For any statement that applies to you, check all boxes in that row.

If filling out electronically: Open this file in Excel, put a "1" in the second column for any symptom that applies then save the form with a new name and email it to me or, print the form.

Body System	Yes	Dig	Int	Circ	Ner	Imm	Resp	Urin	Glan	Stru
Lack of energy	☐	☐		☐	☐	☐			☐	
Illness more than twice a year	☐					☐				
Body odor and/or bad breath	☐	☐	☐				☐	☐		
Difficulty digesting certain foods	☐	☐				☐				
Eat meat more than 3 times a week	☐		☐	☐			☐			
Monthly female concerns	☐		☐					☐	☐	
Recent or frequent use of antibiotics	☐		☐			☐				
Regular consumption of alcohol	☐				☐				☐	
Frequent mood swings	☐				☐				☐	
Food allergies	☐	☐				☐	☐			
Bags under eyes	☐			☐	☐			☐		
Smoking	☐			☐	☐		☐			
Poor concentration or memory	☐			☐	☐				☐	
Poor resistance to disease	☐	☐				☐				
Belching or gas after meals	☐	☐				☐				
Stressful lifestyle	☐			☐	☐	☐			☐	
Skin/complexion problems	☐	☐	☐					☐	☐	☐
Cravings for sweets, salt or junk foods	☐				☐				☐	
Regular consumption of dairy products	☐		☐				☐			
Feeling low, uninterested or moody	☐		☐		☐					
Too little sleep or restless sleep	☐				☐				☐	
Menopausal concerns	☐				☐				☐	☐
Frequent urination or urinary concerns	☐							☐		
Age-related hair loss	☐			☐	☐				☐	☐
Sore or painful joints	☐			☐		☐				☐
Difficulty in maintaining ideal weight	☐				☐	☐			☐	☐
Low endurance/stamina	☐			☐			☐			☐
Lack of a balanced diet	☐	☐	☐						☐	
Slow recovery from illness	☐		☐	☐		☐			☐	
Fewer than 2 bowel movements per day	☐	☐	☐		☐					
Lack of appetite	☐	☐			☐				☐	
Low sex drive	☐								☐	
Brittle or easily broken fingernails	☐	☐								☐
Dry, damaged or dull hair	☐	☐						☐		
High-fat diet	☐	☐	☐	☐						
Unsettled, apprehensive, pressured	☐				☐				☐	
Low-fiber diet	☐		☐	☐						
Muscle cramps or spasms	☐				☐					☐
Exposure to air pollution daily	☐					☐	☐			
Caffeinated beverage (16 oz.) daily	☐				☐				☐	☐
Feeling out of control	☐				☐	☐				☐
Food/chemical sensitivities	☐	☐	☐			☐				
Recurrent yeast/fungal concerns	☐	☐	☐			☐				
Weak bones, teeth or cartilage	☐	☐						☐		☐
Suffer from anxiety or worry	☐	☐			☐					
Easily irritated or angered	☐		☐		☐				☐	
Don't exercise regularly	☐		☐		☐				☐	☐
Respiratory concerns	☐		☐		☐		☐			

Determine your areas of strength or weakness based on your numbers for each system on the chart below

		Dig	Int	Circ	Ner	Imm	Resp	Urin	Glan	Stru
Very Good		0	0	0	0	0			0	0
		1	1	1	1	1	0	0	1	
		2	2	2	2	2			2	1
Good		3	3		3	3			3	2
				3	4		1	1	4	
		4	4		5	4			5	3
Fair		5	5	4	6				6	4
		6	6	5	7	5	2	2	7	5
		7	7	6	8	6	3	3	8	6
		8	8	7	9	7	4	4	9	7
		9	9		10				10	
Poor		10	10	8	11	8			11	8
		11	11	9	12	9	5	5	12	10
		12	12	10	13	10	6		13	
		13	13			11			14	
Very Poor		14	14	11	14	12	7	6	15	11