

Discover The Hormonal, Genetic & Lifestyle Sec<mark>r</mark>ets To Burning Fat, Controlling Appetite and Eliminating Your Cravings...

Fat-Burning Test

"Pinpoint YOUR Exact Health Imbalances... Stop Chasing Symptoms... and Find The ROOT **CAUSE of Stubborn Fat...**"

Section 1

This questionnaire helps to uncover hidden causes of low energy and the inability to lose weight. With the answers we can pinpoint where your metabolism is breaking down and what is causing it.

Name:

Date:

Main Concerns

What are the Top 5 Health issues you are interested in resolving? (This can include depression)

Section 2 - Energy Evaluation

There are three different aspects of your energy that we will be tracking: Quantity, Quality, and Consistency.

Quantity...

Rate on a scale of 1 - 10 what your energy level is like.10 = boundless energy and have all the energy you could ever want or need.1 = is hard to get out of bed or off the couch or the lowest energy you can imagine having, Constantly lethargic.

Note your score of where your average energy level is on a normal average day.

Quality...

Rate on a scale of 1 - 10 what the quality of your energy is like...
10 = Balanced Calm Centered Happy Patient Optimistic
1 = Unmotivated Depressed Irritable Impatient Anxious Short Tempered Sad

Note your score of where your average energy quality is on a normal average day.

Consistency...

Rate on a scale of 1 - 10 what the consistency of your energy is like...

1 = Inconsistent Energy Highs and Lows /Peaks and Valleys Sudden drops in energy Never know when you'll run out steam

10 = Continual, predicable, all-day energy No Peaks and Valleys Bounce out of bed with energy

Note your score of where your average energy consistencyy is on a normal average day.

5 Energy Patterns...

There are 5 different patterns with energy that is low on the consistency scale. What one sounds like you? **Slow Starter:** difficulty getting out of bed, tired in the morning, hit the snooze a several times before getting up

Food Coma: After you eat a meal you feel like you want to take a nap The 3 or 4'oclock

Slump: Around 3 or 4 o'clock in the afternoon, you feel like you want to take a nap, or you need caffeine or sugar just to get through the day.

Run out of steam: At the end of the day you are tired and just want to sit on the couch or watch TV because you are too tired to do anything else

All over the board: Peaks and Valleys all day long, you never know what your energy will be like.

Section 3 - Metabolic Evaluation

Answer each question on a scale of 0 through 3, with: 0 =never, 1 =rarely, 2 =occasionally, 3 =frequently

Low Blood Sugar Category

- _____ Crave sweets during the day
- _____ Irritable if meals are missed
- _____ Depend on coffee to keep yourself going or get yourself started
- _____ Get lightheaded meals are missed
- _____ Eating relieves fatigue
- _____ Feel shaky, jittery, tremors
- _____ Agitated, easily upset, nervous
- _____ Poor memory, forgetful
- _____ Blurred vision

High Blood Sugar Category

- _____ Fatigue after meals
- _____ Crave sweets during the day
- _____ Eating sweets does not relieve cravings for sugar
- _____ Must have sweets after meals
- _____ Waist girth is equal to or larger than hip girth
- _____ Frequent urination
- _____ Increased thirst & appetite
- _____ Difficulty losing weight

Low Adrenal Category

- _____ Cannot stay asleep
- ____ Crave salt
- _____ Slow starter in the morning
- _____ Afternoon fatigue
- _____ Dizziness when standing up quickly
- _____ Afternoon headaches
- _____ Headaches with exertion or stress
- _____ Weak nails

High Adrenal Category

- _____ Cannot fall asleep
- _____ Perspire easily under high amounts of stress
- _____ Weight gain when under stress
- _____ Wake up tired even after 6 or more hours of sleep
- _____ Excessive perspiration or perspiration with little or no activity

Colon Category

- _____ Bowels do not empty completely
- _____ Lower abdominal pain relieved by passing stool or gas
- _____ Alternating constipation and diarrhea
- ____ Diarrhea
- ____ Constipation
- _____ Hard, dry or small stool
- _____ Coated tongue or "fuzzy" debris on tongue
- _____ Pass large amount of foul smelling gas
- _____ Less than one bowel movement daily
- _____ Do you use laxatives frequently?

Low Stomach Acid Category

- _____ Excessive belching burping or bloating
- _____ Gas immediately following a meal
- ____ Offensive breath
- _____ Difficult bowel movements
- _____ Sense of fullness during and after meals
- _____ Difficulty digesting fruits and vegetables
- _____ Undigested foods found in stools

High Stomach Acid Category

- _____ Stomach pain, burning or aching 1-4 hours after eating
- _____ Do you frequently use antacids?
- _____ Feeling hungry an hour or two after eating
- _____ Heartburn when lying down or bending forward
- _____ Temporary relief from antacids, food, milk, carbonated beverages
- _____ Digestive problems subside with rest and relaxation
- _____ Heartburn from spicy foods, chocolate, citrus, peppers, alcohol and caffeine

Digestive Enzyme Category A

- _____ Roughage and fiber cause constipation
- _____ Indigestion and fullness lasts 2-4 hours after eating
- _____ Pain, tenderness, soreness on left side
- _____ Under ribcage bloated
- _____ Excessive passage of gas
- _____ Nausea and/or vomiting
- _____ Frequent urination
- _____ Increased thirst and appetite
- _____ Difficulty losing weight
- _____ Stool undigested, foul smelling, mucous-like, greasy or poorly formed

Digestive Enzyme Category B

- _____ Greasy or high fat foods cause distress
- _____ Lower bowel gas and or bloating several hours after eating
- _____Bitter metallic taste in mouth, especially in the morning
- _____ Unexplained itchy skin
- _____Yellowish cast to eyes
- _____Stool color alternates from clay-colored to normal brown
- _____ Reddened skin, especially palms
- _____ Dry or flaky skin and/or hair
- _____ History of gallbladder attacks or stones
- _____ Have you had your gallbladder removed?

Hypothyroidism Category

- _____ Tired, sluggish
- _____ Feel cold hands, feet, all over
- _____ Require excessive amounts of sleep to function properly
- _____ Increase in weight gain even with low-calorie diet
- _____ Gain weight easily
- _____ Difficult, infrequent bowel movements
- _____ Depression, lack of motivation
- _____ Morning headaches that wear off as the day progresses
- _____ Outer third of eyebrow thins
- _____ Thinning of hair on scalp, face or genitals or excessive hair falling out
- _____ Dryness of skin and/or scalp
- _____ Mental sluggishness

(Menstruating Females Only)

PCOS Symptoms in Menstruating Women

- _____ Are you a menopausal?
- _____ Alternating menstrual cycle lengths
- _____ Extended menstrual cycle, greater than 32 days
- _____ Shortened menses, less than every 24 days
- _____ Pain and cramping during periods
- _____ Scanty blood flow
- _____ Heavy blood flow
- _____ Breast pain and swelling during menses
- _____ Pelvic pain during menses
- _____ Irritable and depressed during menses
- _____ Acne break outs
- _____ Acne Breakout on chin area
- _____ Facial hair growth
- _____ Hair loss/thinning

(Menopausal Females Only)

PCOS Symptoms in Menopausal Women

- _____ How many years have you been menopausal?
- _____ Do you ever have uterine bleeding since menopause?
- _____ Hot flashes, mental fogginess
- _____ Disinterest in sex, mood swings
- ____ Depression
- _____ Painful intercourse
- _____ Shrinking breast
- _____ Facial hair growth
- _____ Acne
- _____ Increased vaginal, pain, dryness or itching