

YOU ARE WHAT YOU EAT

1. Do you shop for food less frequently than every four days?
2. Do you eat more packaged (frozen or canned) fruits & vegetables than fresh?
3. Do you eat more cooked vegetables than raw?
4. Do you eat vegetables with fewer than two meals daily?
5. Do you buy more non-organic vegetables than organic vegetables?
6. How often do you use microwave?
7. Do you eat white bread more often than whole grain breads?
8. Do you eat quick cook grains such as Rice-a-roni, Quaker Oats, or MINUTE rice more than slow cooked organic whole grains?
9. How often do you consume pasteurized, homogenized milk or cheeses?
10. How often do you eat non-organic yogurts?
11. Do you eat typical store-bought eggs from cage-raised chickens (as opposed to free-ranged eggs)?
12. Do you eat non-organic red meat more than once every four days?
13. Do you commonly eat meats (beef, chicken, turkey) from sources other than a free-range and hormone-free source?
14. Do you eat canned fish more frequently than fresh fish?
15. How often do you use commercial salad dressing?
16. How often do you use product containing hydrogenated oils?
17. Do you eat nuts or seeds that are roasted or salted?

18. How often do you use white table sugar as a sweetener?
19. How often do you use artificial sweeteners such as Sweet-n-low, Equal or NutraSweet?
20. Do you use standard white table salt?
21. Do you eat TV dinners or highly processed foods more than three times a week?
22. How often do you eat from fast food restaurants such as McDonald's, KFC, Wendy's, etc?
23. How often do you eat snacks from vending machines?
24. Do you drink tap water?
25. How often do you eat some form of store-bought dessert such as ice cream, cookies, donuts, cakes or pies?

Total: _____

STRESS

1. Do you eat more or less when stressed than when not stressed?
2. Do you worry over job income or money problems?
3. Are any of your relationships causing you stress?
4. Do you often feel anxious?
5. Do you often get upset when things go wrong?
6. Do you lash out at others?
7. Do you feel your sex drive is lower than normal for you?

8. Do you feel isolated or lonely?
9. Do you feel stressed due to lack of intimacy in one of more relationships?
10. Have you had reduced contact with friends (feeling antisocial) or an increase in contact because you feel you need to vent your frustrations or stresses to others?
11. Do you take any form of medication prescribed by a physician directly or indirectly related to stress in your life or for a physiological disorder?
12. Do you commonly lose more than two days of work per year due to illness?

Total: _____

SLEEP WAKE CYCLES

1. Do you live in the same time zone you were born in?
2. Do you travel across time zones more than once a month?
3. How often do you wake up feeling un-rested and in need of more sleep?
4. Do you commonly go to bed after 10:30pm?
5. Are the times you have bowel movements consistent and predictable on a daily basis?
6. Do you suffer from reduced memory since moving to a new time zone or since traveling across time zones?
7. Has your sense of hunger changed from being hungry at breakfast (upon rising), lunch (midday) and dinner times (sunset) since moving to a new time zone or traveling across time zones frequently (more than once a month)?
8. How often do you wake up at night between 1:00am and 4:00am and have a hard time falling back to sleep?
9. How often do you tend to have a hard time staying awake in the afternoon after eating lunch?

10. Do you work shift work that requires you to stay up late at night?

Total: _____

YOU ARE WHAT YOU EAT

1. Do you frequently skip meals?

2. How often do you typically go more than four hours without eating?

3. How often do you skip breakfast?

4. Do you avoid fats when eating?

5. Do you frequently eat carbohydrates (i.e. breads, bagels, cookies, pasta, fruit, cereals, muffins, crackers, chocolate or candy) by themselves?

6. Do you often get hungry or crave sweets within two hours of eating a meal?

7. How often do you consume drinks containing caffeine or sugar (i.e. coffee, tea, sodas, fruit juices with sucrose, corn syrup or added sugar)?

8. Have you tried diets to lose weight?

9. Do you have difficulty burning fat around your belly, hips or thighs even with regular exercise?

10. Do you eat your largest meal in the evening?

Total: _____

DIGESTION

1. How often do you experience lower abdominal bloating?

2. Do you frequently have loose stool or diarrhea?
3. Do you experience constipation or stools that are compact or hard to pass?
4. Do you find that you often burp after meals?
5. Do you frequently have gas?
6. Do you crave certain foods such as bread, chocolate, certain fruit, and red meat if you have not eaten them in a day or two?
7. How often do you have a poor appetite or feel worse after eating?
8. Do you have an excessive appetite and/or sweet cravings?
9. Do you frequently (more than twice a week) experience abdominal pain, cramps or general abdominal comfort?
10. How often do you have indigestion, heartburn or upset stomach?
11. How often do you get a headache after eating?

Total: _____

FUNGUS & PARASITES

1. Have you ever been given general anesthesia?
2. Have you ever taken antibiotics?
3. Have you been or are you being treated for any condition requiring you to take medical drugs?
4. In general are your bowel movements loose, hard or foul smelling?
5. Would you consider your life to be stress free?

6. Do you currently suffer from any digestive order or frequently have pain in the region above or below the navel?
7. Do you have mercury amalgam fillings in your mouth?
8. Do you have two different kinds of metal in your mouth; i.e. gold and silver or mercury amalgam and gold or silver?
9. Do you experience itching in the ears, nose and rectum area?
10. Do you have or have you had dandruff in the past year?
11. Do you regularly eat or drink products containing sugar, white flour and/or processed dairy products?
12. Do you crave sugar, fruit or milk if you don't have either of these items for more than three days?
13. Do you find that regardless of how much you eat you get hungry quickly?
14. In the past year have you experienced athlete's foot (itching around the toes, soles or heel of the foot), jock itch or a fungal infection under a toenail (thickening of the toenail)?
15. Do you ever get a reddening around the mouth or nose area after eating or drinking?
16. Do you experience muscle or joint aches on a regular basis?
17. Do you experience mood swings?
18. Do you snack on sweets or drink coffee, soda pop or sports drinks most days to keep your energy up?
19. Do you suffer from any kind of skin condition?
20. Have you ever had sex or close physical contact with anyone who you know had a fungal infection (including athlete's foot, jock itch, dandruff) or a parasite infection?