Optimal Wellness Survey

applies

Optimal Wellness Survey	
Submission Date	2018-05-31 12:48:56
Which survey are you completing today?	Optimal Wellness Survey
Name	Roger Duda
Gender	Male
Date	12.04.1975
Age	42
Contact Number	(1) (847) 239-3832
Height	5 ft 7.5 inches
Weight	165
Address	558 Springwood ct East Dundee II 60118 United States
Color of Eyes	hazel
Email	rogerduda@gmail.com
Check any that you harbor or are experiencing for yourself or towards others at this time.	Bitterness Fear Grief Helplessness Inpatient Pride Sorrow Regret
Check what currently applies to you	Home has mold Watery Eyes Sneezing Cough Regulary
Check which currently applies	Dark urine (dark yellow or orange) Weakness
Check which currently	Depression

Check what you are currently experiencing

Nausea Brain fog Chest pains Teeth & jaw pain Aching muscles Fatigue

Feeling of impeding influenza but never quite breaks out

Check which applies to you

Fatigue
Weight gain
Weakness
Depression
Lack of flexibility and good balance
Heart problems

Check what applies to you presently

I consume very little dairy or gluten (2 to 3 meals a week) Eat fresh and/or organic foods as much as possible

Check which blood type you are

Α

Check which body type you are

Ectomorph (Thin boned, small frame)

Section A: Check which currently applies

Allergies
Digestive problems
Difficulty sleeping
Depression/poor mood
Low energy
Sore muscles or stiff joints

Section B: Check which currently applies

Unexplained chest pains
Excessive itching
Bloated feeling most of the time
Constipated on regular basis
Depression
Out of breath easily
Frequent urination during the night
Unexplained chronic fatigue
Constant or frequent pain in joins

Check which presently or frequently applies to you

Gas
Bloating
Abdominal fullness
Nausea
Constipation

Fatigue Allergies, especially foods History of parasitic infections

Difficulty overcoming intestinal yeast growth

Check which presently or	•
frequently applies to you	

Gas Bloating

Constipation and/or diarrhea

Itchy anus

Continuous sinus problems

Chronic or re-occurring sore throat, colds, bronchitis, ear infection

Craving for sweets, alcohol, bread, cheese

Biotin

Hair loss

Calcium

Irritability

Chromium

Anxiety Fatigue

Copper

Depression Fatigue Hair Loss Weakness

Essential Fatty Acids

Hair Loss

Protein

Low Exercise Tolerance Increased secretion from mouth/nose/eyes. Fatigue Hair loss

Carbohydrates

Easily startled

Folic Acid

Shortness of Breath Weakness

lodine

Fatigue

Iron

Constipation Depression Fatigue

Magnesium

Confusion Nervousness Weakness

Manganese

Dizziness

Niacin

Bad breath Depression Fatigue Irritability

Pantothenic Acid (B6)

Fatigue Hair Loss Irritability

Potassium

Constipation Depression Fatigue

Pyridoxine (B6)

Depression Fatigue Irritability Loss of Hair Nausea

Riboflavin

Depression Hair Loss

Selenium

Insufficiency (Inability to secrete adequate amounts of digestive enzymes)

Thiamin

Digestive Problems Irritability Pain Sensitivity Weakness

Vitamin A

Fatigue Immune Impairment

Vitamin B-12

Constipation
Depression
Fatigue
Dizziness
Low Stomach Acid

Vitamin C

Joint Pains

CoQ10

Fatigue

Zinc

Depression
Fatigue
Hair Loss
Irritability
Lethargy
Loss of Appetite
Low Stomach Acid
Low Testosterone

I. Check which you are frequently or presently experiencing

Belching or gas within one hour after eating Bad breath Bloated within one hour after eating Sleepy after meals Feel better if you do not eat Undigested food in stool

II. Check which presently or frequently applies

Sensitive to chemicals

III. Check which currently or frequently applies

Food Allergies
Sinus congestion
Crave bread or noodles
Wheat or grain sensitivity
Asthma, sinus infections, stuffy nose

IV. Check which presently or frequently applies

Anus itches Coated tongue

Feel worse in moldy or dusty places

Have taken antibiotics for long periods (2 to 3 months or more)

Fungus or yeast infection Ringworm/Nail fungus

Mucous in stool

Dark circles under eyes

Excessive foul smelling lower bowel gas

Irritable bowel or mucous colitis

Strong body odors

Less than 1 bowel movement daily

V. Check which presently or frequently applies

Crave Sweets Irritable before meals

VI. Check which presently or frequently applies

Difficulty falling asleep

Keyed up, trouble calming down

Clench or grind teeth

Become dizzy when standing up suddenly

Arthritic tendencies

Chronic fatigue or get drowsy often

Asthma, wheezing or difficulty breathing

Tendency to sprain ankles or shin splints

Allergies and/or hives Weakness, dizziness

VII. Check which presently or frequently applies

Sensitive/allergic to iodine Difficulty losing weight

Mentally sluggish, reduced initiative

Easily fatigued, sleepy during the day

Chronic constipation Seasonal sadness

VIII (Men Only). Check which presently or frequently applies

Prostate problems

Difficult to start or stop urine stream

Waking to urinate at night

X. Check which presently or frequently applies

Aware of heavy or irregular breathing

Shortness of breath with moderate exertion

Cough at night

Dull pain or tightness in chest and/or radiate into right arm, worse with exertion

Dark circles under eyes

Chronic pain or muscular and joint stiffness

XI. Check which presently or frequently applies

Puffy around the eyes, dark circles under eyes

Urine has a strong odor

XII. Check which presently or frequently applies

Runny or drippy nose History of Epstein Bar

Mucous-producing cough

History of Shingles, Chronic fatigue, Hepatitis or other chronic viral condition

List the Vitamin Supplements You Presently Take:

garlic, black seed oil, wild cherry bark, others as needed

List the Medical Conditions
You Have Been Diagnosed as
Having:

List Any Operations You Have
Had:

List the Medical Conditions
that Run in Your Family

FM, CFS, IBS, Depression,

arthritis

What Have You Come Here For?

Lung, digestive and heart concerns