

<b>Submission Date</b>	2018-05-31 13:48:56
<b>Which survey are you completing today?</b>	Optimal Wellness Survey
<b>Name</b>	Roger Duda
<b>Gender</b>	Male
<b>Date</b>	12.04.1975
<b>Age</b>	42
<b>Contact Number</b>	(1) (847) 239-3832
<b>Height</b>	5 ft 7.5 inches
<b>Weight</b>	165
<b>Address</b>	Street Address: 558 Springwood ct City: East Dundee State: IL Zip Code: 60118 Country: United States
<b>Color of Eyes</b>	hazel
<b>Email</b>	rogerduda@gmail.com
<b>Check any that you harbor or are experiencing for yourself or towards others at this time.</b>	Bitterness Fear Grief Helplessness Inpatient Pride Sorrow Regret
<b>Check what currently applies to you</b>	Home has mold Watery Eyes Sneezing Cough Regulary
<b>Check which currently applies</b>	Dark urine (dark yellow or orange) Weakness
<b>Check which currently applies</b>	Depression
<b>Check what you are currently experiencing</b>	Nausea Brain fog Chest pains Teeth & jaw pain Aching muscles Fatigue Feeling of impeding influenza but never quite breaks out
<b>Check which applies to you</b>	Fatigue Weight gain Weakness Depression Lack of flexibility and good balance Heart problems

<b>Check what applies to you presently</b>	I consume very little dairy or gluten (2 to 3 meals a week) Eat fresh and/or organic foods as much as possible
<b>Fried Foods</b>	once a month
<b>Fatty meats/lunch meats</b>	n/a
<b>Soft Drinks/Sodas</b>	n/a
<b>Candy or Gum</b>	n/a
<b>Commercial Pizza</b>	once a month
<b>Pork Meat</b>	n/a
<b>Bottom dwelling fish (Shrimp, lobster, clams, etc.)</b>	n/a
<b>Refined white flour products (Bread, rice, pasta, etc.)</b>	n/a
<b>Commercial Cookies/Desserts</b>	weekly on sunday
<b>Margarine</b>	n/a
<b>Breakfast</b>	smoothie, sometimes organic cereal with almond milk
<b>Lunch</b>	whole grain bread and turkey or organic almond butter
<b>Dinner</b>	fresh cooked chicken with vegetables or beans and rice
<b>Snacks</b>	fruit, chips, nuts
<b>Check which blood type you are</b>	A
<b>Check which body type you are</b>	Ectomorph (Thin boned, small frame)
<b>Section A: Check which currently applies</b>	Allergies Digestive problems Difficulty sleeping Depression/poor mood Low energy Sore muscles or stiff joints
<b>Section B: Check which currently applies</b>	Unexplained chest pains Excessive itching Bloating 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 joints
<b>Check which presently or frequently applies to you</b>	Gas Bloating Abdominal fullness Nausea Constipation Fatigue Allergies, especially foods History of parasitic infections Difficulty overcoming intestinal yeast growth

<b>Check which presently or frequently applies to you</b>	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
<b>Biotin</b>	Hair loss
<b>Calcium</b>	Irritability
<b>Chromium</b>	Anxiety Fatigue
<b>Copper</b>	Depression Fatigue Hair Loss Weakness
<b>Essential Fatty Acids</b>	Hair Loss
<b>Protein</b>	Low Exercise Tolerance Increased secretion from mouth/nose/eyes. Fatigue Hair loss
<b>Carbohydrates</b>	Easily startled
<b>Folic Acid</b>	Shortness of Breath Weakness
<b>Iodine</b>	Fatigue
<b>Iron</b>	Constipation Depression Fatigue
<b>Magnesium</b>	Confusion Nervousness Weakness
<b>Manganese</b>	Dizziness
<b>Niacin</b>	Bad breath Depression Fatigue Irritability
<b>Pantothenic Acid (B6)</b>	Fatigue Hair Loss Irritability
<b>Potassium</b>	Constipation Depression Fatigue
<b>Pyridoxine (B6)</b>	Depression Fatigue Irritability Loss of Hair Nausea
<b>Riboflavin</b>	Depression Hair Loss
<b>Selenium</b>	Insufficiency (Inability to secrete adequate amounts of digestive enzymes)
<b>Thiamin</b>	Digestive Problems Irritability Pain Sensitivity Weakness
<b>Vitamin A</b>	Fatigue Immune Impairment
<b>Vitamin B-12</b>	Constipation Depression Fatigue Dizziness Low Stomach Acid
<b>Vitamin C</b>	Joint Pains
<b>CoQ10</b>	Fatigue
<b>Zinc</b>	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  
 Bloating 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:**

FM, CFS, IBS, Depression,

**List Any Operations You Have Had:**

n/a

**List the Medical Conditions that Run in Your Family**

arthritis

**What Have You Come Here For?**

Lung, digestive and heart concerns