**Submission Date** 2018-09-06 22:30:36

Which survey are you completing

today?

Optimal Wellness Survey

Name Final Test

Gender Female

09.04.2018 Date

63 Age

**Contact Number** (647) (347) 1234

Height 143 cm

Weight 153

Address Street Address: Ixworth Road

Street Address Line 2: Etobicoke

City: Ontario State: ON Zip Code: M94Er6 Country: Austria

**Color of Eyes** Brown

abc@gmail.com **Email** 

(a) Check any that you harbor or are experiencing for yourself or towards others at this time

Fear Grief Gossip Helplessness Hopelessness Guilt Betrayal Envy Jealousy Insecurity Impatient Arrogance Pride Hatred Rage Resentment Revenge Shame Sorrow Regret Passivity Slander Possessiveness Rebellion

Anger Bitterness

You have selected "Addictions", please explain them.

Coffee

Unforgiveness Gambling Addictions Other

You have selected "Other", please

explain.

NIA

#### (b) Check what currently applies to you

Always Indoors

Do not regularly change home air filter Home has mold

Home has an air ionizer

Have plenty of green plants in my living space

Practice deep breathing exercises regularly, especially outdoors

I live away from city smog

Dizziness Headaches Watery Eyes Sneezing Cough Regularly

Fatigue

Smoke cigarettes regulary

#### (c) Check which currently applies

Dry mouth, dry eyes, dry nasal membranes

Dry or leathery skin Dry or chapped lips Stools hard & Dry

Low volume of urine, urinate infrequently Dark urine (dark yellow or orange) Poor skin turgor (loss of elasticity of skin)

Headaches

Leg and arm cramps

Weakness

Drink less than eight 8 ounce glasses of water daily

#### (d) Check which currently applies

Depression Poor Bone Health Low Vitamin D levels

Outdoors at least 30 minutes a day

#### (e) Check what you are currently experiencing

Headaches Nausea Brain fog Sleep disorders Loss of memory Sensitive skin Dizziness Burning sensation

Rash

Vision problems Chest pains Swollen lymph nodes Live near electrical towers

Teeth & jaw pain

Constantly having cellphone to the ears On computer more than six hours

Aching muscles

Fatigue

Bouts of unexplained fear or anxiety

Tingling or prickly sensation across face or other parts of body Feeling of impeding influenza but never quite breaks out

# (f) Check which applies to you

Exercise regularly at least twice a week

Fatigue Weight gain Weakness Muscle atrophy Depression

Lack of flexibility and good balance

Heart problems

#### (g) Check which currently applies

Painful or hard bowel movements

Constipated, less than 1 bowel movement a day

Varicose veins

Hemorrhoids or rectal fissures

Use lots of toilet paper to clean yourself

Stools are pencil size and drop to the bottom of the toilet

#### (h) Check what applies to you presently

Consume six types of vegetables daily Eat at least two types of fruit daily

Consume at least an ounce of raw nuts daily 50% of my diet is made up of raw foods

I do not consume dairy, wheat or gluten containing foods I consume very little dairy or gluten (2 to 3 meals a week) Eat fresh and/or organic foods as much as possible

Vegetarian

Vegan

Eat white fish two to three times a week

Fried Foods

day

Check which blood type you are

AΒ

Check which body type you are

Mesomorph (Muscular type, broad shoulders)

(i) Section A: Check which currently applies

Allergies

Chronic Headaches/migraines Chronic skin problems Digestive problems

Diabetes

Autoimmune disease Difficulty sleeping Depression/poor mood Low energy Liver dysfunction Overweight

Sore muscles or stiff joints Unhealthy cravings

Chemical sensitivities/Environmental illness

Sleepy after meals Food Allergies

(j) Section B: Check which currently applies

High Blood Pressure

Numbness and tingling in extremity Twitching of face and other muscles Tremors or shakes of hands, feet, head, etc.

Jumpy, jittery, nervous Unexplained chest pains Heartbeat over 100 per minute Unexplained rashes or skin irritations

Excessive itching

Bloated feeling most of the time Frequent or re-occurring heartburn Constipated on regular basis

Frequent diarrhea Depression

Unexplained irritability

Sudden, unexplained or unsolicited anger Constant death wish or suicidal intent Difficulty in making simple decisions

Cold hands or feet, even in warm or moderate weather

Out of breath easily Headaches after eating Frequent leg cramps

Frequent metallic taste in mouth Burning sensation on the tongue Constant or frequent ringing in the ears Frequent urination during the night Unexplained chronic fatigue Poor or failing memory Constant or frequent pain in joins

Frequent insomnia

Unexplained fluid retention

(k) Check which presently or frequently applies to you

Gas

Bloating

Abdominal fullness

Nausea Constipation Diarrhea

Abdominal cramps or pain

Fatigue Hives

Allergies, especially foods History of parasitic infections History of traveler's diarrhea

Difficulty overcoming intestinal yeast growth

07/09/2018

(l) Check which presently or frequently applies to you

Gas Bloating

Constipation and/or diarrhea Spastic/irritable colon Chron's Disease, Colitis Intestinal cramping

Heart Burn Itchy anus

Continuous sinus problems

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

Premenstrual symptoms Menstrual cramps and problems

Fatigue Depression

Irritability or chronic vaginal yeast infections

Infertility Chronic rashes

Recurrent bladder infections or irritation

Recurrent staph infections Itchy ears or ringing in the ears

General itching Multiple allergies Weight problems

Craving for sweets, alcohol, bread, cheese Feel drunk without having ingested alcohol

Chemical and fume intolerance

Worsening of any of the above symptoms within six to twelve months after a pregnancy

Multiple pregnancies Antibiotic use

Birth control pill (oral contraceptives) use

Cortisone or steroid use

Chemotherpy or radiation therpy

Biotin Dermatitis Hair loss Loss of muscle control Muscle weakness Insomnia Eye inflammation

Calcium Brittle nails Cramps Delusions Insomnia Irritability Osteoporosis Palpitations Periodontal disease

Rickets Tooth decay Depression

Chromium Anxiety Glucose intolerance Adult-onset diabetes Fatigue

Copper Anemia Arterial Damage Depression Diarrhea Fatigue Fragile Bones Weakness Hyperthyroidism Hair

Loss

Essential Fatty Acids Diarrhea Dry Skin & Hair Loss Immune Impairment Infertility Poor Wound Healing

Premenstrual Syndrome Acne Eczema Gall Stones Liver Degeneration Headaches when out in the hot

sun Sunburn easily or suffer sun poisening

Protein Increased secretion from mouth/nose/eyes. Muscle cramps Menstrual cramps Low Exercise Tolerance

Cold hands and feed Bleeding Gums Low Immunity Swelling in hands and feet Fatigue Muscles more

flabby than normal Hair loss Splitting hair and nails Low Heart Rate Hypoglycemia

Carbohydrates Decreased secretions from mouth/nose/eyes. Inability to concentrate Easily startled Muscle weakness

Difficulty swallowing Voice affected by stress

Folic Acid Anemia Apathy Diarrhea Fatigue Headaches Insomnia Loss of Appetite Neural Tube Defects in Fetus

Paranoia Shortness of Breath Weakness

**Iodine** Cretinism Fatigue Hypothyroidism Weight Gain

Iron Anemia Brittle nails Confusion Constipation Depression Dizziness Fatigue Heachaches Inflamed tongue

Mouth lesions

Magnesium Anxiety Confusion Heart Attack Hyperactivity Insomnia Nervousness Muscular irritability Restlessness

Weakness Hypertension

Manganese Atherosclerosis Dizziness Elevated cholesterol Glucose intolerance Hearing loss Loss of muscle control

Ringing in ears

Niacin

Bad breath Canker sores Confusion Depression Dermatitis Diarrhea Emotional Instability Fatigue Irritability Loss of Appetite Memory Impairment Muscle Weakness Nausea Skin Eruptions & Inflammation High Cholesterol or Triglycerides Poor Circulation

Abdominal Pains Burning Feet Depression Eczema Fatigue Hair Loss Immune Impairment Insomnia Pantothenic Acid (B6)

Irritability Low Blood Pressure Muscle Spasms Nausea Poor Coordination

**Potassium** Acne Constipation Depression Edema Excessive Water Consumption Fatigue Glucose Intolerance High

Cholesterol Levels Insomnia Mental Impairment Muscle Weakness Nervousness Poor Reflexes

Acne Anemia Arthritis Eye Inflammation Depression Dizziness Facial Oiliness Fatigue Impaired Wound Pyridoxine (B6)

Healing Irritability Loss of Appetite Loss of Hair Mouth Lesions Nausea

Blurred Vision Cataracts Depression Dermatitis Dizziness Hair Loss Inflamed Eyes Mouth Lesions Riboflavin

Nervousness Neurological Symptoms (Numbness/Loss Of Sensation/"Electic Shock" Sensations)

Seizures Sensitivity to Light Sleepiness Weakness

Selenium Growth Impairment High Cholesterol Levels Increased Incidence of Cancer Pancreatic Insufficiency

(Inability to secrete adequate amounts of digestive enzymes) Immune Impairment Liver Impairment

Male Sterility

Confusion Constipated Digestive Problems Irritability Loss of Appetite Memory Loss Nervousness Thiamin

Numbness of Hands & Feet Pain Sensitivity Poor Coordination Weakness Slow Heart Beat or Rapid

Heartbeat Enlarged Heart Heart Palpitations

Vitamin A Acne Dry Hair Fatigue Growth Impairment Insomnia Hyperkeratosis (Thickening & roughness of skin)

Immune Impairment Night Blindness Weight Loss

Anemia Constipation Depression Dizziness Fatigue Intestinal Disturbances Headaches Irritability Loss Vitamin B-12

of Vibration Sensation Low Stomach Acid Mental Disturbances Moodiness Numbness Mouth Lesions

Spinal Cord Degeneration

Vitamin C Bleeding Gums Depression Easy Bruising Impaired Wound Healing Irritability Joint Pains Loose Teeth

Malaise Tiredness

CoQ10 Ataxia Cardiomyopathy Cerebellar Atrophy Muscle Weakness Fatigue Seizures Kidney Failure

Encephalopathy Learning Disabilities Myoglobinuria Sensorineural Deafness Scoliosis Lactic Acidemia

Spasticity Hyper-Reflexes Weakened Eye Muscles Atrophying of Muscle Tissue Gum Disease

Vitamin D Burning Sensation in Mouth Diarrhea Insomnia Myopia Nervousness Osteomalacia Osteoporosis

Rickets Scalp Sweating Poor Immunity

Vitamin E Gait Disturbances Poor Reflexes Loss of Position Sense Loss of Vibration Sense Shortened Red Blood

Cell Life

Vitamin K Bleeding Disorders Arteriolosclerosis Spurs Calcium Deposits

Acne Amnesia Apathy Brittle Nails Delayed Sexual Maturity Depression Diarrhea Eczema Fatigue Zinc

Growth Impairment Hair Loss High Cholesterol Levels Immune Impairment Impotence Irritability Lethargy Loss of Appetite Loss of Sense of Taste Low Stomach Acid Male Infertility Memory Impairment Night Blindness Paranoia White Spots on Nails Wound Healing Impairment Low

Testosterone

I. Check which you are frequently or presently experiencing

Belching or gas within one hour after eating

Heartburn or acid reflux

Bad breath

Bloated within one hour after eating

Loss of taste for meat Sweat has strong odor

Stomach upset by taking vitamins Feel like skipping breakfast Sleepy after meals

Feel better if you do not eat

Fingernails chip, peel or break easily

Anemia unresponsive to iron Stomach pains or cramps

Chronic Diarrhea

Diarrhea shortly after meals Black or tarry colored tools Undigested food in stool

## II. Check which presently or frequently applies

Pain between shoulder blades Stomach upset by greasy foods Greasy or shinny stools

Nausea

Sea, car, airplane or motion sickness History of morning sickness Light or clay colored stools

Dry skin, itchy feet or skin peels on feet

Headache over eyes

Gallbladder attack or removed

Bitter taste in mouth, especially after meals

Become sick if you drink wine Easily intoxicated if you drink wine

Easily hung over if you drink wine How much alcohol do you drink per week?

I am a recovering alcoholic History of drug or alcohol abuse History of Hepatitis

Long term use of prescription or recreational drugs

Sensitive to chemicals Sensitive to tobacco smoke Pain under right side of rib cage Hemorrhoids or varicose veins Chronic fatigue or fibromyalgia Nutrasweet consumption

Sensitive to Nutrasweet (aspartame)

#### III. Check which currently or frequently applies

Food Allergies

Abdominal bloating 1 to 2 hours after eating

Pulse speeds after eating

Specific foods make you tired or burdened

Airborne allergies Experience hives Sinus congestion Crave bread or noodles

Alternating constipation and diarrhea

Crohn's disease

Wheat or grain sensitivity

Asthma, sinus infections, stuffy nose

Dairy sensitivity

Bizarre, vivid dreams, nightmares

Feel spacy or unreal

Use over the counter pain medications

#### 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 Blood in stool Mucous in stool

Painful to press on outer side of thighs Cramping in lower abdominal region

Dark circles under eyes

Excessive foul smelling lower bowel gas

Irritable bowel or mucous colitis

Strong body odors

Less than I bowel movement daily

#### V. Check which presently or frequently applies

Awaken a few hours after falling asleep, hard to get back to sleep

Crave Sweets

Bing or uncontrolled eating

Excessive appetite

Crave coffee or sugar in afternoon

Sleepy in the afternoon

Fatigue that is relieved by eating

Headaches if meals are skipped

Irritable before meals Shaky if meals are delayed Family members with diabetes

Frequent thirst Frequent Urination

#### VI. Check which presently or frequently applies

Tend to be a night person Difficulty falling asleep Slow starter in the morning Keyed up, trouble calming down Blood pressure above 120/80 A headache after exercising

Feeling wired or jittery after drinking coffee Clench or grind teeth

Calm on the outside, trouble on the inside Chronic low back pain, worse with fatigue Become dizzy when standing up suddenly Difficulty maintaining manipulative correction

Pain after manipulative correction

Arthritic tendencies Crave salty foods Salt foods before tasting

Perspire easily

Chronic fatigue or get drowsy often

Afternoon yawning After headaches

Asthma, wheezing or difficulty breathing Pain on the medial or inner side of the knee Tendency to sprain ankles or shin splints

Tendency to need sunglasses Allergies and/or hives Weakness, dizziness

#### VII. Check which presently or frequently applies

Sensitive/allergic to iodine

Difficulty gaining weight, even with large appetite Nervous, emotional, can't work under pressure

Inward trembling Flush easily Fast pulse at rest

Intolerant of high temperatures Difficulty losing weight Mentally sluggish, reduced initiative
Easily fatigued, sleepy during the day
Sensitive to cold, poor circulation (cold hands and feet)

Chronic constipation
Excessive hair loss and/or coarse hair Morning headaches, wear off during the day

Seasonal sadness

Loss of lateral 1/3 of eyebrow

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

Prostate problems

Difficulty with urination or dribbling Difficult to start or stop urine stream Pain or burning during urination Waking to urinate at night Interruption of stream during urination Pain on inside of legs or heels Feeling of incomplete bowel evacuation

Decreased sexual function

# IX (Women Only). Check which presently or frequently applies

Depression during periods

Mood swings associated with periods (PMS)

Crave chocolate around period Breast tenderness associated with cycle

Excessive menstrual flow Scanty blood flow during periods Occasional skipped periods Variations in menstrual cycle

Endometriosis Uterine fibroids

Breast fibroids, benign masses

Painful intercourse Vaginal discharge Vaginal itchiness Vaginal dryness

Weight gain around hips, thighs, and buttocks

Excessive facial or body hair

Thinning skin Hotflashes

Night sweats (in menopausal women)

#### X. Check which presently or frequently applies

Aware of heavy or irregular breathing Discomfort at high altitudes

Air hunger or sigh frequently

Compelled to open windows in a closed room

Shortness of breath with moderate exertion

Ankles swell, especially at end of day

Cough at night

Blush or face turns red for no reason

Muscle cramps with exertion

Cold hands and feet, even in the warm season

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

Numbness in certain parts of the body

Dry skin despite regular consumption of water

Frequent dizziness Memory loss

Lack of energy or frequent exhaustion

Skin discoloration blemishes, or spots

Weakened immune system

Unexplained digestive problems

Low libido (sex drive)

Decreased cognitive ability

Brittle hair and nails

Hair loss

Headaches

Dark circles under eyes

Problems with sleep

Chronic pain or muscular and joint stiffness

Problems with leg ulcers or bed sores

Varicose veins

# XI. Check which presently or frequently applies

Pain in mid-back region

Puffy around the eyes, dark circles under eyes

History of kidney stones Cloudy, bloody or darkened urine

Urine has a strong odor

## XII. Check which presently or frequently applies

Runny or drippy nose

Catch colds at the beginning of winter

Adult acne

Itchy skin

Cysts, boils, rashes History of Epstein Bar

Frequent colds or flu

Frequent infections

Mucous-producing cough History of Mono, Herpes

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

# List the Medications you presently take: Prescription and over the

counter

NIA