

Body Check Questionnaire

(1/10 Sampler Survey)

This questionnaire is designed to assess bodily signs which may relate to nutritional imbalance. Its sole purpose is to educate and inform. It is not intended to diagnose diseases. If you suspect that you may have a medical problem, please seek competent medical care.

To Complete this form: If any part of a statement is true for you, score a 1 for sometimes or mild, 2 for often or moderate, 3 for very often or severe. Skip all statements that do not apply to you. Do not stress over any statement. If it is unclear or questionable, ignore it and go on to the next.

Section 1	Your Score (0-3)	
Tremors or poor co-ordination.		
Inflamed gums.		
Loss of ability to speak.		
High blood pressure.		
Diabetic tendencies.		
Mental disturbances or personality changes.		
Poor memory.		
Depression or uncontrollable crying.		
Metallic taste in mouth.		
Allergitic tendencies.		
Loss of self confidence.		
Food cravings.		
Facial and back pain.		
Loss of appetite.		
Irritability.		
Sub-total Score:		x3=

Mercury
Percentile Index (x3)

Section 2	Your Score (0-3)
Eyes sensitive to bright lights, headlights, sunlights.	
Tightness or "lump" in throat, hurts under stress.	
Inability to cope with stressful events.	
Form gooseflesh easily or "cold sweats".	
Voice rises to high pitch or is "lost" during stress.	
Easily shaken up or startled from unexpected noise.	
Prefer being alone , uneasy when centre of attention.	
Blood pressure fluctuates, sometimes to low.	
Perfectionist, set high standards.	
Avoid complaints, try to ignore inconveniences.	
work off worries, things left undone cause concern.	
Allergies (e.g. skin rash, hay fever, asthma, etc.).	
Mood swings, tendency to cry easily.	
Difficulty relaxing.	
Emotional upsets cause complete exhaustion.	
Unusual cravings for salt.	
Prespire excessively, sweating of hands and feet.	

More than usual neck, head, shoulder tension.		Underactive Adrenal
Blood pressure decreases when going from a lying position to a standing position.		
Sub-total Score:		Percentile Index (x3)
		x3=

Section 3	Your Score (0-3)	
Persistent high blood pressure.		
Rapid pulse.		
Fluid retention of facial tissues, puffy eyes.		
Stronger than average psycially.		
Strong feelings, blow up easily, dilike being crossed.		
FEMALE: Excess hair on face, arms, legs.		Overactive Adrenal
MALE: Baldness, hairy arms and back, muscular "square" build, aggressive in business or sports.		
Sub-total Score:		Percentile Index (x8)
		x8=

Section 4	Your Score (0-3)	
Irritable if late for a meal or missed meal.		
Headaches that are worse after missing a meal.		
Irritable before breakfast.		
Easily upset or frustrated.		
Constant worry.		
Fits of anger, agitation, temper outburst.		
Episodes of uncontrollable eating and binging.		
Episodes of shakiness or tremors.		
Sudden strong cravings for sweets, coffee, alcohol.		
Asthmatic attacks.		
Anxiety attacks, crying spells.		
Get hungry soon after eating.		
Sudden drop in energy in mid-morning or mid-day.		
Fatigue or sleepness after eating, worse if eat dessert.		
Cold hands or feet		
Wake up at night feeling hungray.		
Wake up in middle of night and can't go back to sleep.		Hypoglycemia
Nervousness, shaky feelings, depression or headaches releaved by eating sweets.		
Sub-total Score:		Percentile Index (x2)
		x2=

Section 5	Your Score (0-3)
Diarrhea or abdominal distress while visiting foreign or unfamiliar locations.	
Unexplained indigestion, gas or bloating.	
Intestinal tract irritable, burns or cramps for no reason.	
Recently developed food/enviromental allergies.	

Frequent colds, flu or other acute illness.	
Difficulty overcoming intestinal yeast growth.	
Ravenous appetite.	
Anal itching, often worse at night.	
Feelings of rectal fullness or pressure.	
Weight loss or inability to gain weight.	
Muscular wasting or weakness.	
Lethargy, slow reflexes.	
Bowel movements changeable, sometimes hard, sometimes soft, for no apparent reason.	
Sub-total Score:	

Intestinal Parasites
Percentile Index (x4)

		x4=	
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Section 6	Your Score (0-3)
Repeated use of antibiotics or birth control pills.	
Cravings for sugars, bread, or alcohol.	
Indigestion/discomfort after eating fruits of sweets.	
Severe reaction to perfume, tobacco, chemicals.	
Intolerance to alcohol.	
Hypersensitivity to certain foods.	
Diarrhea or constipation.	
Rectal itching or bladder infections.	
Coated or sore tongue.	
Chronic sore throat, oral thrush.	
Feel bad all over without any apparent causes.	
Feeling of being in a mental fog, "spaciness".	
Hives, psoriasis or skin rash.	
Anxiety or depression.	
Tiredness, feelings of being drained.	
Athlete's foot, toenail or fingernail fungus.	
Allergy or sensitivity to mouldy or fermented foods.	
FEMALE: Premenstrual tension, menstrual cramps.	
FEMALE: Vaginal discharge, burning, itching.	
FEMALE: Endometriosis, uterine fibroids.	
MALE: Prostate problems, impotence.	
MALE: Itching of penis or groin.	
Sub-total Score:	

Candidiasis
Percentile Index (x3)

		x3=	
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What do these score numbers mean?

A score in any category over 20 is concerning. The higher the score the greater the nutritional imbalance in the body. Dietary and other corrective actions are needed to restore good health. Please contact our office to learn how to normalize these and other imbalances in your body.
Contact: Mary@HealthyByChoice.biz