



Symptoms Questionnaire

Hypochlorhydria (insufficient stomach acid)

- _____ Gas, belching, or burping immediately after meals
- _____ Abdominal bloating or distension
- _____ Feeling or being too full after eating
- _____ Diminished appetite, particularly red meat
- _____ Stomach growls and gurgles after eating
- _____ Feeling that food 'just sits' in the stomach
- _____ Heartburn or burning sensation immediately after meals
- _____ Nausea after taking supplements
- _____ Current ulcer or one in the past year

Hyperchlorhydria (excessive stomach acid)

- _____ Stomach pains just before or 5 to 6 hrs after eating
- _____ Stomach pain relieved by carbonated drinks
- _____ Stomach pain relieved by drinking milk
- _____ Emotional upset causes stomach irritation
- _____ Heartburn immediately after meals
- _____ "Butterfly feeling" in stomach much of the time
- _____ Very dark or black stool.
- _____ Hot or spicy foods cause stomach irritation

Small and Large Intestine Symptoms

- _____ Feeling of stomach or bowel cramps
- _____ Feeling tired after meals
- _____ Flatulence (gas) throughout day and night
- _____ Stools poorly formed
- _____ Stools have foul odor
- _____ History of pimples, skin eruptions
- _____ Diarrhea
- _____ Hard or painful bowel movements
- _____ Vision deteriorating rapidly
- _____ Frequent stomach aches
- _____ Less than one good bowel movement per day
- _____ Thin, pencil – like bowel movements
- _____ Big meat eater

Hypoglycemic (low blood sugar)

- _____ Dizziness / dimmed vision when standing up suddenly
- _____ Strong craving for sweet and/or caffeine
- _____ Sweets or alcohol relieve headaches
- _____ Irritable if a meal is missed or delayed
- _____ Hungry most of the time or in-between meals
- _____ Constantly anxious, nervous, worrisome
- _____ Frequently drowsy, impatient, moody
- _____ Feel shaky, weak, or fatigued before meal
- _____ Feel calmer and better after eating

Hyperglycemic (high blood sugar)

- _____ Usually thirsty
- _____ Poor or deteriorating eyesight
- _____ Night sweats
- _____ Itchy skin, boils or leg sores
- _____ Decreased resistance to infection
- _____ Slow healing cuts and wounds
- _____ Fatigue, mental confusion
- _____ Excessive appetite
- _____ Eating sweets does not alleviate cravings
- _____ Easily fatigues with a little exercise

Hypo-Adrenals

- _____ Sensitive to air pollutants or smoke
- _____ Sex drive has noticeably decrease
- _____ Hand quivers when it is outstretched
- _____ Eyes sensitive to bright light
- _____ Feelings of muscular weakness
- _____ Episodes of graying out or blacking out
- _____ Use cortisone, prednisone, or steroids
- _____ Black or purplish circles under eyes
- _____ Pupils pulsate or remain dilated
- _____ Dizzy or light headed upon standing
- _____ Low blood pressure
- _____ Wake up too early in the mornings and very difficult to fall asleep again
- _____ Crave salt
- _____ Crave high protein foods

Possible Allergic Reactions

- _____ Dark circles under the eyes
- _____ Puffiness under the eyes
- _____ Sneeze often
- _____ Sniffing or runny nose
- _____ Severe food cravings and addictions
- _____ Extreme and frequent mood swings
- _____ Suffer from unnatural fatigue
- _____ Hot flashes or sweating for no apparent reason (non-menopausal)
- _____ Craving for certain foods
- _____ Experience weight fluctuations of 4 to 6 lbs a day
- _____ Regular severe headaches or migraines
- _____ Regularly experience puffiness of face, ankles, or fingers
- _____ Dry throat, coughing
- _____ Skin rashes often
- _____ Have a history of food intolerance
- _____ Muscle aches
- _____ Heart beats strongly at times for no apparent reason

Prostate Symptoms (men)

- _____ Weakened urinary flow
- _____ Burning or painful urination
- _____ Bladder feels full
- _____ Blood / pus in urine (any amount)
- _____ Urinate at least twice during the night after going to bed
- _____ Difficult to start or strain to urinate
- _____ Dribble after urination
- _____ Pain or discomfort in lower back or legs
- _____ Decreased sex drive
- _____ Had prostate problems in past

Indicators of Yeast / Candida / Fungal Issues

- _____ Taken antibiotics for acne or urinary tract infections for one month or longer?
- _____ Taken a broad-spectrum antibiotic drug for any reason?
- _____ Coated "white" tongue?
- _____ Taken steroids or asthma medications?
- _____ Chronic fungus infections of the skin or nails?
- _____ Athlete's foot, ringworm, or jock itch?
- _____ Sometimes feel "spaced out" or like you are in a mental fog?
- _____ Irresistible craving for sugar/sweets?
- _____ Ever been bothered by persistent problems affecting your reproductive organs?
- _____ Feel "sick all over"?
- _____ Exposure to chemicals such as perfumes, insecticides causes a reaction?

- _____ Tobacco smoke really bothers you?
- _____ Consume sugar every day?
- _____ Crave breads, pasta, and other carbohydrates?
- _____ Tingling or numbness in the hands, feet, or face?
- _____ Painful joints or swelling in the joints?
- _____ Have a history of ulcerative colitis or Crohn's disease?
- _____ Constipation or diarrhea or it alternates?
- _____ (female) had vaginal burning, itching?
- _____ (female) vaginal discharge that is white, off-white, or cottage-cheesy?
- _____ (female) had vaginal yeast infections?
- _____ (female) take or have taken birth control pills?
- _____ (female) current pain in bladder, kidney or urinary tract?
- _____ (female) ever had endometriosis?

(Male) Testosterone and / or DHEA Deficiency

- _____ Softer erections
- _____ Fatigue and lower stamina
- _____ Loss of sex drive
- _____ Loss of muscle mass and strength
- _____ Foggy thinking or decreased mental ability
- _____ Sleep disturbances
- _____ Depression or moodiness
- _____ Erectile dysfunction

(Males) Estrogen Excess and Progesterone Deficiency

- _____ Prostate problems
- _____ Decreased Sex Drive
- _____ Decreased Urinary flow
- _____ Increased urinary urge
- _____ Weight gain in the hops
- _____ Nervous / irritable

(Female) Progesterone Deficiency

- _____ Cyclical headaches
- _____ Miscarriage (s)
- _____ PMS
- _____ Painful or lumpy breasts
- _____ Infertility

(Females) Estrogen Excess and Progesterone Deficiency

- _____ Weight gain in hips
- _____ Sugar cravings
- _____ Decreased desire for sex
- _____ Tender breasts
- _____ Water retention or puffiness
- _____ Heavy Menstruation
- _____ Mood swings, crying spells or depression

(Females) Estrogen Deficiency

- _____ Night sweats
- _____ Vaginal dryness
- _____ Hot flashes
- _____ Painful intercourse
- _____ Foggy thinking, memory lapses
- _____ Headaches
- _____ Depression or tearfulness

(Females) Testosterone Excess

- _____ Loss of scalp hair
- _____ Oily skin, acne
- _____ Increased facial hair

(Females) Testosterone and / or DHEA Deficiency

- _____ Low sex drive
- _____ Vaginal dryness
- _____ Memory lapses or foggy thinking
- _____ Depressed or irritable
- _____ Sleeping problems and / or fatigue

Liver / Gallbladder Symptoms

- _____ Fats / greasy foods cause nausea or headaches
- _____ Pain in the right side under the rib cage
- _____ Stool appears yellow or grayish
- _____ Bitter, metallic taste in mouth in mornings
- _____ Whites of the eyes have a yellowish tint
- _____ Gallbladder removed
- _____ Burning or itchy anus

- _____ Stool has foul odor
- _____ Skin peels on soles of feet or skin rashes in general
- _____ Bad breath or body odor
- _____ History of gallstones
- _____ Painful or tender left big toe
- _____ Sneezing attacks
- _____ Bad dreams, nightmares
- _____ Dandruff or itchy scalp
- _____ Blurred vision or red / dry eyes
- _____ Gallbladder removed? When _____

Cardiovascular Symptoms

- _____ Rapid heartbeat or chest pain during minor activity or a long walk
- _____ Shortness of breath during minor activity
- _____ Usual resting heart rate above 110 beats per minute
- _____ Easily tired by minor exertion
- _____ Palpitations or erratic heart beat without apparent cause
- _____ Numbness or pain in left arm
- _____ Ringing in ears
- _____ Heaviness in legs
- _____ High altitude discomfort
- _____ Edema or swelling of feet and ankles, particularly in the evenings
- _____ Red, swollen nose
- _____ History of heart problems
- _____ Lower ear lobe has vertical or diagonal crease
- _____ Poor concentration or foggy brain
- _____ Hands and feet go to sleep easily, numbness
- _____ Systolic and diastolic pressures widely separated
- _____ History of stroke

Blood Pressure Symptoms

- _____ Vision becoming blurred
- _____ Pain in back of head upon arising in the morning
- _____ Systolic and diastolic pressures close to each other
- _____ Headaches or migraines for no apparent reason

Possible Parasite Symptoms

- _____ Foul smelling stools – worse in afternoon and evening
- _____ Alternating consistency of stools and bowel habits
- _____ Food allergies to many different foods
- _____ Itching around the anus, especially at night

- _____ Hungry feeling all the time
- _____ Increased appetite
- _____ Feel gaseous or bloated
- _____ Blood in stools
- _____ Autoimmune disease or immune dysfunction
- _____ Bedwetting
- _____ Chronic fatigue
- _____ Crohn's disease
- _____ Stomach aches
- _____ Excessive nose picking
- _____ Grinding teeth at night
- _____ Headaches
- _____ Joint and muscle aches and pains
- _____ Restlessness even in sleep
- _____ Inflammatory bowel or irritable bowel syndrome
- _____ Itchy skin, ears, nose
- _____ Anemia
- _____ Skin conditions such as rash, hives, sores, or eczema
- _____ Nervousness, anxiety, general restlessness
- _____ Vertical wrinkles around mouth
- _____ Parallel lines (tracks) in soles of feet
- _____ Intestinal cramps, burning
- _____ Fevers of unknown origin
- _____ Go barefoot outside often
- _____ Allow pets to lick your face or sleep with pets
- _____ Drooling while asleep
- _____ History of pin worms, giardia
- _____ Travel to 3rd world countries often
- _____ Night sweats (non menopausal)

Hypothyroid Symptoms

- _____ Low energy levels and tire easily
- _____ Cold hands and feet
- _____ Depressed or apathetic
- _____ Gain weight easily or hard time losing it
- _____ Skin and hair stays dry
- _____ Slow reflexes and reaction time
- _____ Difficulty waking up in the morning
- _____ Knuckles face forward as arms swing while walking
- _____ Lack of or diminished sex drive
- _____ Constipated frequently

Hyperthyroid Symptoms

- _____ Insomnia
- _____ Heart beats above 90 per minute at rest
- _____ Unable to gain weight
- _____ Night sweats
- _____ Warm, moist skin
- _____ Perspire easily without exercise
- _____ Highly emotional
- _____ Inward trembling
- _____ Heart palpitations
- _____ Nervousness
- _____ Intolerant to heat
- _____ Eyes appear bulging or swollen

Kidney / Bladder Symptoms

- _____ Constant feeling of a full bladder
- _____ Loss of control holding urine
- _____ Burning sensation when urinating
- _____ Urine seems foamy
- _____ Urine has strong odor
- _____ Strain to urinate with scant flow
- _____ Legs often feel heavy
- _____ Awake in the middle of the night to urinate more than once
- _____ Pain in middle of back
- _____ History of bladder infections
- _____ History of kidney stones

Possible Low Serotonin (neurotransmitter) Symptoms

- _____ Carbohydrate cravings
- _____ Not sleeping well
- _____ Nervous depression
- _____ Anxiety
- _____ Scattered thinking
- _____ Feel overwhelmed
- _____ Inability to relax

Possible Low Norepinephrine (neurotransmitter) Symptoms

- _____ Fatigue
- _____ Loss of Motivation and ambition
- _____ Feeling of immobility
- _____ Depression
- _____ Sleeping too much
- _____ Lethargic

Possible Low GABA (gamma-amino butyric acid) (neurotransmitter) Symptoms

- _____ Generalized anxiety
- _____ Panic attacks
- _____ Always mentally wired while trying to sleep
- _____ Worried over little things
- _____ Not handling stress as well as you should
- _____ Feel overwhelmed

Toxicity Questionnaire

Check each of the following based upon your health profile for the past 30 days. Scoring:

Low = 0 to 3, Moderate = 4 to 6, and High = 7 and above.

1. _____ I have hard, difficult to pass movements once a day or have a bowel movement every other day or less.
2. _____ I have fatigue, muscle aches, headaches, or memory problems.
3. _____ I have Fibromyalgia or Chronic Fatigue Syndrome.
4. _____ I regularly drink city tap water
5. _____ I use lawn garden chemicals or treat my residence for bugs with insecticides or have exposure to toxic fumes or particles in the workplace
6. _____ I eat swordfish, tuna, shark, tilefish more than once in a week.
7. _____ I am bothered by one or more of the following: gasoline fumes, perfumes, new car smells, dry cleaning, hair spray, soaps, detergents, tobacco smoke.
8. _____ I regularly consume one of the following: acetaminophen (Tylenol), ibuprofen or naproxen.
9. _____ I frequently eat fried, grilled, or barbecued foods.

10. _____ I regularly consume coffee, black tea, soft drinks or alcohol.
11. _____ I regularly consume sugar, white flour or other processed foods.
12. _____ Exercise of some form is not a part of my weekly routine.
13. _____ I spend significant time in heavy commuter traffic on a regular basis.
14. _____ I frequently experience one of the following: headache, sore throat, muscle aches, colds or flu, rash, swelling, indigestion such as heartburn or bloating.
15. _____ I have been on prescription medications for some time.
16. _____ I am a big meat eater with few vegetables in my diet.
17. _____ My stool frequently has a foul odor or I often have bad breath or body odor.
18. _____ I eat often in fast food restaurants.
19. _____ I have high blood cholesterol and/or low HDL.
20. _____ I have one of the following: itchy ears, dark circles under my eyes, chest congestion, gagging, skin tags or rashes, sneezing attacks, excessive mucous, acne. Or frequent need to clear throat.