or have social phobias?

Mark only one oval.

☐ Yes

☐ No

317. Do you have eating disorders?

Mark only one oval.

☐ Yes

☐ No

318. Do you feel overwhelmed?

Mark only one oval.

☐ Yes

☐ No

319. Do you crave carbs or chocolate often?

Mark only one oval.

☐ Yes

☐ No

Possible Low Endorphin

320. Do you have tendency towards addicting behaviors (such as alcohol, video games, pornography, or gambling)?

Mark only one oval.

☐ Yes

☐ No

321. Do you experience anxiety or depression?

Mark only one oval.

☐ Yes (both)

☐ Yes (anxiety)

☐ Yes (depression)

☐ No

322. Do you have low self-esteem?

Mark only one oval.

☐ Yes

☐ No

323. Do you tend to avoid painful or stressful conversations?

Mark only one oval.

☐ Yes

☐ No

324. Have you been suffering from chronic pain (over 3 months)?

Mark only one oval.

☐ Yes

☐ No

325. Do you crave chocolate, bread or sweets, wine, or marijuana?

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

326. Are you using artificial sweeteners often?

Mark only one oval.

☐ Yes

☐ No

327. Do you have difficulty sleeping that is relieved by melatonin supplements?

Mark only one oval.

☐ Yes

☐ No

328. Do you have trouble sleeping?

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

329. Do you have Fibromyalgia?

Mark only one oval.

☐ Yes

☐ No

330. Chronic Headaches

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible Low Norepinephrine

331. Feel depressed, "flat," or bored

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

332. Low motivation or enthusiasm

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

333. Low ability or difficulty to concentrate

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

334. Attracted to take adventures or dangerous activities

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible Low GABA

335. Feel overworked or stressed

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

336. Find it hard to relax

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

337. Find it hard to let go of thoughts

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

338. Get easily upset or frustrated

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

339. Feel overwhelmed

Mark only one oval.

| | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

340. Need alcohol or drugs to relax

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible (Low) Dopamine Imbalance

341. Experience lethargy and lack of enjoyment of life

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

342. Tendency of addicting behavior, such as drugs, alcohol, pornography, video games, binge-eating, or gambling

Mark only one oval.

- ☐ Yes
- ☐ No

343. Attention disorders

Mark only one oval.

- ☐ Yes
- ☐ No

344. Lack of motivation, apathetic, hopeless, or joyless

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

345. Is it hard to start things and even harder to finish them?

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

346. Tendency to be deficient in vitamin D

Mark only one oval.

☐ Yes

☐ No

347. Consume sugar, sweets, or soda drinks

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Possible (Low) Dopamine Imbalance

348. Do you eat small amounts of protein?

Mark only one oval.

☐ Yes

☐ No

349. Are you taking supplements of 5-HTP or L-Tyrosine?

Mark only one oval.

☐ Yes

☐ No

350. Are you taking supplement of magnolia bark (*Magnolia officinalis*) or licorice root (*Glycyrrhiza glabra*)?

Mark only one oval.

☐ Yes

☐ No

351. Do you experience tremor of the arm or have Parkinson's disease?

Mark only one oval.

☐ Yes

☐ No

352. Are you under stress?

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

353. Are you talking on your mobile phone frequently or for long hours?

Mark only one oval.

| 0 | 1 | 2 | 3 |
|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

354. Do you have fibromyalgia and chronic fatigue syndrome?

Mark only one oval.

☐ Yes

☐ No

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