

SELF ANALYSIS BODY SYSTEMS MINI SURVEY

NAME	AGE	DATE				
Score at the end each statement wich presently applies the most. <u>ADD</u> each SYSTEM. Mark below to make graph: ALMOST NEVER = 1 Occasionally = 2 OFTEN = 3 MOST OF THE TIME = 4						
# 1 CIRCULATORY	1A. Cold hands and/or feet, brain fog					
	1B. High or low blood pressure or known heart problems	+	_____			
	1C. Fried or high-fat foods 3X a week or more	+	_____	=	_____	
# 2 DIGESTIVE	2A. Stomach ulcers, gallstones, heart burn, or excessive burning		_____			
	2B. Intestinal and/or stomach gas (burp, etc.)	+	_____			
	2C. Pains/upset in abdomen or heavy feeling in stomach after meals	+	_____	=	_____	
# 3 ELIMINATIVE	3A. Less than 3 bowel movements each day, and/or low fiber diet		_____			
	3B. Constipation, and/or hard stools or very loose stools	+	_____			
	3C. Intestinal gas, flatulence, and/or bloating	+	_____	=	_____	
# 4 GLANDULAR	4A. Sugars, foods containing sugars; sodas, etc. 3X's week or more		_____			
	4B. Caffeine; coffee, tea, chocolates, colas 3X's week or more	+	_____			
	4C. Low body temperature upon arising in A.M. (below 97.4)	+	_____	=	_____	
# 5 INTEGUMENTARY (hair, Skin, nails)	5A. Dry, brittle nails and/or dry hair or thinning hair		_____			
	5B. Acne, rough and/or problem skin	+	_____			
	5C. Dry skin that flakes and/or cracks	+	_____	=	_____	
# 6 LYMPH/IMMUNE	6A. Lack of energy, chronic fatigue, or depression		_____			
	6B. Catch illness easily (2 more clods, flu, allergies per year)	+	_____			
	6C. Exercise less than 2X's per week, or have slow or fast metabolism	+	_____	=	_____	
# 7 MUSCULAR	7A. Have ever been exposed to pesticides, chemicals (in environment or medical and/or street drugs), or mercury amalgams in teeth		_____			
	7B. Muscle cramps, pains or "charlie horse" sensations	+	_____			
	7C. Muscle weakness, flaccid, "wasting," or hard & tense areas	+	_____	=	_____	
# 8 NERVOUS	8A. Insomnia or restless sleep patterns		_____			
	8B. Stress and/or pressure in life	+	_____			
	8C. Shaky feelings in limbs or elsewhere, sadness, feel like crying	+	_____	=	_____	
# 9 REPRODUCTIVE	9A. PMS, menstral Irregularities, miscarriages, sterility (female only)		_____			
	9B. Impotence or prostate problems (males only)	+	_____			
	9C. Lack of interst in sexual activity	+	_____			
	9D. Hot flashes, sweats or intermittent low grade temperature	+	_____	=	_____	
# 10 RESPIRATORY	10A. Congestion in sinuses and/or lungs		_____			
	10B. Sough, sinusitis, asthma, or other breathing condition	+	_____			
	10C. Breathe polluted air and/or smoke cigarettes, cigars or pipe	+	_____	=	_____	
# 11 SKELETAL	11A. Subluxations, or spinal malainments (can't hold adjustment)		_____			
	11B. Pain in bones or joints anywhere in the body or arthritis	+	_____			
	11C. Osteoporosis, rickets, growth problems, mineral depletion	+	_____	=	_____	
# 12 URINARY	12A. Kidney or bladder problems or stones		_____			
	12B. Pair, strong odor, or unusual color when urinate	+	_____			
	12C. Fluid retention, edema or dropsy	+	_____	=	_____	

BODY SYSTEM	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	
Score of 11-12 >>>>													<< HIGH PRIORITY
Score of 9-10 >>>>													<< MEDIUM PRIORITY
Score of 7-8 >>>>													<< LOW PRIORITY
Score of 5-6 >>>>													
Score of 3-4 >>>>													
Score of 0-2 >>>>													

NOTE: (IF OVER 40, add 1 point to LYMPH/IMMUNE, 1 point to CIRCULATORY, and 1 point to DIGESTIVE systems.)