

Key: 0 - Zero Symptoms 1 - Monthly - Minor, Mild, Rarely
2 - Weekly - Moderate, Occasionally 3 - Daily - Severe, Frequently

ZONE 1

0 1 2 3 Crave sweets/carbohydrates

0 1 2 3 Crave sweets after meals

0 1 2 3 Frequent thirst

0 1 2 3 Fatigue after meals

TOTAL _____

ZONE 2

0 1 2 3 Irritable, shaky or headaches between meals

0 1 2 3 Fatigue relieved by eating

0 1 2 3 Feel the need for coffee (morning/afternoon)

0 1 2 3 Often wake up during the night

TOTAL _____

ZONE 3

0 1 2 3 Hard time getting going in the morning

0 1 2 3 A "night person," difficulty falling asleep

0 1 2 3 Feel "tired and wired"

0 1 2 3 Perspire easily, even with minimal activity

TOTAL _____

ZONE 4

0 1 2 3 Crave salt or liberally salt food

0 1 2 3 Lightheaded when standing up quickly

0 1 2 3 Difficulty staying asleep

0 1 2 3 Low blood pressure

TOTAL _____

ZONE 5

0 1 2 3 Bloating after meal

0 1 2 3 Experience heartburn or use antacids

0 1 2 3 Excessive belching or burping

0 1 2 3 Sensitive to a number of foods

TOTAL _____

ZONE 6

0 1 2 3 Excessive, foul-smelling gas

0 1 2 3 Lower abdominal bloating
relieved by gas

0 1 2 3 Constipation or diarrhea
(circle appropriate choice)

0 1 2 3 History of antibiotic use

TOTAL _____

ZONE 7

0 1 2 3 Nausea or diarrhea from high-fat foods

0 1 2 3 Stool tends to be "greasy" and floats

0 1 2 3 Sensitive to caffeine, alcohol and/or
synthetic chemicals

0 1 2 3 Pain between shoulder blades
or under right rib cage

Gall bladder removed: Yes No

TOTAL _____

PAGE 1 TOTAL _____

Key: 0 - Zero Symptoms 1 - Monthly - Minor, Mild, Rarely
2 - Weekly - Moderate, Occasionally 3 - Daily - Severe, Frequently

ZONE 8

- 0 1 2 3 Tendency to be cold, especially hands and feet
- 0 1 2 3 Difficulty losing weight
- 0 1 2 3 Low energy, or tired all the time
- 0 1 2 3 Brain fog, mental sluggishness

TOTAL _____

ZONE 9 Males Only

- 0 1 2 3 Decreased libido
- 0 1 2 3 Decreased strength and/or endurance
- 0 1 2 3 Decreased "enjoyment in life"
- 0 1 2 3 Decrease in morning erections or strength of erection

TOTAL _____

ZONE 10 Menstruating Females Only

- 0 1 2 3 Acne and/or unwanted facial hair growth
- 0 1 2 3 Abnormal menstruation (heavy, extended, shortened, scanty)
- 0 1 2 3 Pain, cramping and/or breast tenderness during menses
- 0 1 2 3 Significant mood changes during menses

TOTAL _____

ZONE 11 Menopausal Females Only

- 0 1 2 3 Experience hot flashes
- 0 1 2 3 Acne and/or unwanted facial hair growth
- 0 1 2 3 Mood swings, depression, night sweats
- 0 1 2 3 Vaginal thinning, dryness, itchiness

TOTAL _____

ZONE 12

- 0 1 2 3 Experience bleeding gums or nosebleeds, or easily bruised
- 0 1 2 3 Muscle fatigue or excessive soreness after exercise
- 0 1 2 3 Tingling in hands or feet, and/or cracks in the corners of mouth
- 0 1 2 3 Restless legs and/or muscle cramping/twitching

TOTAL _____

ZONE 13

- 0 1 2 3 Feel tired, fatigued or weak
- 0 1 2 3 Experience shortness of breath
- 0 1 2 3 Coldness in hands and feet or "poor circulation"
- 0 1 2 3 Experience a rapid heart beat

TOTAL _____

PAGE 1 TOTAL _____

PAGE 2 TOTAL _____

OVERALL ZONE TOTAL _____