

Advanced NUTRI-BODY® Analysis

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Name _____ Sex _____ Age _____

Address _____ Phone _____

City _____ Prov./State _____ Post/Zip Code _____

Date _____ ☐ First Test ☐ Repeat Test Date of Last Test _____

*This questionnaire is designed to assess bodily signs which may relate to nutritional imbalance. Its sole purpose is to educate and to 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, PLACE a "1", "2" OR "3" in the BRACKETS beside it. Use "1" for "sometimes" or "mild", "2" for "often" or "moderate", and "3" for "very often" or "severe". Skip all statements that do not apply to you. At the end of each section, total the numbers in the brackets and multiply by the factor indicated. Do not "agonize" over any statement. If it is unclear or questionable, ignore it and go on to the next.***

Section A-1

- { } Dry mouth, dry eyes, dry nasal membranes.
- { } Dry or leathery skin.
- { } Dry or chapped lips.
- { } Stools hard and dry.
- { } Low volume of urine, urinate infrequently.
- { } Tendency to form kidney stones.

____ TOTAL X 8 = **A-1**

Section A-2

- { } Infrequent bowel movements.
- { } Painful, hard bowel movements.
- { } Abdominal distension.
- { } Loss of appetite.
- { } Haemorrhoids or rectal fissure.
- { } Overweight.
- { } Varicose veins.
- { } Tendency to form gallstones.

____ TOTAL X 6 = **A-2**



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Section A-3

- { } Rough, dry, flaky or scaly skin.
- { } Eczema, psoriasis, dermatitis.
- { } Dry or gritty feeling in eyes, dry tear ducts.
- { } Dry, lifeless, or brittle hair, split ends.
- { } Brittle or cracked nails.
- { } Dry mouth, throat, mucous membranes.
- { } Wounds or injuries heal slowly, poorly.
- { } Bleeding gums, easy bruising.
- { } Frequent colds, infections, sickness.
- { } Depression, lack of motivation.
- { } Forgetfulness, short attention span.
- { } FEMALE: Premenstrual syndrome.
- { } FEMALE: Difficulty getting pregnant or carrying to term.

____ TOTAL X 5 = **A-3**

Section A-4

- { } Excess fluid retention (edema) in hands and feet.
- { } Nausea or dizziness.
- { } Poor co-ordination.
- { } General, overall weakness.
- { } Anemia.
- { } Cataracts.
- { } Catch colds, flu, infections easily.
- { } Cuticles tear easily.
- { } Muscle wasting, tissue loss.
- { } Impaired wound healing.
- { } Premature aging.
- { } Hair dull, dry, sparse, loose and falling out.
- { } Brittle nails, slow growing nails.
- { } Mood swings, depression.
- { } Insomnia.
- { } Nervousness, agitation.
- { } Low resistance to stress.

____ TOTAL X 3 = **A-4**

Section A-5

- { } Cold sores, herpes simplex.
- { } High triglycerides in blood.
- { } Inability to concentrate.
- { } Irritability.
- { } Bloodshot eyes.
- { } Muscle wasting.
- { } Excessive hair loss.
- { } Anemia.

____ TOTAL X 6 = **A-5**

Section A-6

- { } Muscular weakness.
- { } Brittle hair.
- { } Allergic chemical sensitivities.
- { } Atherosclerosis, cardiovascular disease.
- { } Female: Premenstrual syndrome.
- { } Female: Toxemia of pregnancy.

____ TOTAL X 12 = **A-6**

Section A-7

- { } Anxiety.
- { } Headaches, migraine headaches.
- { } Short attention span, hypertension.
- { } Poor memory.
- { } Excessive appetite
- { } Depression, moodiness.
- { } Addictive behaviours.
- { } Vitiligo, loss of skin pigmentation.

____ TOTAL X 6 = **A-7**

Section A-8

- { } Insomnia, sleeplessness.
- { } Depression, moodiness.
- { } Anxiety, panic attacks.
- { } Migraine headaches.
- { } Restless legs.
- { } Hyperactivity.
- { } Lupus erythematosus.

____ TOTAL X 10 = **A-8**

Section B-1

- { } Indigestion or sourness 2 to 3 hr. after meals.
- { } Abdominal bloating, distension.
- { } Full, logy feeling after heavy meat meal.
- { } Loss of former taste or craving for meat.
- { } Excessive gas, belching or burping after meals.
- { } Burning sensation in stomach, heartburn.
- { } Heavy, tired feeling after eating.
- { } Constipation.
- { } Stools poorly formed, pale, greasy, floating.
- { } Undigested food particles in stools.
- { } Ridges on fingernails, slow growing nails.

____ TOTAL X 6 = **B-1**

Section B-2

- { } Stomach pain 5 or 6 hr after eating, usually at night, relieved by eating or by drinking milk.
- { } Above complaints aggravated by worry /tension.

____ TOTAL X 25 = **B-2**

Section B-3

- { } Low tolerance to alcohol or sugar.
- { } Skin oily on nose and forehead.
- { } Dark circles or bags under the eyes.
- { } Fats/greasy foods cause nausea, headaches.
- { } Stools appears yellow, clay-coloured, foul-odoured.
- { } Pale, greasy stools that float.
- { } Foul-smelling bowel gas.
- { } Bad breath/ bad taste in mouth, excess body odour.
- { } Pain on inside of right shoulder blade.
- { } Consistent gas and bloating from most foods. and especially from onions, cabbage, radishes, cucumbers.

____ TOTAL X 5 = **B-3**

Section B-4

- { } Greasy, foul-smelling stools.
- { } Chronic diarrhea.
- { } Undigested food in stools.
- { } Mucus in stools.
- { } Foul-smelling intestinal gas.

____ TOTAL X 10 = **B-4**

Section B-5

- { } Indigestion, bloating after meals.
- { } Intestinal gas, especially after sugary foods.
- { } Diarrhea or constipation.
- { } Urinary tract infections.
- { } Yeast infections, candidiasis.
- { } Cold sores, canker sores.

____ TOTAL X 8 = **B-5**

Section C-1

- { } Dental cavities/caries.
- { } Overweight.
- { } Nervousness, hyperactivity.
- { } Anxiety or depression.
- { } Cravings, addictions.
- { } Yeast infections, candidiasis.
- { } Recurring infections.
- { } High triglycerides.
- { } High cholesterol in blood.
- { } Gallstones, gout or kidney stones.

____ TOTAL X 5 = **C-1**

Section C-2

- { } High blood pressure.
- { } Stools dry, shrunken.
- { } Excess fluid retention, edema.
- { } Stomach ulcers.
- { } Tremors, convulsions or seizures.
- { } Irritability.
- { } Excessive thirst or excessive urination.

____ TOTAL X 7 = **C-2**

Section C-3

- { } High blood pressure.
- { } Irritability, restlessness, excitement.
- { } Nausea, vomiting.
- { } Headaches.
- { } Convulsions, tremors.
- { } Insomnia.
- { } Frequent urination, bladder irritation.
- { } Irregular heartbeat.
- { } Ringing sound in ear, tinnitus.
- { } FEMALE: Fibrocystic breast lumps.

____ TOTAL X 6 = **C-3**

Section C-4

- { } High blood pressure.
- { } Shingles, hives.
- { } Anemia.

____ TOTAL X 16 = **C-4**

Section C-5

- { } Whitish, yellowish or brown mottling of teeth.
- { } Pitting of teeth.
- { } Nausea or vomiting.
- { } Pain and aching of bones and spine.

____ TOTAL X 12 = **C-5**

Section C-6 (Smokers Only)

- { } Excitement.
- { } Confusion.
- { } Depression.
- { } Muscular twitching.
- { } Abdominal cramps
- { } Spasmodic muscular contractions.
- { } Heart palpitations.
- { } Rapid breathing.

____ TOTAL X 6 = **C-6**

Section D-1

- { } Brittle fingernails, vertically ridged nails.
- { } Pain in forearm or biceps.
- { } Cramps in calf muscle during sleep or exercise.
- { } Painful cramping of feet or toes.
- { } Joint pains.
- { } Teeth prone to decay, frequent toothaches.
- { } Poor quality or malformation of bones.
- { } Nervous tics or twitches, twitching muscles.
- { } Nervousness, irritability, anxiety.
- { } Unusual sensitivity to noise.
- { } Insomnia.
- { } Heart palpitations.
- { } FEMALE: Excessive, lengthy, painful menses.

____ TOTAL X 4 = **D-1**

Section D-2

- { } Irritable nerves or muscles, nervous tics/twitches.
- { } Muscle spasms, tremors, convulsions or seizures.
- { } Muscle cramps in bottom of feet.
- { } Muscle tension, tight muscles.
- { } Restless legs, legs in constant motion at night.
- { } Knee pain, hip pain.
- { } Irregular heartbeat.
- { } Painful and cold hands or feet.
- { } Excessive body odour.
- { } Loose or sensitive teeth.
- { } Anxiety, confusion, disorientation, Irritability.
- { } Nausea, dizziness or lightheadedness.
- { } Mental depression or apathy.
- { } Startle reactions, hypersensitivity to noise.

Section D-2 continued

- { } Poor co-ordination.
- { } Cravings for chocolate.
- { } Insomnia, restlessness, hyperactivity.
- { } Repeated tapping of hands or feet.
- { } Bone spurs.
- { } High blood pressure.

____ TOTAL X 3 = **D-2**

Section D-3

- { } Swelling of ankles or hands.
- { } Dry skin.
- { } Slow, rapid or irregular heartbeat, palpitations.
- { } Constipation.
- { } Unusual thirst.
- { } Muscular weakness.
- { } Unusually sore or stiff muscles after exercising.
- { } Agitation, irritability.
- { } High blood pressure.

____ TOTAL X 6 = **D-3**

Section D-4

- { } Pale skin, palms of hands very pale
- { } Fingernails very light in colour
- { } Fingernails flat or concave (spoon-shaped)
- { } Thin, fragile, brittle nails; vertical ridges on nails
- { } Inner side of lower eyelid is pale
- { } Lack of endurance or stamina, anemia
- { } Cravings for ice, ice eating

____ TOTAL X 7 = **D-4**

Section D-5

- { } Prone to athletic injuries, strained knees, elbow.
- { } Loss of ligament tone or strength.
- { } Muscular weakness.
- { } Nervous degeneration.
- { } Creaking or clicking of joints.
- { } Knee, hip or ankle pain.

____ TOTAL X 8 = **D-5**

Section D-6

- { } Cuts, wounds, sores heal slowly.
- { } Hair or nails grow slowly.
- { } Loss of sense of smell or taste.
- { } Catch colds, flu, infections easily.
- { } Brittle nails.
- { } White spots on fingernails.
- { } Acne.
- { } Stretch marks.
- { } Sterility or impotence.
- { } White coating on tongue.
- { } Loss of appetite, anorexia.
- { } Sleep disturbances.
- { } Diarrhea.
- { } MALE: Prostate problems, low sperm count.
- { } MALE: Delayed sexual maturity.
- { } CHILDREN: Growing pains, stunted growth.

____ TOTAL X 4 = **D-6**

Section D-7

- { } Dry skin.
- { } Dry hair.
- { } Brittle or fragile nails.
- { } Slow wound healing.
- { } Joint pain, tenderness or swelling.
- { } Muscular soreness, cramps in legs or back.
- { } Diabetes, diabetic tendencies.
- { } Anxiety or depression.

____ TOTAL X 8 = **D-7**

Section D-8

- { } Rapidly aging skin, loss of skin elasticity.
- { } Weak hair shafts, thinning hair, split ends.
- { } Soft or weak nails.
- { } Retarded growth, incomplete skeletal Development.

____ TOTAL X 12 = **D-8**

Section E-1

- { } Dry hair.
- { } Brittle nails.
- { } Slow mental reactions.
- { } High cholesterol in blood.
- { } Enlargement of thyroid gland, goitre.
- { } Heart palpitations.
- { } Irritability.
- { } Overweight.
- { } Sluggish metabolism.
- { } Constipation.
- { } FEMALE: Cystic breasts, breast lumps.

____ TOTAL X 5 = **E-1**

Section E-2

- { } High cholesterol in blood.
- { } High triglycerides.
- { } Intolerance to alcohol.
- { } Glucose intolerance, hypoglycemia, diabetes.
- { } Cravings for sugars or starches.

____ TOTAL X 10 = **E-2**

Section E-3

- { } Muscular degeneration, muscular dystrophy.
- { } Weakened heart tissue, cardiomyopathy.
- { } Loss of skin elasticity, excessive wrinkling.
- { } Cancer or heart disease.
- { } Cataracts.
- { } Cystic fibrosis.

____ TOTAL X 10 = **E-3**

Section F-1

- { } Poor night vision, unable to see well in dim light .
- { } Eyes sensitive to glare, sunlight or bright lights .
- { } Inability to adjust eyes when entering a dark room.
- { } Dry eyes, dry cornea.
- { } Eyelids red, scaly or dry.
- { } Eye inflammations, conjunctivitis, styes, eyelids swollen.
- { } Get colds or respiratory infections easily.

Section F-1 continued

- { } Sinus problems.
- { } Abscesses in ears, mouth or salivary glands.
- { } Brittle or dry hair.
- { } Dry, rough or scaly skin.
- { } Hard "goosebumps" on back of arms.
- { } Acne, pimples or blackheads.
- { } Warts.
- { } Kidney, urinary or bladder infections, burning or itching when urinating.

____ TOTAL X 3 = **F-1**

Section F-2

- { } Burning in mouth and throat.
- { } Poor bone development.
- { } Abnormal number of dental cavities, cracking teeth.
- { } Osteoporosis (deimineralized bones).
- { } Osteomalacia (softening of bone).
- { } Rickets (bowlegs, knock-knees).
- { } Joint pains, bone pains.
- { } Muscular cramps.
- { } Nearsightedness, myopia.
- { } Nervousness.
- { } Insomnia.
- { } Constipation.

____ TOTAL X 5 = **F-2**

Section F-3

- { } Muscular weakness, swelling or wasting.
- { } Poor co-ordination.
- { } Involuntary movements of the eyes.
- { } Brittle and falling hair.
- { } Tendency to form blood clots.
- { } Fat malabsorption, celiac sprue, cystic fibrosis.
- { } Hemolytic anemia, sickle cell anemia.
- { } FEMALE: Menstrual discomfort.
- { } MALE: Low sex drive, impotence.

____ TOTAL X 10 = **F-3**

Section G-1

- { } Heart palpitations or gallop rhythm.
- { } Slow heart beat or rapid heart beat.
- { } Vague chest pains, shortness of breath.
- { } Enlarged heart.
- { } Diastolic blood pressure over 90.
- { } Forgetfulness, poor memory, short attention span.
- { } Muscular tenderness, weakness or wasting.
- { } Irritability.
- { } Feel depressed.
- { } Loss of appetite or loss of weight.
- { } Numbness, pricking or tingling in hands or feet.
- { } Loss of ankle or knee jerk reflexes.
- { } Poor co-ordination.
- { } Stiffness or swelling in ankles, feet or legs.
- { } Cramping pains in legs, especially after exercising.
- { } Tenderness in calf muscle under pressure.
- { } Constipation.
- { } Vulnerability to insect bites, esp. mosquitoes or fleas.

____ TOTAL X 3 = **G-1**

Section G-2

- { } Cracks or sores in corner of mouth.
- { } Reddish-purple (magenta) coloured tongue.
- { } Shiny, sore or swollen tongue.
- { } Lips red, white, scaly, swollen or chapped.
- { } Conjunctivitis.
- { } Cataracts.
- { } Sensation of "sand" under the eyelids.
- { } Eyes sensitive to light.
- { } Blurred vision, dimming of vision.
- { } Eyes red, itchy, burning.
- { } Red lines in whites of eyes.
- { } See spots before the eyes.
- { } Abnormally greasy or scaly skin around nose.
- { } Falling hair, abnormal hair loss.
- { } Oily hair.
- { } Loss of fullness in upper lip.
- { } Wrinkles radiation from lips towards nose/cheeks.

____ TOTAL X 3 = **G-2**

Section G-3

- { } Diarrhea.
- { } Chapping of backs of hands.
- { } Itchy, red or inflamed skin, dermatitis.
- { } Irritability, anxiety or depression.
- { } Loss of sense of humour.
- { } Indigestion.
- { } Small ulcers or canker sores in mouth.
- { } Burning sensation in hands or feet.
- { } Insomnia.
- { } Whitish, coated tongue.
- { } Brilliant red, painful tongue.
- { } Swollen tongue with red tips and sides.
- { } Feel as if hands or feet go numb.

____ TOTAL X 4 = **G-3**

Section G-4

- { } Pupils in eyes are unusually large, dilated.
- { } Periods of deep depression.
- { } Burning sensation of hands or feet.
- { } Poor co-ordination.
- { } Lightheaded or dizzy when sitting up or standing up.
- { } Diarrhea or constipation.
- { } Numbness or tingling in hands or feet.
- { } Joint pains.
- { } Muscle cramps.
- { } Rapid heartbeat on exertion.
- { } Irritability, agitation.
- { } Headaches.
- { } Insomnia, sleeplessness.
- { } Quarrelsome, hot temper.
- { } Inability to cope with stress.
- { } Restless legs, constant motion of legs at night.

____ TOTAL X 3 = **G-4**

Section G-5

- { } Irritability or nervousness.
- { } Feel confused.
- { } Can't remember dreams.
- { } Dizziness.
- { } Swelling of hands, feet, or ankles (edema).
- { } Unable to close hands into tight, flat fists.
- { } Soreness, tenderness, weakness of thumb Muscles.
- { } Greasy scaliness on skin near nose, mouth, eyes.
- { } Muscular twitching.
- { } Greenish tint to urine.

Section G-5 continued.

- { } Hyperactivity.
- { } Poor co-ordination in walking.
- { } FEMALE: Nausea of pregnancy.
- { } FEMALE: Acne worse during periods.
- { } FEMALE: Swelling of face, abdomen or extremities, during menses.

____ TOTAL X 4 = **G-5**

Section G-6

- { } Skin shiny, dry and scaly.
- { } Tongue purplish-red (magenta) swollen and painful.
- { } Nausea.
- { } Muscular pains.
- { } Mental depression.
- { } Poor appetite.
- { } Fingernails a pale colour, pale complexion.
- { } Sleeplessness.
- { } Irregular heart beat
- { } Hair loss, brittle hair.
- { } Loss of skin pigment.

____ TOTAL X 5 = **G-6**

Section G-7

- { } Sore, beefy red tongue.
- { } Lemon-yellowish tint to skin, pale complexion.
- { } Numbness, tingling soreness, weakness in hands/feet.
- { } Jerking of limbs.
- { } Memory loss.
- { } Stammer.
- { } Apathy, feel as if have lost incentive in life.
- { } Depression, moodiness.
- { } Anxiety, irritability, nervousness, agitation.
- { } Anemia.
- { } Hallucinations, delusions.
- { } Loss of appetite.
- { } Confusion, disorientation.
- { } Back pains.
- { } Dizziness.
- { } Dimmed vision.
- { } Poor stomach digestion, low stomach acid.
- { } FEMALE: Menstrual disturbances.

____ TOTAL X 3 = **G-7**

Section G-8

- { } Tongue red, shiny, smooth and painful.
- { } Ulcers in mouth.
- { } Red, swollen or bleeding gums.
- { } Intestinal malabsorption, sprue.
- { } Diarrhea.
- { } Heart palpitations.
- { } Swelling of ankles.
- { } Lightheadedness, faintness.
- { } Apathy or depression.
- { } Forgetfulness.
- { } Loss of appetite, weight loss.
- { } Greying hair.
- { } Excessive pigmentation of skin.
- { } Irritable, agitated, brooding or self-conscious.
- { } Anemia.

___ TOTAL X 3 = **G-8**

Section G-9

- { } Skin bruises easily, "black and blue" marks.
- { } Hemorrhages or ruptured blood vessels in eye.
- { } Gums bleed easily, especially when brushing teeth.
- { } Bluish-red, swollen or inflamed gums.
- { } Loose teeth, loss of dental fillings.
- { } Cuts, sores or wounds heal slowly.
- { } "Fleeting" pains in joints or legs, joint tenderness.
- { } Catch infections colds, flu or viruses easily.
- { } Listlessness, lack of endurance, tire easily.
- { } Cuticles tear easily.
- { } Excessive hair loss.
- { } Restlessness or irritability
- { } Nosebleeds.
- { } Broken capillaries, hemorrhages, pink spots on skin.
- { } Bloating or puffiness in face.
- { } Anemia.
- { } Fragile bones.
- { } Thinning or premature aging of skin.

___ TOTAL X 3 = **G-9**

Section H-1

- { } Eczema.
- { } High blood pressure.
- { } High cholesterol levels.
- { } Liver or kidney disorder.
- { } Poor memory.

___ TOTAL X 10 = **H-1**

Section H-2

- { } Bleed easily (gums, nosebleeds & cuts).
- { } Bruise easily.
- { } Tiny red blood spots on skin.
- { } Varicose veins, haemorrhoids.
- { } Inflamed, swollen joints.
- { } FEMALE: Miscarriages, threatened miscarriages.
- { } FEMALE: Heavy & prolonged menstrual bleeding.

___ TOTAL X 10 = **H-2**

Section I-1

- { } Rough skin.
- { } Excessive perspiration.
- { } Loss of former taste or craving for meat.
- { } Nausea, inclination to vomit.
- { } Potatoes disagree.
- { } Belching accompanied by head cold.
- { } Constipation accompanied by throbbing headaches.
- { } Numbness, stiffness or loss of sensation in arms/legs.
- { } Poor or failing memory.
- { } Stitching or burning pain in head with dizziness, relieved by eating.

___ TOTAL X 5 = **I-1**

Section I-2

- { } High or low blood pressure.
- { } Anemia.
- { } Emphysema.
- { } Kidney disease.

___ TOTAL X 12 = **I-2**

Section I-3

- { } Nausea or vomiting.
- { } Abdominal pain.
- { } Diarrhea.
- { } Excessive hair loss.
- { } Hyperactivity, irritability or nervousness.
- { } Depression.

___ TOTAL X 8 = **I-3**

Section I-4

- { } Constipation.
- { } Cramps or vague abdominal aches or discomfort.
- { } Dizziness.
- { } Anxiety or irritability.
- { } Nervousness or restlessness.
- { } Lack of ambition, apathy or depression.
- { } Hand tremors.
- { } Poor co-ordination.
- { } Sallow complexion, grayish-greenish-yellow tint.
- { } Convulsions, seizures.
- { } Paralysis.
- { } Catch colds infections easily.
- { } Vomiting.
- { } CHILDREN: Hyperactivity.

_____ TOTAL X 4 = **I-4**

Section I-5

- { } 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.
- { } Allergic tendencies.
- { } Loss of self-confidence.
- { } Food cravings.
- { } Facial and back pain.
- { } Loss of appetite.
- { } Irritability.

_____ TOTAL X 3 = **I-5**

Section J-1

- { } Eyes sensitive to bright lights, headlights, sunlight.
- { } 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 too low.
- { } Perfectionist, set high standards.
- { } Avoid complaints, try to ignore inconveniences.

Section J-1 continued

- { } 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 craving for salt.
- { } Perspire excessively, sweating of hands or feet.
- { } More than usual neck, head, shoulder tension.
- { } Blood pressure decreases when going from a lying position to a standing position.

_____ TOTAL X 3 = **J-1**

Section J-2

- { } Persistent high blood pressure.
- { } Rapid pulse.
- { } Fluid retention of facial tissues, puffy face.
- { } Stronger than average physically.
- { } Strong feelings blow up easily, dislike being crossed.
- { } FEMALE: Excess hair on face, arms, legs.
- { } MALE: Baldness, hairy arms and back, muscular "square" build, aggressive in business or sports.

_____ TOTAL X 8 = **J-2**

Section J-3 {FEMALE}

- { } Irregular or discomforting menstrual periods.
- { } Hot flashes, night sweats.
- { } Nervousness, depression, mood swings.
- { } Have had uterus and/or ovaries removed.
- { } Lost or diminished sex drive.
- { } Breast swelling before or during periods.
- { } Unable to have children because of sterility (not because of age or operation).

_____ TOTAL X 8 = **J-3**

Section J-3 {MALE}

- { } Difficulty urinating--starting, burning
- { } Above associated with back or leg pains
- { } Have to urinate more than twice during night.
- { } Prostate trouble or prostate surgery.
- { } Lost or diminished sex drive.

_____ TOTAL X 10 = **J-3**

Section J-4

- { } Burning sensation upon urination.
- { } High diastolic blood pressure (above 90).
- { } Lower back pains.
- { } Puffiness around eyes.
- { } Have to urinate more than twice per night.
- { } Legs often feel heavy.
- { } Unable to control flow of urine, incontinence.
- { } Joint pains.
- { } Anemia.

____ TOTAL X 6 = J-4

Section J-5

- { } Pain on inside of left shoulder blade.
- { } Pain on left side of abdomen.
- { } Shingles on trunk of body.
- { } Cold hands or feet.
- { } Feel cold and sweaty.
- { } Shakiness.
- { } Slow healing of wounds, cuts, abrasions.
- { } Constant, intense thirst.
- { } Urinate more than 2 litres daily.
- { } Breath smells sweet or of acetone.
- { } Tingling, burning, jabs or numbness in hands/feet.
- { } Vision failing.
- { } Urine contains sugar.
- { } Moody with marked ups and downs.
- { } Cold sweats of the hands even when warm.
- { } Fainting, blacking out or convulsions.
- { } Vague, unrelated complaints relieved by eating but return with a vengeance.

____ TOTAL X 3 = J-5

Section J-6

- { } Muscles stiff in morning, feel need to limber up.
- { } Fail to feel rested, even after sleeping long hours.
- { } Feel "creaky" after sitting still for some time.
- { } Heart seems to miss beats or turn "flip-flops".
- { } Nauseated in morning.
- { } Start slow in morning, gain speed in afternoon.
- { } Motion sickness when traveling.
- { } Dizzy in morning or when moving up and down.
- { } Cold hands or feet.
- { } Sensitivity to cold, prefer warm climate.
- { } Hair scanty, dry, brittle, dull, lustreless, lifeless.
- { } Hair loss from outer third of eyebrows.
- { } Flaky, dry, rough shin.
- { } Sleeplessness, restlessness, sleep disturbances.

Section J-6 continued

- { } Poor short term memory, forgetfulness.
- { } Poor response to exercising.
- { } Hypoglycemia (low blood sugar).
- { } High cholesterol, cholesterol deposits on eyelids.
- { } Constipation, less than one bowel movement daily.
- { } "Go to pieces" easily, cry easily.
- { } Dislike working under pressure, being watched.
- { } Diminished sex drive, lack of sexual desire.
- { } Gain weight easily, fail to lose on diets.
- { } Difficulty concentrating, easily distracted.
- { } Yellowish tint to skin on hands or feet.
- { } Cracks in bottom of heels.
- { } Clogged sinuses.
- { } Low pulse rate.
- { } Low body temperature, especially at bed rest.
- { } Recurrent infections.
- { } Depression.
- { } Headaches.
- { } Puffiness of face or eyes.
- { } Swelling of hands or ankles.
- { } Irritability, mood swings.
- { } Multiple food allergies/sensitivities.
- { } These worse at night: coughing, hoarseness, muscle cramps.
- { } FEMALE: Lumpy breasts, cystic breasts.
- { } FEMALE: Menstrual irregularity, excess flow, premenstrual syndrome.

____ TOTAL X 2 = J-6

Section J-7

- { } Heart beats above 90 beats per minute at rest.
- { } Heart palpitations.
- { } Protruding tongue quivers, hands shake or tremble.
- { } Strong drive followed by exhaustion.
- { } Good appetite but fail to gain weight.
- { } Erratic, "flighty" behaviour, talk rapidly.
- { } Protruding eyeballs. Warm, fine, moist skin.
- { } Irritability, nervousness, hyperactivity insomnia.
- { } Frequent bowel movements, diarrhea.
- { } Excessive sweating without exercise.
- { } Feel warm & flushed at normal room temperature.

____ TOTAL X 4 = J-7

Section J-8

- { } Cold hands or feet, cold all over.
- { } Infertility or impotence.
- { } Headaches affecting one side of head.
- { } Excessive urination.
- { } Left upper neck pain.
- { } Left little finger pain.
- { } Overweight from waist down or from waist up.
- { } Feeling of inadequacy.
- { } Changeable temperament, moody.
- { } Feelings dominate over logic.
- { } Abdominal "apron" of fat.
- { } Fluid swelling in ankles, finger, feet.
- { } Puffiness under eyes.
- { } FEMALE: loss of menstrual function.

____ TOTAL X 4 = **J-8**

Section J-9

- { } Chronic flu, viral infections.
- { } Hay fever, allergies, allergic rhinitis.
- { } Asthma, eczema.
- { } Swollen glands in armpit, groin, tonsils.
- { } Feeling of puffiness in throat.
- { } Soreness on both sides of neck at shoulder level.
- { } Irregular heartbeat.
- { } More than usual number of cavities.
- { } Look older than chronological age.

____ TOTAL X 6 = **J-9**

Section K-1

- { } Awake in morning not feeling rested.
- { } An almost "painful" fatigue not helped by rest.
- { } Dark or puffy circles under the eyes.
- { } Spastic colon, colitis, irritable bowel.
- { } Minor, chronic complaints that recur.
- { } High blood pressure.
- { } Bed-wetting, uncontrolled urination.
- { } Enlargement of lymph glands in neck.
- { } Have been called a "hypochondriac".
- { } Insomnia, sleep disturbances.
- { } Heavy sweating not related to exercise.
- { } Fluid retention.
- { } Muscle spasms, aching muscles.
- { } Painful, stiff or swollen joints.
- { } Depression or crying spells.
- { } Sinus attacks.
- { } Catch colds easily.
- { } History of bronchitis or pneumonia.

Section K-1 continued

- { } Hyperactivity.
- { } Constipation or diarrhea.
- { } Marked fluctuations in weight.
- { } Eczema, psoriasis, rashes, dermatitis.
- { } Irritability.
- { } Bladder infections.
- { } Hay fever, sneezing attacks.
- { } Dry stuffy nose, tendency to pick nose.
- { } Runny nose.
- { } Bloating or puffiness in face.
- { } Bronchial asthma.
- { } Migraine headaches.

____ TOTAL X 2 = **K-1**

Section K-2

- { } Tremors of hands or feet.
- { } Double vision.
- { } Slurred speech.
- { } Irritability or impatience.
- { } Loss of stamina while doing physical work.
- { } Lose temper easily, emotionally unsettled.

____ TOTAL X 8 = **K-2**

Section K-3

- { } Fingers and/or toes go cold.
- { } Arms and/or legs "go to sleep".
- { } Numbness or heaviness in arms or legs.
- { } Cramps in hand when writing.
- { } Sharp, diagonal crease in earlobe.
- { } Tingling sensation in lips or fingers.
- { } Short walk causes cramping or pain in legs.
- { } Memory not as good as it used to be.
- { } Ankles swell late in day.
- { } Persistent, nagging cough.
- { } Breathlessness on slight exertion or lying down.
- { } Urinate more than twice during night.
- { } High blood pressure.
- { } Whitish ring under outer part of cornea in the eye.
- { } Impotent or frigid.
- { } Chest pain after physical exertion or emotional stress.

____ TOTAL X 3 = **K-3**

Section K-4

- { } Irritable if late for a meal or miss a meal.
- { } Headaches that are worse after missing a meal.
- { } Irritable before breakfast.
- { } Easily upset or frustrated.
- { } Constant worrying.
- { } Fits of anger, agitation, temper outbursts.
- { } Episodes of shakiness or tremors.
- { } Sudden, strong cravings for sweets, coffee, alcohol.
- { } Episodes of uncontrollable eating, binging.
- { } Asthmatic attacks.
- { } Anxiety attacks, crying spells.
- { } Get hungry soon after eating.
- { } Sudden drop in energy in mid-morning or mid-day.
- { } Fatigue or sleepiness after eating, worse if eat dessert.
- { } Cold hands or feet.
- { } Wake up at night feeling hungry.
- { } Wake up in middle of night and can't go back to sleep.
- { } Nervousness, shaky feelings, depression or headaches relieved by eating sweets.
- { } CHILDREN: Attention deficit or hyperactivity.

____ TOTAL X 3 = **K-4**

Section K-5

- { } Diarrhea or abdominal distress while visiting foreign or unfamiliar locations.
- { } Unexplained indigestion, gas or bloating.
- { } Intestinal tract irritable, burns or cramps for no apparent reason.
- { } Recently developed food/ environmental Allergies.
- { } Frequent colds, flu or other acute illness.
- { } Difficulty overcoming intestinal yeast overgrowth.
- { } 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.

____ TOTAL X 4 = **K-5**

Section K-6 [FEMALE]

Indicate which conditions apply only if they occur within 14 days prior to and two days after the menstrual period:

- { } Anxiety, nervous tension, pounding heart.
- { } Irritability, restlessness.
- { } Depression, mood swings.
- { } Emotional outbursts, crying spells.
- { } Headaches, dizziness, fainting.
- { } Backache, cramps.
- { } Insomnia.
- { } Bloating, weight gain.
- { } Forgetfulness, confusion.
- { } Increased appetite, craving for sweets.
- { } Breast tenderness
- { } Swelling of hands, feet, edema

____ TOTAL X 4 = **K-6**

Section K-7

- { } Repeated use of antibiotics or birth control pills.
- { } Cravings for sugars, bread or alcohol.
- { } Indigestion/ discomfort after eating fruits or sweets.
- { } Severe reactions 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 or scratchy throat, oral thrush.
- { } Feel bad all over, without apparent cause.
- { } 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 airborne moulds.
- { } 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.

____ TOTAL X 3 = **K-7**

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Add up the numbers you have written beside each statement. Multiply this total by the factor indicated to determine the score for each section.