

Assessment

Name: _____

Date: _____

Answer the following questions on a scale of	0	Least/Never/Zero symptoms	2	Moderate/Occasionally/Weekly
	1	Minor/Mild/Rarely/Monthly	3	Most/Severe/Frequent/Daily

Take your time and be honest with the answers; the more accurate you are, the better. For sections 19, 20, and 21, don't answer the two sections that don't apply to you. You can leave those blank.

Score 1	0	1	2	3
Crave sweets and/or carbohydrates				
Crave sweets after meals				
Frequent thirst				
Feel tired after meals				
Blurred vision				
Total				
Score 2	0	1	2	3
Shaky and irritable between meals				
Eating energizes me and/or relieves fatigue				
Often wake up during the night				
Fatigue, fuzzy thinking, headaches				
Anxiety and palpitations				
Total				
Score 3	0	1	2	3
Bleeding gums or nosebleeds, or easily bruised				
Muscle fatigue or excess soreness after exercise				
Tingling in hands or feet, and/or cracks in the corners of the mouth				
Restless legs and/or muscle cramping/twitching				
Dry/scaly skin and/or bumps on the back of the arms				
Total				
Score 4	0	1	2	3
Feel tired, fatigued, or weak				
Experience shortness of breath				
Coldness in hands and feet, or "poor circulation"				
Experience a rapid, or irregular, heart beat				
Dizziness or lightheadedness				
Total				
Score 5	0	1	2	3
Anxiety, moodiness, irritability				
Negativism, combativeness				
Fatigue, weakness, daydreaming				
Confusion, impaired judgment				
Fasting is difficult and uncomfortable				
Total				

Score 6	0	1	2	3
GI symptoms (diarrhea, constipation, heartburn, digestive enzyme)				
Musculoskeletal symptoms (exercise intolerance, weakness, cramping)				
Neurological symptoms (mood, migraines, balance coordination)				
Sensory symptoms (visual, hearing)				
Generalized fatigue or easy to fatigue				
Total				
Score 7	0	1	2	3
Bloating shortly after a meal				
Experience heartburn, or use antacids				
Excessive belching or burping				
Sensitive to a number of foods				
Indigestion or nausea after eating				
Total				
Score 8	0	1	2	3
Excessive and/or foul-smelling gas				
Lower abdominal bloating relieved by gas				
Constipation, diarrhea, both				
History of antibiotic use				
History of laxative use				
Total				
Score 9	0	1	2	3
Nausea or diarrhea from high-fat foods				
"Greasy" stool that tends to float				
Sensitive to caffeine, alcohol, and/or other synthetic chemicals				
General itchiness, or itchy palms				
Gall bladder removed: Yes(3) OR No (0)				
Total				

Score 10	0	1	2	3
Sensitive to the smell of gasoline, paint, cleaning products, perfumes, or other fragrances				
Live or work near heavy traffic, industrial plants, farms, or electricity or cellphone towers				
Chronic airways issues including nasal congestion, mucous production, or throat or nasal irritation				
Chronic headaches, muscle or joint stiffness or pain, or skin issues				
Exposure to chemicals, i.e. synthetic fabrics, tap water, cosmetics, cleaning products, and processed foods				
Total				
Score 11	0	1	2	3
Less than 6 hours of sleep a night, disrupted sleep, or sleep at abnormal hours				
Routinely consume canola oil, corn oil, or safflower oil				
Experience chronic psychological stress				
Physical inactivity				
Have ever been diagnosed with elevated iron				
Total				
Score 12	0	1	2	3
Joint pain and swelling				
Skin problems, rashes				
Sudden onset of symptoms, which have progressively worsened over time				
Swollen glands and/or sore, achy muscles				
Family history of autoimmunity				
Total				
Score 13	0	1	2	3
Chronic pain and/or lasting fatigue				
Unrefreshing sleep				
Extreme fatigue after exertion				
Persistent mental/emotional challenges				
Frequent headaches and/or pain				
Total				
Score 14	0	1	2	3
Constipation, diarrhea, gas, or IBS				
Difficulty falling asleep or staying asleep				
Skin irritations, rash, hives, eczema				
Often hungry or unsatisfied after meals				
History of allergies and/or asthma				
Total				

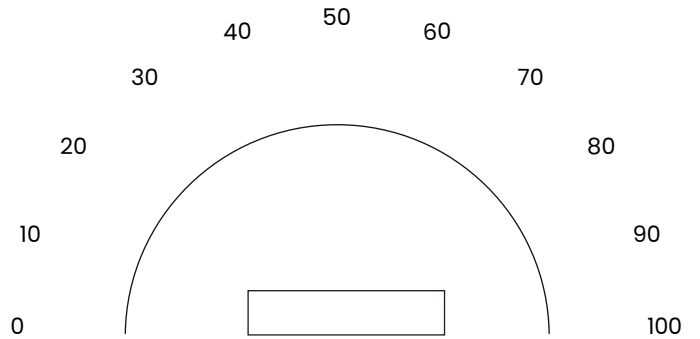
Score 15	0	1	2	3
Red, itchy, or flaky skin				
Visual changes				
Headaches, "spaciness", or neurological deficits				
History of antibiotic use				
History of jock itch, athlete's foot, toe nail fungus, or other yeast infection				
Total				
Score 16	0	1	2	3
Difficult time getting going in the morning				
Difficulty falling asleep, a "night person"				
Feel "tired" and "wired"				
Perspire easily, even with minimal activity				
Elevated blood pressure				
Total				
Score 17	0	1	2	3
Crave salt or liberally salt food				
Lightheaded when standing up quickly				
Difficulty staying asleep				
Low blood pressure				
Fatigue and/or depression				
Total				
Score 18	0	1	2	3
Tendency to be cold, especially hands and feet				
Difficulty losing weight				
Low energy, or tired all the time				
Brain fog, mental sluggishness				
Dry skin, brittle nails, hair loss				
Total				
Score 19 (Males)	0	1	2	3
Decreased libido				
Decrease in morning erections or strength in erections				
Decreased enjoyment in life				
Decreased strength and/or endurance				
Difficulty building or maintaining muscle				
Total				
Score 20 (Females - Menstruating)	0	1	2	3
Acne and/or unwanted facial hair growth				
Abnormal menstruation (heavy, extended, shortened, scanty)				
Pain, cramping, and/or breast tenderness during menses				
Significant mood changes during menses				
Currently taking, or history of taking, birth control				
Total				

Score 21 (Females - Menopausal)	0	1	2	3
Experience hot flashes				
Acne and/or unwanted facial hair growth				
Mood swings, depression, night sweats				
Vaginal thinning, dryness, or itchiness				
Low libido				
Total				
Score 22	0	1	2	3
Lack of motivation				
Feelings of worthlessness, or self-destructive thoughts				
Quick to anger or frustration				
Inattentive, poor circulation, disorganized thinking				
Decreased pleasure in life				
Total				
Score 23	0	1	2	3
Loss of enjoyment in favorite activities, or relationships				
Feelings of depression and sadness				
Gut distress and/or decreased pain tolerance				
Feelings of overwhelm, or obsessive thoughts				
Lack of deep, restful sleep				
Total				
Score 24	0	1	2	3
Feelings of anxiety, panic, or inner tension				
Experience restlessness, mentally or physically				
Easily worried				
Feel easily overwhelmed and overworked				
Insomnia or difficulty sleeping				
Total				
Score 25	0	1	2	3
Rapid or shallow breathing				
Rapid heart rate				
Fatigue				
Headaches				
Lack of appetite				
Total				
Score 26	0	1	2	3
Lightheadedness				
Muscle twitching, spasm, or cramps				
Numbness or tingling in face/hands/feet				
Tremors, especially in hands				
Slow respiration or breathing rate				
Total				

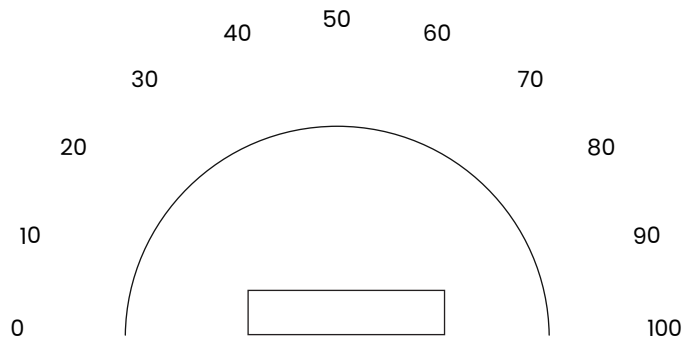
Score 27	0	1	2	3
Don't drink water between meals				
Urinate frequently				
Loose or watery stools				
Excessively salty sweat				
Frequent thirst				
Total				
Score 28	0	1	2	3
I feel as if nobody understands me				
It is difficult for me to make friends				
People are around me, but not with me				
My social relationships are superficial				
No one really knows me well				
Total				
Score 29	0	1	2	3
I feel in control of my life				
Life is rewarding, I am optimistic about the future				
I am satisfied with my life				
I feel healthy, attractive, and am pleased with who I am				
I find beauty and joy in things, and laugh often				
Total				
Score 30	0	1	2	3
I can easily, succinctly articulate my purpose in life				
I have discovered who I really am				
I get intensely involved in, and feel greatly fulfilled by, many of the things I do each day				
My life is centered around a set of core beliefs that give meaning to my life				
It is more important that I enjoy what I do, rather than if people are impressed by it				
Total				

Interpretation

Provide (Energy)																
Score 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 4	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 5	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 6	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 7	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Total																



Protect (Damage)																
Score 8	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 9	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 10	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 11	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 12	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 13	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 14	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 15	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Total																



Promote (Environment)																
Score 16	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 17	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 18	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 20	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 21	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 22	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 23	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 24	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 25	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 26	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 27	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 28	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 29	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Score 30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Total																

