



When were you last free of your current main health issue?	
When did your current main health issue start?	
Was the onset of your symptoms fairly sudden or gradual?	
What do you believe or suspect triggered your symptoms?	
What form of work or study were you involved in at the time of onset?	
Where were you living at the time of onset?	
What hobbies did you have at the time of onset?	

**Illness precipitating factors.** Which of the following events occurred in the 6 month period prior to the initial onset of main symptoms?

	Tick	Explain.
High levels of stress/sadness/anger/betrayal/resentment/hatred		
Emotionally traumatic event(s) (e.g. death of a loved one, abuse)		
Excessive physical &/or work activity for you		
Sleep deprivation (< 7 hrs/night)/sleep disruption/night shift work		
Medication use (e.g. antibiotics, antacids, hormones, psychiatric)		
Changed dose of medication (e.g. lowered thyroid hormones)		
Started supplement containing > 600 mcg (0.6 mg) of copper		
Illicit drug use or started smoking		
Major change in diet (e.g. crash dieting / became vegetarian)		
Eating disorder behavior (bulimia or anorexia)		
Significantly increased alcohol, coffee or diet soft drink intake		
Changed house/job/office/school/class room		
Moved into very recently constructed house/office/school		
House/work/school renovated or repaired (inc. vinyl wall paper, new flooring)		
House/work/school freshly painted or sprayed with pesticides		
Workplace near toxic industry, highways or aerial spraying		
New mattress/fireproof bedding/carpet/furniture/refinished furniture/rug		
Amalgam (silver) filling insertion/removal, root canal insertion; or developed a dental infection, dental abscess, gum disease or severe facial pain which you still have		
Broke glass thermometer or compact fluorescent light		
Three or more servings of fish per week (1 serve = 150 grams)		
Regularly eating one of the following fish - Swordfish, shark/flake, marlin, broadbill, orange roughy/sea perch or catfish		
New appliance fuelled by gas, wood, oil or kerosene (e.g. heater/fridge/dryer furnace/water heater/stove/fireplace/charcoal grill/generators)		
Water contamination (e.g. leaks/flooding) in house/work/school		
New or increased mould growth in your house/work/school (e.g. musty smell)		
Exposure to algal blooms (e.g. swimming in lakes, 'red tides')		
Commenced new hobby		
Other chemical exposure (e.g. work/home related/polluted air around home – look at your answers on page 14)		
Increased electromagnetic exposure (e.g. new mobile phone mast near house, new cordless phone charger within 4 m of bed, installed wifi system, replaced incandescent bulbs in house with compact fluorescent lights, installed plasma TV or dimmer switches, new smart meter - see answers on page 11)		
Injury / concussion, head injury or whiplash / stroke		
Insertion of breast implants, silicon implants or injections, metal crowns, braces, joint/hip replacement, metals screws/pins/nails/slips, copper IUD, etc.		
Food poisoning / gastroenteritis / 'intestinal flu' / parasitic infection		
Household member with parasitic or bacterial infection		
International travel, camping, wilderness activities and/or travel to parasite prone area		
Viral or bacterial infection (other than typical 'cold', e.g. flu, sinus, prostate, tonsils) / fever		
Tick, spider or animal bite		
Vaccination (e.g. Hepatitis B or Tetanus)		
Blood transfusion or donation		
Hospitalization		
Surgery (e.g. hysterectomy/appendectomy) / anesthesia		
Pregnancy/miscarriage/abortion/menopause onset		
High amounts (40 min or more/day) of meditation/yoga/energy work (inc. qigong)		
Started living within 2 km of wind turbines		
Unprotected sex with people of unknown STD status		

Anything else you wish to add? Mention anything, even if it seems unrelated.

**Family History.** Have you or any blood relatives been diagnosed with the following?

Disorder	Yourself?		Relative(s)?	Disorder	Yourself?		Relative(s)?
	Past	Present			Past	Present	
ADD/ADHD				Learning disability			
Alzheimer's Disease				Migraines			
Autism Spectrum				Multiple Sclerosis (MS)			
Bipolar Disorder				Neural Tube Defects (e.g. spina bifida)			
B-vitamin deficiency				Night blindness			
Chronic Fatigue Syndrome				Parkinson's Disease			
Crohn's Disease				Pernicious anaemia*			
Dementia under 70				Polycystic ovaries			
Down Syndrome				Porphyria			
Heart attack/stroke under 55				Rheumatoid Arthritis			
Epilepsy				Schizophrenia/psychosis			
Fibromyalgia				Systemic Lupus (SLE)			
Haemochromatosis (excess iron)				Ulcerative colitis			

\*Anaemia requiring vitamin B12 shots or raw liver.

Do any other significant medical conditions or symptoms run in, or are present in, your family?

**Sleep.**

How many hours do you <u>sleep</u> per day (not total time in bed)? Take an average from a typical week.	___ hr's/night				
How long does it take you to fall asleep on average?	___ minutes				
How many minutes are you awake between the time you first fall asleep and when you get out of bed?	___ minutes				
On average what hours do you sleep (e.g. 11 PM – 7 AM)?	_____				
Do you snore moderately or severely? Answer no if snore only mildly or occasionally.	Yes	No			Sleep apnea
Do you sometimes wake up in the night with a snort, gasp or choking/breathless feeling?	Yes	No			
Has your partner heard you making gasping/choking/snorting noises or breathing pauses during the night?	Yes	No			
Do you wake up feeling unrefreshed/tired & feel sleepy during the day even when sleep sufficient hours?	Yes	No			
Fall asleep very easily during day (e.g. sitting reading or watching TV) even when sleep sufficient hours?	Yes	No			
Regularly wake up in the night with a headache or have a headache upon awakening in the morning?	Yes	No			
Obesity (BMI over 30) or large neck circumference (greater than 40 cm's)?	Yes	No			
Do you have a close family history of sleep apnea?	Yes	No			Sleep disturbance
How many times do you wake up during the night?	3+	2	1	0	
How many times do you wake up to go to the toilet in the night?	3+	2	1	0	
Is your sleep often disturbed by a snoring or restless partner, a young child or noise pollution?	Yes	No			Restless leg syndrome
Do your legs feel jumpy/restless & do you need to continually move your legs at rest at night?	Yes	No			
Has your partner told you that your legs kick around during your sleep &/or you kick your partner?	Yes	No			
When you wake up have you kicked around and scattered your bed sheets?	Yes	No			Delayed sleep phase syndrome
Often feel more awake when lying in bed at night than during much of the day?	Yes	No			
Sleep much better and feel much better in the day if you go to bed late (after 12 PM) and get up late?	Yes	No			
Find it easy to sleep in morning hours (e.g. 5-7 AM) but difficult during 10-12 PM?	Yes	No			
Difficulty waking up in morning plus feel much better in the evening or night / 'night owl'?	Yes	No			
Regularly or periodically do night shifts, or regularly travel through different time zones?	Yes	No			
Have you had a sleep study done?	Yes	No			

**Diet/Lifestyle.** How often do you consume the following (e.g. 2/day or 2/month)?

Tea	/ day with ___ tsp sugar	Coffee	/ day with ___ tsp sugar
Vegetables		Soft drinks/cordial	
Fruit		Fruit juice	
Whole grains/brown rice		White flour/rice products	
Meat products		Sunflower/safflower oil	
Fish/seafood		Chocolate (less than 85% cocoa)	
Legumes/beans/lentils		Chips	
Nuts/seeds		Lollies	
Eggs		Alcohol	
Dairy products		Cigarettes/tobacco	
Olive oil		Illicit drugs	

Do you eat any aspartame (aka NutraSweet or Equal) containing products (e.g. diet soft drinks, certain confectionary products, etc.) or sucralose (Splenda)?	Yes	No
Are you a vegetarian, if so what type and for how long?	Yes	No
Do you follow any other specific type of diet (e.g. gluten free, low carb)?	Yes	No

**List typical meals.** Also list drinks consumed at meals, other than water.

Breakfast:
Mid-morning:
Lunch:
Mid-afternoon
Dinner:
Late night:

**Dehydration.**

Dark/concentrated colored urine	• Drink ___ glasses of water/day on average
Decreased urination frequency (over 3 hours)	
Dry mouth or dry mucous membranes in nose	
Intolerant to hot weather	
Joint pain/discomfort	

How much and what type of physical activity do you get per week?

How many hours do you work a week?

**Chronic infection/Immune dysregulation/Inflammation.** Highlight those which apply to you.

Regularly swollen glands/lymph nodes	Health declined after a vaccination
Frequent or ongoing elevated temperature (above 37°C / 98.6°F)	Multiple tick bites in life or health decline after tick or spider bite
Night sweats not related to menopause	Current gastritis, diverticulitis or other gut inflammation
Ongoing sore throat	Current or frequent sinusitis, nasal congestion, nasal discharge, mucus drips down the back of the throat
Swollen or discoloured (e.g. bright red) areas at back of throat	Current or frequent oral thrush, genital thrush or prostatitis
Elevated ESR or CRP (C-reactive protein) on blood test	Current gingivitis, periodontitis, dental abscess, etc.
Illness began after a viral or bacterial infection	Current or recurrent UTIs or cystitis
Feel better/reduced symptoms while on, or after, antibiotics	Recurrent tonsillitis in the past few years

**Blood sugar/insulin imbalances.**

<b>Diabetes mellitus/insulin resistance.</b>	<b>Hypoglycemia.</b> Regularly experience times in the day (e.g. between meals or if meals are missed) when have clusters of below symptoms.	Risk factors (mark or circle those which apply): <ul style="list-style-type: none"> <li>• Personal history of: <ul style="list-style-type: none"> <li>○ Low birth weight</li> <li>○ Gestational diabetes</li> <li>○ Giving birth to a baby weighing 9 pounds or more</li> <li>○ Fasting blood sugar above 5.2</li> <li>○ Elevated insulin levels</li> <li>○ Elevated uric acid</li> <li>○ Polycystic Ovarian Syndrome</li> </ul> </li> <li>• Family history of: <ul style="list-style-type: none"> <li>○ Diabetes Type 1</li> <li>○ Diabetes Type 2 ('adult onset')</li> </ul> </li> </ul>
Excess hunger	<ul style="list-style-type: none"> <li>• Faintness/lightheaded/dizziness</li> </ul>	
Fatigue	<ul style="list-style-type: none"> <li>• Shakiness or trembling</li> </ul>	
Sleepiness after high carb meals	<ul style="list-style-type: none"> <li>• Irritability/poor mood/nervousness/anxiousness</li> </ul>	
Carbohydrate/sugar cravings	<ul style="list-style-type: none"> <li>• Poor concentration/poor memory/confusion</li> </ul>	
Extra weight in abdominal region	<ul style="list-style-type: none"> <li>• Headaches</li> </ul>	
High blood pressure (130/85 or more)	<ul style="list-style-type: none"> <li>• Coldness/sweating</li> </ul>	
Frequent urination	<ul style="list-style-type: none"> <li>• Blurred vision</li> </ul>	
Excess thirst	Need for frequent meals/snacks to avoid above symptoms	
Slow wound healing or skin tags	Symptoms are worse before meals and lessen after eating	
Dark patches on skin on back of neck, armpits, knuckles or knees		

**Essential fatty acid deficiencies.**

Dry skin (e.g. feet/face/general)	Dull nails - lack of surface shine
Scaly or flaky skin (e.g. legs)	Slow growing fingernails
Cracking/peeling fingertips & skin (e.g. heels)	Dry eyes
Lackluster skin	Dry mouth/throat
Small bumps on back of upper arms (chicken skin)	Excessive thirst
Patchy dullness &/or color variation of skin	Excessive ear wax or hard ear wax
Mixed oily and dry skin ('combination' skin)	Acne
Irregular quilted appearance of skin (e.g. legs)	Allergic (e.g. eczema/asthma/hay fever/hives)
Thick or cracked calluses	Crave fats/fatty foods
Dandruff or cradle cap	Stiff or painful joints
Dry, lackluster, brittle, stiff or unruly hair	Menstrual cramps
Soft, fraying, splitting or brittle fingernails	Premenstrual breast pain/tenderness

Do omega-3 oils (fish/flax) improve your skin/hair/nails or any other symptoms?	Yes	No
• Or does omega-3 make certain symptoms worse or have no noticeable effects?	Yes	No
Have you tried taking evening primrose or borage oil?	Yes	No
• If so did it reduce skin/hair dryness or improve health in some other way?	Yes	No
• Have you ever noticed that supplementation with evening primrose, borage or black current oil make certain symptoms worse?	Yes	No

**Copper excess.**

Anxious/agitated	Risk factors (mark or circle those which apply): <ul style="list-style-type: none"> <li>• Presently taking estrogen containing medication (e.g. OCP, HRT)</li> <li>• Negative reaction to estrogen (e.g. OCP/HRT)</li> <li>• Currently take multivitamin containing copper; ____ mcg/day</li> <li>• Negative reaction to supplements containing copper (e.g. multi's)</li> <li>• Regularly use copper tea kettles</li> <li>• Drinking water has metallic taste</li> <li>• Blue-green stains in bathtub, toilet or sink</li> <li>• Family history of: <ul style="list-style-type: none"> <li>○ Women with depression</li> <li>○ Post-partum depression</li> <li>○ ADD/ADHD/Autism</li> <li>○ Wilson's Disease</li> </ul> </li> </ul>
Difficulty falling asleep	
Poor concentration	
Depressed (especially premenstrually or after pregnancy/childbirth)	
Tinnitus (ringing in ears)	
Frontal headaches	
Temper/tantrums or explosive behavior	
Hyperactivity	

**Magnesium deficiency.**

Muscle cramps, spasms or pain (e.g. leg/foot cramps, back ache, neck ache)	Risk factors ( <i>mark or circle those which apply</i> ): <ul style="list-style-type: none"> <li>• High stress levels</li> <li>• High weekly levels of exercise and/or frequent strenuous exercise</li> <li>• Sweat excessively</li> <li>• High coffee intake</li> <li>• Daily alcohol use</li> <li>• Regular cola consumption</li> <li>• Frequent diarrhea or vomiting</li> <li>• Oral contraceptive use</li> <li>• Chronic occupational exposure to very loud noises (e.g. factory or traffic related)</li> <li>• Diuretic, laxative, ACE inhibitor, beta blocker or oral corticosteroid use</li> </ul>
Muscle tension	
Muscle twitches (e.g. eyelids), tics or jerks	
Muscle weakness	
Muscle tremors (e.g. involuntary shaking of tongue, hands & arms)	
Restless legs	
Fatigue / sighing	
Breathlessness / chest tightness	
Heart palpitations / arrhythmias / mitral valve prolapse	
Numbness or tingling of skin or “creepy-crawly” feeling under skin	
Sensitivity to loud noises or sudden bright light	
Headaches / migraines	
Menstrual cramps / pain	
Teeth grinding (bruxism)	
Frequent constipation or anal spasms	
Chocolate craving	
Anxious, agitated, irritable or panic attacks	
Difficulty falling asleep or frequent nocturnal awakenings	

**Iron deficiency.**

Fatigue	Risk factors ( <i>mark or circle those which apply</i> ): <ul style="list-style-type: none"> <li>• Menstruation                         <ul style="list-style-type: none"> <li>○ Heavy or long period</li> </ul> </li> <li>• Other sources of blood loss (e.g. periodic blood donation, wounds, bleeding gums, blood noses, notice blood in stool, ulcers, urinary tract bleeding or hemorrhoids)</li> <li>• Regular aspirin, ibuprofen (Nurofen) or other NSAID use</li> <li>• Regularly use antacids</li> <li>• Low meat intake</li> <li>• High tea &amp;/or coffee consumption</li> <li>• Engage in regular intense exercise</li> <li>• Pregnancy (presently or recently)</li> <li>• Frequent diarrhea or vomiting</li> <li>• History of Helicobacter pylori</li> </ul>
Impaired exercise tolerance / shortness of breath on exertion	
Heavy menstrual bleeding (menorrhagia)	
Intolerance to cold / cold hands and feet	
Impaired taste	
Sore or burning sensation in tongue/mouth	
Glossy “smooth” tongue &/or red tongue	
Sores at the corners of mouth	
Poor/lower appetite	
Paler skin (for you) or pale nail beds	
Blue tinge to sclerae (whites of eyes)	
History of pica (craving and consumption of non-food items, e.g. ice, soap, dirt, clay, paint, chalk, paper, glue, wood, etc.)	

History of low iron levels; ferritin below 70 or transferrin saturation below 22%?	Yes	No	?
History of ferritin levels being above 200 in women or 300 in men?	Yes	No	?

\*Labs reference ranges typically state that ferritin levels above 15-30 are normal.

**Zinc deficiency.**

White spots or lines on nails	Risk factors ( <i>mark or circle those which apply</i> ): <ul style="list-style-type: none"> <li>• Ongoing or regularly recurring diarrhea</li> <li>• Aged over 55</li> <li>• Recent pregnancy or breastfeeding</li> <li>• Birth control pill use</li> <li>• Regular aspirin use</li> <li>• Low meat consumption</li> <li>• Diuretics, antacids or steroids (e.g. prednisone)</li> <li>• Recent injury/burns/surgery</li> <li>• Use zinc containing denture cream (e.g. Fixodent or Poli-Grip)</li> </ul>
Acne, eczema, psoriasis or warts	
Stretch marks	
Slow wound healing (including frequent mouth ulcers or leg ulcers)	
Rough skin	
Impaired taste acuity or sense of smell (e.g. need high levels of salt for food to taste salty)	
Poor/decreased appetite	
Poor night vision	
Frequent infections	
Anger, ADD, hyperactivity, stuttering, explosive behavior or aggression/violent	

History of serum zinc below 13.5 umol/L?	Yes	No	?
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**Vitamin deficiency.**

Impaired dark adaptation / night blindness
Cheilosis – cracks and/or scaling at the corners of lips
Inflamed red tongue or tip of tongue red
Sore tongue
Smooth shiny tongue
Crack or fissure in the midline of the tongue
Gums bleed easily
Bruise easily

Most recent blood B12 level was under 398 pmol/L (540 pg/ml)?	Yes	No	?
On full blood count testing via GP levels of MCV have been greater than 95?	Yes	No	?

**Vitamin D deficiency.**

Regular bone pain or tenderness (e.g. from applying thumb pressure to sternum/shinbone/forearm)	Risk factors ( <i>mark or circle those which apply</i> ): <ul style="list-style-type: none"> <li>• Spend very little time in the sun</li> <li>• Covering all exposed skin when outside</li> <li>• Use sunscreen whenever outside</li> <li>• Dark skin</li> <li>• History of low calcium in blood</li> <li>• Smoker</li> <li>• Aged over 60</li> </ul>
Muscle aches/pain/discomfort (inc. low back pain)	
Poor balance or coordination	
Muscle weakness	
Feeling of heaviness in legs	
Symptoms worse (e.g. pain or mood) in winter	
One or more of the following - Loss of height, low bone density, prone to fractures, an auto-immune disease, high blood pressure, low blood calcium or phosphorus, elevated alkaline phosphatase (ALP) or parathyroid hormone (PTH)	

History of vitamin D levels being below 125 nmol/L?	Yes	No	?
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\*Labs reference ranges typically state above 50 nmol/L is normal.

**Pyroluria.**

Little or no dream recall	Risk factors ( <i>mark or circle those which apply</i> ): <ul style="list-style-type: none"> <li>• Red hair + blue eyes combination</li> <li>• Levels of zinc in hair are above the mid-point</li> <li>• Elevated manganese in hair analysis</li> <li>• Family history of:                         <ul style="list-style-type: none"> <li>○ Bipolar disorder</li> <li>○ Schizophrenia</li> <li>○ Dyslexia</li> </ul> </li> </ul>
White spots on finger nails	
Poor morning appetite and/or tendency to skip breakfast	
Morning nausea	
Pale skin, poor tanning or burn easy in sun	
Sensitivity to bright light	
Hypersensitive to loud noises	
Fearfulness (e.g. terrorist attacks)	
Histrionic (dramatic)	
Argumentative/enjoy argument	
Mood swings or temper outbursts	
Much higher capability & alertness in the evening, compared to mornings	
Prone to feel depressed	
Preference for spicy or heavily flavored foods	
Reading difficulties (e.g. dyslexia)	

Do you have a foot form where the second toe is longer than the first toe? <i>*Associated with vitamin B6 deficiency.</i>	Yes	No
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**Impaired liver detoxification.**

Sensitivity or reaction to perfumes, car exhaust, gasoline fumes, paint, bleach, etc.	Risk factors ( <i>mark or circle those which apply</i> ): <ul style="list-style-type: none"> <li>• Current regular use of paracetamol (Panadol), amiodarone, statins or methotrexate</li> <li>• Regular alcohol use</li> <li>• History of hepatitis or fatty liver</li> <li>• Regular grapefruit juice consumption</li> <li>• Past use of methotrexate</li> <li>• Past use of anti-malarial drug Mefloquine (Lariam)</li> <li>• Close family history of:                     <ul style="list-style-type: none"> <li>○ Chemical sensitivities</li> <li>○ Aspirin or paracetamol intolerance</li> <li>○ Gilbert’s disease</li> <li>○ Parkinson’s disease</li> <li>○ Chronic fatigue syndrome (CFS)</li> </ul> </li> </ul>
Overly sensitive to cigarette smoke	
Overly sensitive to alcohol	
Overly sensitive to caffeine	
Overly sensitive to, react negatively to, or strange reactions (e.g. opposite) to medications (e.g. aspirin or paracetamol)	
Multiple food sensitivities	
○ React (e.g. headaches) to wine or preservatives on dried fruit	
○ React to onions or garlic	
Frequent headaches/migraines	
Frequent nausea and/or loss of appetite	
Elevated liver enzymes in past or recent blood tests	
Yellowish tinge to skin or eyes / elevated bilirubin / Gilbert’s disease	

**Gluten intolerance.**

Prone to low iron (ferritin under 50) and/or anaemia	Risk factors ( <i>mark or circle those which apply</i> ): <ul style="list-style-type: none"> <li>• Pale skin plus red hair combination</li> <li>• Family history of:                     <ul style="list-style-type: none"> <li>○ Celiac disease/gluten intolerance</li> <li>○ Wheat allergy/intolerance</li> <li>○ Sjogren syndrome</li> <li>○ Colorectal or bowel cancer</li> <li>○ Crohn's disease</li> <li>○ Stomach cancer</li> <li>○ Lymphoma</li> <li>○ Autism</li> <li>○ Schizophrenia</li> <li>○ Diabetes Type 1</li> <li>○ Malabsorption</li> <li>○ IgA deficiency (low blood levels of IgA)</li> </ul> </li> </ul>
Frequent loose/unformed stools or diarrhea	
Sensation of incomplete defecation (tenesmus)	
Abdominal bloating/discomfort	
Floating and/or oily stools	
Difficulty putting on weight / low body weight / unexplained weight loss	
Crave wheat products	
Itchy dermatitis, psoriasis or brown pigmentation of face	
Persistent fatigue	
Compulsive, ritualistic behavior	
Short stature and/or small head circumference for age/ethnicity	
Hashimoto’s thyroiditis, grave’s disease, sjogren syndrome, low bone density, peripheral neuropathy, ataxia or low blood levels of IgA	

**Gastrointestinal abnormalities.** Highlight each of the following that you experience regularly.

Frequent/intermittent diarrhea	Trouble digesting red meat	Feel unwell/fatigued right after meals	Multiple food sensitivities
Loose/unformed stools	Undigested food in stool	Food (e.g. meat) or water ‘sits in stomach’	Negative reactions to many supplements
Frequent constipation	Unexplained weight loss	Reflux and/or heartburn	Unexplained bad breath
Sensation of incomplete defecation (tenesmus)	Never gain weight & eat generously	Stomach aching/pain/discomfort or stomach bloating after meals	Feel/act better after a bowel movement
Abdominal bloating	Fatty foods causes loose stools	Burping after meals	Itchy rectal/anal area
Abdominal discomfort/pain	Floating stools / sticky stools	Feel overly full easily / poor appetite	Colo-rectal pain or spasms
Abdominal tenderness	Notice oil/fat on toilet surface	High fat foods (e.g. cream) cause nausea	Faecal seepage/incontinence
Excessive flatulence	Foul smelling stools	Nausea after supplements (e.g. fish oil)	Yeasty or ammonia stool odor
Visible pus/mucus in stool	Trouble digesting raw vegetables	Frequent nausea or vomiting	Burning/‘acidic’ stools
Very noisy abdomen	Light, pale or white stools / yellow or green stools	Lemon juice improves digestion	Increased fiber worsens gut symptoms (e.g. bloating/gas)
Bowel urgency	History or low iron (ferritin < 50) or B12	Regularly use antacids	Black/red/blood spots in stool

**Food allergies and intolerances.**

Itchy, tingly, irritated or burning tongue/lips/palate/throat during or after meals	<p>Risk factors (<i>mark or circle those which apply</i>):</p> <ul style="list-style-type: none"> <li>• Childhood history:                             <ul style="list-style-type: none"> <li>○ Colicky or recurrent croup as baby</li> <li>○ Reflux as infant</li> <li>○ Eczema or wool intolerance</li> <li>○ Asthma/wheezy bronchitis/chesty</li> <li>○ Recurrent ear infections or glue ear</li> <li>○ Hay fever</li> <li>○ Urticaria (hives)</li> <li>○ Recurrent tonsillitis</li> <li>○ Food allergies/intolerances as a child                                     <ul style="list-style-type: none"> <li>• e.g. eggs → nausea/vomiting</li> </ul> </li> <li>○ Did not tolerate milk based formulas or breast milk as an infant</li> <li>○ Health declined when introduced solid foods as an infant (e.g. eczema)</li> </ul> </li> <li>• Present:                             <ul style="list-style-type: none"> <li>○ Known food allergies/intolerances</li> <li>○ Allergy to pollen</li> <li>○ Allergy to dust</li> <li>○ Allergy to animals (e.g. cats/dogs/horses)</li> <li>○ Allergy to latex</li> <li>○ Drug allergies or aspirin intolerance</li> <li>○ Below or above normal levels of IgA (immunoglobulin A) in blood</li> </ul> </li> <li>• Close family history of:                             <ul style="list-style-type: none"> <li>○ Food allergies/intolerances</li> <li>○ Pollen allergy</li> <li>○ Dust, cat or dog allergy</li> <li>○ Frequent urticaria (hives)</li> <li>○ Eczema or wool intolerance</li> <li>○ Allergic rhinitis (hay fever)</li> <li>○ Asthma / wheezy / chesty child</li> </ul> </li> </ul>
Swollen lips/mouth or recurrent mouth ulcers	
Frequent hives - generally or around mouth/lips (e.g. rash or ring around mouth )	
Increased mucus production in throat / regularly clearing throat	
Excess drooling / excess saliva production / spitting during speech	
Irregular patches on tongue (geographic map-like) or mottled tongue	
Puffiness or ‘bags’ below eyes; or puffy or swollen nose/face	
Horizontal creases/lines/folds under eyes (‘denny-morgan folds’)	
Dark circles under eyes (‘allergic shiners’)	
Inner corners of eyes itch or whole eyes itch / eye rubbing or scratching	
Watery, glassy or glazed eyes; or red eyes	
Itchy nose / nose rubbing or scratching (‘nasal salute’) / nasal polyps	
Nasal or sinus congestion / sinusitis / runny or snuffly nose / sneezing	
Postnasal drip (nasal mucus draining down the back of the throat)	
Abnormally red and/or flushed appearance of cheeks or nose (e.g. red tip nose)	
Red ears / hot or ‘burning’ earlobes	
Eczema or wool intolerance / psoriasis or patches of depigmented dermatitis	
Itchy arms, ear canals, hands, legs or skin in general	
Asthma or recurrent wheezy bronchitis / infection or exercise induced wheezing	
Abdominal bloating, pain or frequent vomiting	
Increased frequency of stools / frequent constipation	
Sensation of incomplete defecation (tenesmus) or colo-rectal spasms	
Feel best (e.g. energy/focus/mental clarity) when don’t eat or skip meals	
Fatigue, feel sad/angry, brain fog, poor focus or look pale/red after some meals	
Strong particular food cravings and dislikes / fussy eater	
Recurrent ear infections, fluid in ears or recurrent glue ear	
Headaches / migraines	

List specific foods or beverages (e.g. milk) you crave.	
List foods close blood relatives are reactive to.	
List any foods you were reactive to as a child.	
List any foods you are reactive to presently, e.g. food causes bloating, headaches, fatigue, sneezing, runny or itchy nose, musculo-skeletal pain, mucus production, etc.	

**Gastrointestinal abnormalities.**

How often do you have bowel movements (e.g. 1 / day)?	_____ / _____		
Born via cesarean?	Yes	No	<i>Intestinal dysbiosis/yeast</i>
Were you breast fed?	No/little	Yes	
Born less than 33 weeks gestation (7 or more weeks premature)?	Yes	No	
History of antibiotic use in first month of life or multiple courses of antibiotics in first 24 months of life?	Yes	No	
History of frequent oral antibiotic use (e.g. recurrent childhood ear infections / recurrent UTI's / tonsillitis)?	Yes	No	
History of long-term (greater than 2 weeks) oral antibiotic use (e.g. for acne)? How long? _____	Yes	No	
Gut has never been the same since a specific course of antibiotics?	Yes	No	
History of daily use of antacids?	Yes	No	
Appendix removed?	Yes	No	
Taken prolonged courses of steroids (e.g. prednisone)?	Yes	No	
Past history of Helicobacter pylori or live with person(s) found to have Helicobacter pylori infection?	Yes	No	
Gut has never been the same since bout of food poisoning/gastro?	Yes	No	
When taking antibiotics since illness onset, symptoms reduce during or after antibiotics?	Yes	No	<i>Fructose malabsorption</i>
Some fruits (e.g. apples, pears or fruit juice) causes one or more of the following - Abdominal bloating/discomfort, loose stools, diarrhea, flatulence, constipation or nausea?	Yes	No	
One or more of - Fatty liver, raised liver enzymes, low blood sugar, floating or oily stools? Circle which.	Yes	No	<i>Lactose intolerance</i>
Does eating dairy products cause bloating, stomach cramps, loose stools, nausea or flatulence?	Yes	No	
Close family history of lactose intolerance, Asian ethnicity or African ethnicity?	Yes	No	<i>Excess ammonia</i>
Eating higher in protein (e.g. red meat) causes one or more of the following - Brain fog, 'toxic' feeling, slurred speech, disorientation, headaches or incoordination?	Yes	No	
Ammonia smell to stool or urine at times? Circle which.	Yes	No	
High carbohydrate/sugar intake causes slurred speech, incoordination or disturbance of manner of walking?	Yes	No	<i>D-lactic acidosis</i>
Negative reaction to probiotic supplements?	Yes	No	
Have you ever had a colonoscopy?	Yes	No	
Have you ever had colonic irrigation?	Yes	No	
Tonsils or gallbladder removed, section of intestines/bowel removed or gastric surgery? Circle which.	Yes	No	




**Intestinal yeast.**

Genital thrush in the past 6 months or history of recurrent genital thrush
Vaginal itching or redness, vaginitis, burning/itching near opening of penis, "jock itch" or prostatitis in the past 3 months – often scratching/itching at genital area
White coating on your tongue, white patches in mouth or stringy bits in saliva
Nasal congestion or stuffiness, swelling of the nasal membranes or sinusitis
Previously noticed a decline in your health following antibiotics or since the onset of illness antibiotics exacerbate your health problem
History of appearance or exacerbation of thrush or allergic symptom(s) (e.g. eczema/hives/asthma, etc.) following the use of antibiotics
Fungus infections on skin (e.g. athletes foot/peeling or splitting of skin between toes/ringworm) or nails (discolored yellow/brown/black)
Eating sugar makes you feel worse/worsens certain symptoms (e.g. spaciness, fatigue, etc.)
Negative reaction to certain dietary yeasts/moulds (e.g. vinegar, mushrooms, fermented foods, brewers/bakers yeast, aged cheeses, vegemite, beer, wine, etc.)
Lower abdominal bloating (felt below the bellybutton)
Bloating, flatulence or abdominal discomfort after eating rice, potatoes or sugars
Gas, frequent constipation, abdominal pain, loose/unformed stools, frequent diarrhea, foul smelling stools, mucus/pus in stool or 'yeasty' odor to stools or breath
Itchy rectal/anal area or red ring immediately around anus
Anus burns when pass stool / 'acidic' or burning stools
Chemical sensitivities (e.g. car exhaust, petrol, cigarette smoke or perfumes)
Multiple food sensitivities
Feel 'spaced out' &/or 'brain fogged'
Attention problems
Skin rashes including eczema, rash between skin folds, psoriasis or hives
Frequent urinary tract infections

**Intestinal parasites.**

Current illness began with diarrhea/food poisoning	<p>Risk factors (<i>mark or circle those which apply</i>):</p> <ul style="list-style-type: none"> <li>• Previously diagnosed with parasitic infection (e.g. Giardia, Cryptosporidium, Blastocystis, Dientamoeba, etc.)</li> <li>• Person living in the same house as you and/or partner diagnosed with intestinal parasite</li> <li>• Regularly drank/drink water from wells, streams, rivers or lakes</li> <li>• Known occurrence of becoming sick in the past from probable water contamination</li> <li>• Have traveled to parasite endemic areas (e.g. Mexico, India, South America, Africa, Israel, Tropical Islands, Egypt, Middle-East)</li> <li>• Gastrointestinal (e.g. diarrhea/vomiting) or other symptoms (e.g. fatigue) after/during international travel</li> <li>• Have dogs or cats...                             <ul style="list-style-type: none"> <li>○ ... Kissing/licking your dogs/cats</li> <li>○ ... Your pets have had worms</li> </ul> </li> <li>• Have children in day care centers</li> <li>• Have eaten raw/under-cooked meat or often use a microwave to cook raw meat</li> <li>• You or your partner works in an area at high risk for infections (e.g. nursing homes, day care/child care centers, sanitation; work with fresh food or animals)</li> </ul>
Gut symptoms started suddenly rather than gradually	
Abdominal bloating	
Abdominal discomfort/pain	
Multiple food sensitivities	
Frequent constipation	
Loose/unformed stools	
Foul smelling stools	
Excessive flatulence	
Frequent nausea	
Itchy anal/rectal area	
Visible mucus or pus in stools	
Frequent or intermittent diarrhea	
Difficulty gaining weight	
Teeth grinding while sleeping (bruxism)	
Hives, psoriasis, eczema, skin ulcers or skin rash	
Fatigue/weakness	
Steroid medications worsen symptoms	

**Electromagnetic field (EMF) exposure and sensitivity.**

Have a cordless phone base station/charger four meters or less from your bed or an area you spend large amounts of time (e.g. desk)		
Have a wireless internet router four meters or less from your bed or an area you spend large amounts of time (e.g. desk)		
In your house you have a microwave transmitter box for a TV, video or HiFi system used to transmit pictures/sounds to other rooms		
Sleep with electric blanket, electric heating pad or heated water bed for a significant portion of the year		
Meter box, electricity meter, immersion heater cupboard, refrigerator, television, computer or electric kitchen appliances on the other side of the wall from your bed head		Example 1.
Within three feet of your body while in bed (e.g. by bed or under bed) is an electric alarm clock, desk lamp, stereo, power adapter (power adapter rather than regular power plug), electric heater, phone charger or similar electrical device		Example 2.
During the day sit 65 cm's or less from an operating electric heater, electric lamp, photocopier or similar		
House/work is within 50 meters horizontally of large electrical pylons or the lines which extend between them		Example 3.
Regular power lines are less than 5 metres horizontally from an area you spend large periods of time in (e.g. bed, office desk, etc.)		
Live near (< 300 m) a mobile phone tower		
Live near (< 500 m) a large broadcast antennas for television, radio or radar stations (e.g. coastguard/police/military)		
Live near (< 50 m) a power generating station		
Live near (< 20 m) a train line		
Live near (< 10 m) an electricity substation or power transformer		
Use handheld wireless devices (e.g. wireless mouse) or a wireless laptop on your lap for extended periods of time		
Spend long periods (> 30 minutes in total) talking on your mobile or cordless phone daily *If yes buy a RF3 headset from <a href="http://www.healyourself.com.au">www.healyourself.com.au</a>		
Have your mobile phone under your pillow or within 1 meter of body while in bed		
In floor electrical heating		
Occupational electromagnetic exposures (e.g. electrician, welder, machinist, power line worker, etc.)		
Any other electromagnetic exposure that come to mind? _____		
Physical or mental health is worse before or during a storm (including thunderstorms)		
Electromagnetic exposures (e.g. those listed above, incandescent light bulbs or others) produce symptoms such as the following – Tingling/prickling, itching, numbness, dizziness, pain, fatigue/weakness, sleep problems, headache, concentration problems, nausea, tenseness, tightness in chest, shortness of breath, skin rash/reddening, etc. *Reference: William J. Rea, MD, FACS. Journal of Bioelectricity, 1991.		

**Sick building syndrome.**

Frequent/ongoing coughing
Discomfort, stinging or burning sensation of throat or mouth
Throat hoarseness / changed voice (e.g. raspy/weak)
Frequent metallic taste in mouth
Wheezing, irritated lungs, burning sensation of lungs, frequent bronchitis and/or lung infections
Shortness of breath / chest tightness
Irritated, painful or burning eyes
Red or watery/tearing eyes
Sensitivity to light
Nasal congestion / running or stuffy nose / blood streak in saliva or nasal mucous / nose bleeds
Irritated, stinging or burning nose or nasal passage
Sinusitis / sinus pressure, discomfort or pain
Stinging, burning, irritated or itchy skin / skin sensitivity to light touch
Spaciness / dizziness

**Chemical toxicity (e.g. mercury).**

Chemical sensitivity
Metallic taste in mouth at times
Contact sensitivity to metals (e.g. metal watch causes skin rash)
Fine tremor of protruded tongue, lips, outstretched fingers or extended arm
Twitching of facial muscles (e.g. eyelids)
Tinnitus (ringing in ears)
Profound fatigue and/or weakness / fibromyalgia
Tendency to be irritable, anxious, overly excitable, angry or depressed
Short term memory loss / poor concentration / brain fog
Dizziness / vertigo
Frequent headaches or migraines
Numbness, tingling, burning or prickling in hands/feet or skin

**Chemical sensitivity.**

Odor sensitivity* (e.g. perfume/car exhaust/gasoline/newsprint/cigarette smoke/natural gas/new paint) or lack of sense of smell
Weather sensitive - sensitive to weather changes with heat and cold changes
Sensitive to medications
Sensitive to many foods
Sensitive to anesthetics (slow to recover following surgery and pregnancies)
Feel worse indoors and better outdoors
Become ill near spraying of chemicals, refineries or chemical plants
Function better in the mountains, near the seashore and other less polluted environments
Alcohol intolerance
Cyclic edema (swelling from fluid accumulation in body tissues)
Tingling, numbness, neuropathy or seizures
Unilateral (on one side) pain or weakness
Recurring infections (e.g. upper respiratory, sinus or bladder)
Pallor (pale skin for you)
Flushing, itching, excessive sweating, difficulty sweating, bruising or small (1-2mm) red or purple spots on body

\*Odor sensitivity = Can detect presence of chemical others cannot or sensation of disgust or aversion to the smell of volatile chemical agents, at a level of exposure which the majority of the population would find innocuous. (Reference: Killing Us Softly by Dr. Mark Donohoe)

**Mark any substances which you have symptoms from (e.g. bleach causes headaches) and have regular exposure to.**

Natural gas	Photocopy paper	Disinfectants	Pesticides	Turpentine
Feathers	Varnish	Plastics	Herbicides	Cosmetics
Rubber	Solvents	Dyes	Grain dust	Nail polish
Linoleum	Lacquer	Gasoline fumes	Dog inside	Perfumes
New carpet	Furniture polish	Exhaust fumes	Cat inside	Certain types of wood
Rugs	Floor wax	Diesel fumes	Bird inside	Dry cleaning

**Toxic environment / indoor air quality (IAQ).**

Do any other people who live/work/school in the same building as you also have symptoms/signs present in the 'sick building' column above? Or do they share any other symptoms with you (e.g. chronic fatigue)? Specify which _____	Yes	No
Did you change house/work/office/school/class room/furnace/second hand air conditioner shortly before the onset or exacerbation of your symptoms?	Yes	No
Have you noticed a negative change in your health since you moved into the home you currently live in?	Yes	No
If you leave your house, work place or school for several days or more, do any of your symptoms reduce? e.g. feel a lot more energetic and clear headed while camping or sleeping somewhere else, or feel much better on holidays away from work/school. And/or do you feel worse while at home/work/school?	Yes	No
Do you tend to have worse symptoms/health problems in the cold portion of the year when regularly using gas heating?	Yes	No
Do you feel worse in certain area of your home, work or school (e.g. a particular room or basement)?	Yes	No
Noticeable mould/mildew (e.g. in bathroom, under sinks, behind toilet, laundry, basement, attic, cellar, crawl space, inside cabinets/closets, windowsills, old mouldy books, in or under fridges, drainage tray under fridge, etc.) in your house/workplace/school/car? Mould grows in areas of dampness (past or present). <u>Look carefully.</u>	Yes	No
Musty/mouldy/mildewy odor in your house/work/school (e.g. musty air con/air system/basement/cellar/crawl space/attic/old books/humidifier/vaporizer/old shoes/frequented school library)?	Yes	No
Have previously had water contamination (e.g. leaks/flooding/leaky pipes) in your house/workplace/school, e.g. "water intrusion through leaky roofs, windows or doors; wicking of water along a concrete slab or saturation of carpets; and pooling of surface water in basements", attics or under kitchen sink? [Dr. Ritchie Shoemaker]	Yes	No
Do you have areas of water stained walls, ceilings or ceiling tiles in your house/workplace/school? e.g. blistered, peeling or stained wallpaper or paint, or salt deposit on walls? Have a look around, you may not have noticed it before.	Yes	No
Do you have a generally damp, clammy or humid home/work/school or a damp area (e.g. basement/cellar/crawl space/condensation inside windows or on walls/around air conditioner vents/ceiling tiles/attic) in your home/work/school?	Yes	No
Do you have rising damp in your home/work/school?	Yes	No
Do you have ceilings which are bowing from previous water damage?	Yes	No
House has subfloor with no ventilation (e.g. concreted ventilation)?	Yes	No
Is the area under your house wet?	Yes	No
Do you sleep or work in a basement?	Yes	No
Do you use a humidifier?	Yes	No
Do you have vinyl wallpaper in your home?	Yes	No
Do you sleep in a room or work in an office with no, or extremely limited (e.g. tiny air vents) air flow / ventilation?	Yes	No

**Inhalant allergies.**

<b>Dust allergy.</b>	<b>Pollen allergy.</b>	<b>Mould sensitivity.</b>
Known or suspected dust allergy	Known or suspected pollen allergies	Known or suspected mould sensitivity
Worse in dusty areas	Worse outdoors	Worse in damp places
Worse during or after sweeping/dusting/vacuuming	Allergy symptoms are seasonal ('pollen season')	Certain symptoms (e.g. headaches, stuffy nose, cough or joint pain) are worse in wet/humid weather
Worse shortly after going to bed	Worse on windy days	Worse after sundown
Worse upon waking	Worse on clear/sunny days	Cool evening air increases your symptoms
Symptoms get worse each year with return of cold weather	Better on rainy days	Symptoms appear, or worsen, after being around mould/mildew or smelling mould odor
Worse indoors and better outdoors	Worse outdoors from 7-11 AM	Worse outdoors between 4:30 & 8:30 PM
Your house is dustier than other houses	Recently cut grass triggers symptoms	Worse in tents, greenhouses and woods

\*Worse = Worse allergy symptoms (e.g. itchy nose/eyes, watery eyes, red eyes, sneezing/runny nose, coughing/wheezing, asthma, conjunctivitis), fatigue, headaches, mood or any other symptom.

**Amalgam fillings.**

How many amalgam ('silver') fillings do you currently have?	_____	0
How many amalgam ('silver') fillings have you had removed previously?	_____	0
Did you experience any negative symptoms around the time of inserting or removing amalgam fillings?	Yes	No/NA
Black, brown or gray staining on gums in area around existing amalgam filling(s)?	Yes	No/NA

\*Amalgam fillings are approximately 50% mercury.

**Metal sensitivity.**

Does skin contact with certain metals cause a skin rash? For example one of the following (circle which if known):		
<ul style="list-style-type: none"> <li>• Nickel in earrings and watches</li> <li>• Gold in jewellery such as rings and earrings</li> <li>• Titanium dioxide in cosmetics, sunscreen, body piercings &amp; rings/watches</li> </ul>	Yes	No
Do you have nickel, gold, palladium or titanium in your mouth (e.g. gold crowns) or other areas of your body (e.g. joint replacement, metals screws/pins)?	Yes	No

**Chemical exposure history.** Tick appropriate boxes and circle sections which apply.

	<b>Present</b>	<b>Past</b>
<b>Work.</b>		
• Fire-fighter, using furnaces, doing controlled burns or other regular exposure to smoke		
• Factory worker, refineries, machinist, around machines emitting fumes or any source of fumes		
• Mine worker, coal burning, metal worker, soldering or welder		
• Funeral home worker or dry cleaner		
• Orchard, vineyard, market garden, florist, nursery, golf course worker or any job working around pesticides		
• Carpet cleaner, carpet installer, carpet factory, rug store or furniture store		
• Military or was in the Gulf, Vietnam, Iraq or other war with known chemical exposures		
• Dentist or dental assistant/technician		
• Electrician or carpenter		
• Exterminator		
• Beautician, work around cosmetics, hair dresser or similar		
• Photograph developing equipment, dark room technician or art supplies		
• Construction materials, tar, etc. or involved in the demolition of buildings		
• Work regularly using paints, spray paints, paint thinners, glues or epoxies		
• Radiator repair, battery stores or regular hand contact with bullets/gun powder		
• Spent years working on a farm		
• Involved in sheep dipping		
• Work in a chicken farm, sheep market, poultry/egg rearing or around animals which involve use of chemical sprays		
• Work with laboratory and/or medical related chemicals		
• Printing industry / printing shops		
• Mechanic or plumber		
• Work with pressed or treated wood products (hardwood, plywood, pressed board, wall paneling, particleboard, fiberboard)		
• Pilot or airline worker		
• Jeweler or glass maker		
• Work adjacent to frequently used photocopier/printer with poor ventilation		
• Workplace near toxic industry, highways or aerial spraying		
<b>Home.</b>		
• Regular commercial chemical treatments for pests in your house or pesticides/insecticides sprayed in your yard		
• Pesticides/insecticides sprayed around home by tractor, helicopter or spray drift (inc. drifting from adjacent homes)		
• Spray paints or other chemical sprays (other than pesticides) are often used in your home (e.g. basement/studio)		
• Live on or adjacent to farm		
• History of using well water, river, lake or similar as key source of drinking/cooking water		
• Live near coal burning plants or a power station		
• Live on or in very close proximity to an orchard, vineyard, market garden, nursery, golf course or dry cleaner		
• Exposed to considerable amount of construction materials / major home renovations exposing self to old paint		
• Live in smoggy/polluted area, very near freeway, near smoke stacks, dump, land fill area or airport		
• Very close to or down wind from chemical factory, incinerator, crematorium, oil wells, plastic industry, factories, manufacturing/processing plants, refineries, storage tanks or coal-fired factories		
• Use kerosene, wood, oil, coal, formaldehyde, phenol or pentachlorophenol for heating/cooking/cleaning		
• Use an unvented/unflued gas/kero heater/stove/furnace or other appliance		
• Use very old or poor condition gas heater, stove or furnace		
• Gas heater or furnace in bedroom, bathroom, toilet, sauna or caravan		
• Frequently used garage directly below bedroom or frequently used attached garage which opens into the house		
• Gas water heater or gas tank in basement		
• Carpet with strong chemical smell		
• Carpet sprayed for moths, mould, fire and/or stain resistance		
• Air circulation system recycles air rather than inputting fresh outdoor air		
• Live in a trailer		
• Have formaldehyde insulation in house		
• Use mothballs in home (contains naphthalene)		
• People smoke in your home or car		
• Have wooden decking/fencing/poles, etc. treated with copper chrome arsenic (CCA) - e.g. green tinge on wood		
• Often notice chemical odors/smells in your home (e.g. natural gas)		
• What other countries have you lived in for significant periods of time (1+ year)? _____		
<b>Personal/general.</b>		
• Eat fish highest in mercury (swordfish, shark/flake, marlin, broadbill, orange roughy/sea perch, catfish)		
• Use aluminium containing cookware, coffee pots, containers, foil, deodorants/antiperspirants, antacids, salt containing anti-caking agent 554 or baking powder containing sodium aluminum sulphate		
• Regularly hang up freshly dry cleaned clothes in bedroom		
• Use flame retardant materials (e.g. bedding, mattresses, furniture, clothing, carpets, rugs, etc.)		

**Neurotransmitter imbalances.** Circle every symptom/sign which applies to you. Adapted from The Edge Effect and Younger You by Dr. Eric Braverman and The Mood Cure by Julia Ross, M.A.

<p style="text-align: center;"><b><u>LOW SEROTONIN</u></b></p> <ul style="list-style-type: none"> <li>• Depressed</li> <li>• Nervous/anxious</li> <li>• Worrier</li> <li>• Fears/phobias</li> <li>• Negative/pessimistic</li> <li>• Irritable/impatient/edgy</li> <li>• Obsessive compulsive tendency</li> <li>• Think about the same things over &amp; over again</li> <li>• Self destructive, masochistic or suicidal thoughts/plans</li> <li>• Low self esteem/confidence</li> <li>• Sleep problems/light sleeper</li> <li>• Mood is worse in and dislike dark weather</li> <li>• Prone to anger/rage/explosive behavior</li> <li>• Crave sugar/carbohydrates/alcohol/marijuana                             <ul style="list-style-type: none"> <li>○ Use these substances to improve mood &amp; relax</li> </ul> </li> <li>• Chronic pain (e.g. headaches, backaches, fibromyalgia, TMJ)</li> <li>• PMS</li> <li>• Family history of depression/completed suicide/violent suicide attempts/anxiety/OCD/eating disorders</li> </ul>	<p style="text-align: center;"><b><u>LOW ENDORPHINS</u></b></p> <ul style="list-style-type: none"> <li>• Very emotionally sensitive</li> <li>• Cry easily (e.g. from sentimental TV commercials)</li> <li>• Emotional pain really gets to you</li> <li>• Find it hard to get through losses or grieving</li> <li>• Depressed</li> <li>• Difficulty experiencing pleasure</li> <li>• Been through a lot of physical or emotional pain</li> <li>• Use alcohol, chocolate or codeine (in mersyndol) for relaxation, numbing or comfort</li> <li>• Low pain tolerance</li> <li>• Physical pain really gets to you</li> <li>• Chronic pain (e.g. back pain, tension headaches, migraines)</li> </ul>
<p style="text-align: center;"><b><u>LOW DOPAMINE/NORADRENALINE</u></b></p> <ul style="list-style-type: none"> <li>• Reduced ability to feel pleasure</li> <li>• Flat, bored, apathetic and low enthusiasm</li> <li>• Depressed</li> <li>• Low drive and motivation</li> <li>• Difficulty getting through a task even when interesting</li> <li>• Procrastinator/little urgency</li> <li>• Difficulty paying attention and concentrating</li> <li>• Slowed thinking and/or slow to learn new ideas</li> <li>• Crave uppers (e.g. caffeine/nicotine/diet soft drinks)                             <ul style="list-style-type: none"> <li>○ Use these to improve energy/motivation/mood</li> </ul> </li> <li>• Prone to addictions (e.g. alcohol)/addictive personality</li> <li>• Shy/introvert</li> <li>• Low libido or impotence</li> <li>• Mentally fatigued easily and physically fatigued easily</li> <li>• Sleep too much and trouble getting out of bed</li> <li>• Put on weight easily</li> <li>• Family history of alcoholism/ADD/ADHD</li> </ul>	<p style="text-align: center;"><b><u>HIGH DOPAMINE/NORADRENALINE</u></b></p> <ul style="list-style-type: none"> <li>• Anxiety</li> <li>• History of panic attacks</li> <li>• Hyperactive tendency</li> <li>• Overly intense or driven</li> <li>• Impulsive</li> <li>• Insomnia</li> <li>• Extravert</li> <li>• Above average libido</li> <li>• Novelty seeking behavior</li> <li>• Tendency for suspicion or paranoia</li> <li>• Family history of psychosis or bipolar disorder</li> </ul> <p style="text-align: center;"><b><u>HIGH GLUTAMATE</u></b></p> <ul style="list-style-type: none"> <li>• Sensitivity/reaction to eating MSG (e.g. in Chinese food)</li> <li>• Unusually or excessively excitable</li> <li>• Anxiety and/or panic disorder</li> <li>• Insomnia</li> <li>• History of seizures or psychosis</li> </ul>
<p style="text-align: center;"><b><u>LOW GABA</u></b></p> <ul style="list-style-type: none"> <li>• Feel stressed/pressured/overwhelmed</li> <li>• Sweaty, clammy hands</li> <li>• Butterflies in stomach</li> <li>• Lump in throat</li> <li>• Have trouble relaxing/loosening up</li> <li>• Low stress tolerance</li> <li>• Body tends to be tense/stiff/uptight</li> <li>• Trembling/twitching/shaking</li> <li>• Anxious/nervous/jumpy/'on edge'</li> <li>• Feel panicky/panic attacks</li> <li>• Heart palpitations or fast resting heart rate (over 85)</li> <li>• Sleep problems or chronic pain</li> <li>• Use alcohol/food/cigarettes to relax</li> <li>• Family history of anxiety, panic attacks or seizures</li> </ul>	<p style="text-align: center;"><b><u>LOW ACETYLCHOLINE</u></b></p> <ul style="list-style-type: none"> <li>• Difficulty remembering names and faces after meeting people</li> <li>• Difficulty remembering peoples birthdays and numbers</li> <li>• Difficulty remembering lists, directions or instructions</li> <li>• Forgetting common facts</li> <li>• Trouble understanding spoken or written language</li> <li>• Forget where I put things (e.g. keys)</li> <li>• Making simple mistakes at work</li> <li>• Slowed and/or confused thinking</li> <li>• Difficulty finding the right words before speaking</li> <li>• Disorientation</li> <li>• Prefer to do things alone than in groups / social withdrawal</li> <li>• Rarely feel passionate</li> <li>• Feel despair and lack joy</li> <li>• Lost some of my creativity / lack imagination</li> <li>• Dry mouth</li> </ul>

History of regular use of ecstasy, amphetamines, cocaine, codeine, methadone, darvon or heroin? Circle Which.	Yes	No
Have tried antidepressants, 5-HTP, tryptophan, st john's wort, valium, xanax or avitan? Circle Which.	Yes	No
Do you sleep markedly better after taking an anti-inflammatory (e.g. Nurofen)?	Yes	No

**Hyperventilation syndrome.**

Nijmegen questionnaire. Respondents are asked to ring the score that best describes the frequency with which they experience the symptoms listed

Symptom	Never	Seldom	Sometimes	Often	Very often
Chest pain	0	1	2	3	4
Feeling tense	0	1	2	3	4
Blurred vision	0	1	2	3	4
Dizziness	0	1	2	3	4
Confusion or loss of touch with reality	0	1	2	3	4
Fast or deep breathing	0	1	2	3	4
Shortness of breath	0	1	2	3	4
Tightness across chest	0	1	2	3	4
Bloated sensation in stomach	0	1	2	3	4
Tingling in fingers and hands	0	1	2	3	4
Difficulty in breathing or taking a deep breath	0	1	2	3	4
Stiffness or cramps in fingers and hands	0	1	2	3	4
Tightness around the mouth	0	1	2	3	4
Cold hands or feet	0	1	2	3	4
Palpitations in the chest	0	1	2	3	4
Anxiety	0	1	2	3	4
					TOTAL = _____

\*A total symptom score of  $\geq 23$  has been reported as showing a sensitivity of 91% and a specificity of 95% as a screening instrument in patients with diagnosed hyperventilation syndrome. BMJ 2001;322:1098-1100 (5 May)

**Histamine intolerance.**


Urticaria (hives)
Skin itching
Flushing
History of asthma
Nasal symptoms (sneezing, runny nose & congestion)
History of anaphylactic reactions
Low blood pressure
Headache
Elevated heart rate
Gastrointestinal symptoms (stomach ache, colic, flatulence & diarrhea)
Known or suspected reaction to one or more of the following foods; red wine, aged cheese, aged/fermented meats (e.g. salami) and frozen/smoked/canned fish
Feel better with anti-histamines

**Stress/Emotional Health.**

Rate your current stress levels from 0 to 10, where 0 = No stress and 10 = Extremely high stress levels. Answer how stressed you <i>feel</i> , not how stressful you or other people would rate your life situation.	_____	
Does one or more current life situation cause you significant levels of stress, anger, resentment or sadness: e.g. work stress, relationship stress, family stress, responsibility for others, stress about your health or financial worries? Circle those which apply to you.	Yes	No
Does one or more past event still regularly cause you significant levels of upset, anger or sadness: e.g. grief/loss, guilt, trauma-related stress, physical/sexual abuse, emotional abuse, betrayal, person letting you down, abandonment or similar? Circle those which apply to you.	Yes	No
Did you have an abusive or traumatic childhood?	Yes	No
Do you associate the onset of a particular health problem with a specific upsetting event? e.g. your first migraine occurred during an argument with a relative, or your first episode of allergies occurred while being punished?	Yes	No
Do certain symptoms (e.g. headaches) often arise or greatly worsen during, or at the thought of, a particular issue (e.g. thinking about a particular situation, person or past event)?	Yes	No
Do your current symptoms reduce when you are able to express, rather than repress, your emotions? e.g. you generally suppress upset at your partner and when you express it your headaches recede?	Yes	No

**Adrenal and thyroid insufficiency.**

Hypo-adrenal.	Hypo-thyroid.	Risk factors ( <i>mark or circle those which apply</i> ): <ul style="list-style-type: none"> <li>• Personal history:                             <ul style="list-style-type: none"> <li>○ Health issues started around puberty or pregnancy</li> <li>○ Regularly use statins, calcium channel blockers, lithium or amiodarone</li> <li>○ Thyroid, adrenal or pituitary surgery</li> <li>○ Red hair</li> </ul> </li> <li>• Family history:                             <ul style="list-style-type: none"> <li>○ Hypothyroidism</li> <li>○ Hashimoto's Thyroiditis</li> <li>○ Hyperthyroidism (inc. Grave's Disease)</li> <li>○ Addison's Disease</li> <li>○ Cushing's Syndrome</li> </ul> </li> </ul>
Fatigue/lethargy not relieved by sleep	Fatigue / weakness	
Trouble getting up in the morning	Weight gain / hard to lose weight	
Muscle weakness	Tendency for constipation	
Low blood pressure	Tendency to feel depressed	
Light-headed or dizzy when getting up to stand from lying down or sitting	High intolerance to cold / cold hands and feet or purple toes/fingers	
Feel unwell during/after emotional stress e.g. exhausted, shaky, trembling, pain or confused	Coarse, brittle or lusterless hair / head, pubic or armpit hair loss or thinning	
Decreased ability to handle stress/pressure	Dry, scaling/flaking or course skin (e.g. cracked heels)	
Crave salt or salty food	Brittle, splitting, curved or ridged nails	
Decreased tolerance for cold / frequently feel cold	Rounded puffy face	
Poor exercise tolerance	Puffy around eyes or droopy/baggy eyelids	
Tendency for low blood sugar e.g. irritable or shaky when hungry; or need frequent meals	Thinning or loss of outer third of eyebrows or poor hair growth on lower legs	
Increased frequency or severity of allergies e.g. asthma, hay fever or food/chemical sensitivities	Teeth imprints (scalloping) around tongue's edge or swollen/thick tongue	
Crave sugar	Faint yellow/orange tinge in soles of feet or palms noticed after applying finger pressure	
Light sensitivity	Fungal infection (yellow/brown/black) in nails or peeling/splitting of skin between toes	
Increased time to recover from infection	Redness to skin on front of neck	
Increased susceptibility to infections (e.g. the flu)	Swollen/puffy ankles or legs	
	Slow resting heart rate (less than 65)	

Past history of prednisone/cortisone or thyroid hormone use? Circle Which.	Yes	No	
Last time thyroid stimulating hormone (TSH) was tested it was above 2.5?	Yes	No	
Do you have a swollen feeling in the thyroid gland area (see image to right) or known thyroid nodules?	Yes	No	
Press a fingernail until the underlying skin turns white. Does it take more than 2 seconds for return of colour?	Yes	No	

**Basal temperature.** Use a non-digital thermometer. Shake it down and leave it by the bed side the night before. Immediately after waking up and before getting out of bed take your axillary (armpit) temperature. Place the thermometer under your armpit and press your arm against your body to hold the thermometer in position. Make sure the thermometer is held there for 10 minutes. For women measurements should be taken during the first 2 weeks of your menstrual cycle and not done during ovulation (mid-cycle; day 14 in a 28 day cycle). Make sure temperature readings are taken at the same time each day. Avoid using electric blankets or water bed heaters and do not take measurements during an acute infection (e.g. cold/flu).

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Average
Temperature								

**Female: Sex hormone imbalances.**

Progesterone Deficiency	Estrogen Excess	Estrogen Deficiency	Androgen dominance	Risk factors ( <i>mark or circle those which apply</i> ):
PMS	Breast tenderness/pain	Hot flashes	Acne	
Decreased libido	Large/swollen breasts	Night sweats	Excess hair above lip	
Cyclical headaches	Water/fluid retention	Breasts have lost fullness	Darkening of facial hair	
Tender or painful breasts	Puffiness and bloating	Loss of libido	Excess hair on arms	
Breasts with lumps/cysts	Pelvic cramps	Vaginal dryness	Head hair loss or thinning	
Heavy or frequent periods	Excess weight gain around hips/thighs	Painful intercourse	Aggressiveness or anger	
Infrequent period or no period		Symptoms worse week before period	History of polycystic ovaries	
Migraine headaches			Voice deepening	

**Male: Sex hormone imbalances.**

Testosterone deficiency	Estrogen/DHT excess	Risk factors ( <i>mark or circle those which apply</i> ):
Lower sex drive/libido	Breast enlargement	
Difficulty achieving an erection	Pear shaped body type	
Softer erections	Elevated PSA	
Takes longer to achieve orgasm	Prostate enlargement	
Decreased ejaculate volume	Puffiness/bloating	
Less sexual enjoyment/satisfaction	Hair loss	
Increased abdominal fat	Headaches	
Loss of muscle mass/strength	Weight gain	
Tendency to feel depressed or irritable		
Decreased memory		
Fatigue / lower stamina		
Slowed growth or reduction of hair on face, chest, legs or pubic area		
Reduction or absence of voice deepness		

Loss of height, low bone density or easy fracture? Circle which.	Yes	No
History of infertility?	Yes	No

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