

Before we begin, I'd like you to take a few moments to answer these questionnaires. The answers will help you determine the state of your general health, and whether or not you have parasites.

Once you answer these questionnaires, you will be better able to decide whether or not you're due for a good internal detoxification program and a change in your diet and nutritional habits.

So get out your pen or pencil, make yourself comfortable, and let's see where you currently are on the road to health . . .

Symptom Questionnaire

The following questionnaire is a general assessment of your health developed by Dr Royal Lee D.D.S. Each grouping represents a particular area of your body that may be causing you problems.

Place a 1 next to a symptom that bothers you a few times a year.

Place a 2 by something that is "frequently" or "all the time."

Leave all others blank.

Please note that this is not an accurate medical survey but something that can be used as a guide to appraise your general health. This form should be brought to your health provider for further assessment and advice.

If you have symptoms in one or more areas of your body, it doesn't mean that you have that condition (or conditions). This form indicates those areas where health issues may develop over time if not corrected. Again, if there are symptoms present, this form should be brought to your health care provider who can give you a proper evaluation.

By making the changes recommended here and throughout the rest of this book, you can lose weight, look and feel great, and reduce your chances of having medical problems as you age. I'd also like you to re-do this questionnaire in a month. I believe you will find many differences from when you started.

Remember—The information contained herein is strictly for informational purposes only. It is not intended to be a substitute for a professional consultation with a physician or other health care provider. Dr. Zeines cannot be held responsible for any adverse effects or consequences resulting from the use of this information. If you have a condition that requires medical advice, please consult a healthcare physician!

Group One

- Acid foods upset _____
- Get chilled, often _____
- “Lump” in throat _____
- Dry mouth-eyes-nose _____
- Pulse speeds after meal _____
- Keyed up—fail to calm down _____
- Cuts heal slowly _____
- Gag easily _____
- Unable to relax; startles easily _____
- Extremities cold, clammy _____
- Strong light irritates _____
- Urine amount reduced _____
- Heart pounds after retiring _____
- “Nervous” stomach _____
- Appetite reduced _____
- Cold sweats often _____
- Fever easily raised _____
- Neuralgia-like pains _____
- Staring, blinks little _____
- Sour stomach frequent _____

Group Two

- Joint stiffness after arising _____
- Muscle-leg-toe cramps at night _____
- “Butterfly” stomach, cramps _____
- Eyes or nose watery _____
- Eyes blink often _____
- Eyelids swollen, puffy _____
- Indigestion soon after meals _____
- Always seems hungry; feels “lightheaded” often _____
- Digestion rapid _____
- Vomiting frequent _____
- Breathing irregular _____
- Pulse slow; feels “irregular” _____
- Gagging reflex slow _____
- Difficulty swallowing _____

- Constipation, diarrhea alternating _____
- “Slow starter” _____
- Get “chilled” frequently _____
- Perspire easily _____
- Circulation poor, sensitive to cold _____
- Subject to colds, asthma, bronchitis _____
- Hoarseness frequent _____

Group Three

- Excessive appetite _____
- Hungry between meals _____
- Irritable before meals _____
- Get “shaky” if hungry _____
- Fatigue, eating relieves _____
- “Lightheaded” if meals delayed _____
- Heart palpitates if meals missed or delayed _____
- Overeating sweets upsets _____
- Awaken after few hours sleep—hard to get back to sleep _____
- Crave candy or coffee in afternoon _____
- Moods of depression “blues” or melancholy _____
- Abnormal craving for sweets or snacks _____

Group Four

- Hands and feet go to sleep easily, numbness _____
- Sigh frequently, “air hunger” _____
- Aware of “breathing heavily” _____
- High altitude discomfort _____
- Opens windows in closed room _____
- Susceptible to colds and fevers _____
- Afternoon “yawner” _____
- Get “drowsy” often _____
- Swollen ankles worse at night _____
- Muscle cramps, worse during exercise; get “charley horses” _____
- Shortness of breath on exertion _____
- Dull pain in chest or radiating into left arm, worse on exertion _____
- Bruise easily, “black and blue” spots. Tendency to anemia. “Nose bleeds” frequent _____

- Noises in head, or “ringing” in ears _____
- Tension under the breastbone, or feeling of “tightness,” worse on exertion _____

Group Five

- Dizziness _____
- Dry skin _____
- Burning feet _____
- Blurred vision _____
- Itching skin and feet _____
- Excessive falling hair _____
- Frequent skin rashes _____
- Bitter, metallic taste in mouth in mornings _____
- Bowel movements painful or difficult _____
- Worrier, feels insecure _____
- Feeling queasy; headache over eyes _____
- Greasy foods upset _____
- Stools light-colored _____
- Skin peels on foot soles _____
- Pain between shoulder blades _____
- Use laxatives _____
- Stools alternate from soft to watery _____
- History of gallbladder attacks or gallstones _____
- Sneezing attacks _____
- Dreaming, nightmare type bad dreams _____
- Bad breath (halitosis) _____
- Milk products cause distress _____
- Sensitive to hot weather _____
- Burning or itching anus _____
- Crave sweets _____

Group Six

- Loss of taste for meat _____
- Lower bowel gas several hours after eating _____
- Burning stomach sensations, eating relieves _____
- Coated tongue _____

- Pass large amounts of foul-smelling gas _____
- Indigestion ½-1 hour after eating; may be up to 3-4 hours _____
- Mucous colitis or “irritable bowel” _____
- Gas shortly after eating _____
- Stomach “bloating” after eating _____

Group Seven (A)

- Insomnia _____
- Nervousness _____
- Can't gain weight _____
- Intolerance to heat _____
- Highly emotional _____
- Flush easily _____
- Night sweats _____
- Thin, moist skin _____
- Inward trembling _____
- Heart palpitates _____
- Increased appetite without weight gain _____
- Pulse fast at rest _____
- Eyelids and face twitch _____
- Irritable and restless _____
- Can't work under pressure _____

Group Seven (B)

- Increase in weight _____
- Decrease in appetite _____
- Fatigue easily _____
- “Ringing” in ears _____
- Sleepy during day _____
- Sensitive to cold _____
- Dry or scaly skin _____
- Constipation _____
- Mental sluggishness _____
- Hair coarse, falls out _____
- Headaches upon arising wear off during day _____
- Slow pulse, below 65 _____

- Frequency of urination _____
- Impaired hearing _____
- Reduced initiative _____

Group Eight (A)

- Failing memory _____
- Low blood pressure _____
- Increased sex drive _____
- Headaches, “splitting” or “rending” type _____
- Decreased sugar tolerance _____

Group Eight (B)

- Abnormal thirst _____
- Bloating of abdomen _____
- Weight gain around hips or waist _____
- Sex drive reduced or lacking _____
- Tendency to ulcers, colitis _____
- Increased sugar tolerance _____
- Women: menstrual disorders _____
- Young girls: lack of menstrual function _____

Group Nine (A)

- Dizziness _____
- Headaches _____
- Hot flashes _____
- Increased blood pressure _____
- Hair growth on face or body (female) _____
- Sugar in urine (not diabetes) _____
- Masculine tendencies (female) _____

Group Nine (B)

- Weakness, dizziness _____
- Chronic fatigue _____
- Low blood pressure _____
- Nails weak, ridged _____

Now let's move on to the rest of this book. In the pages ahead, you will be given important information which will help you to eliminate your yeast problem and have a beneficial effect on other health problems as well.

Understanding what is happening and the ways to correct them will help you feel and look better. Not only can you add years to your life but they will be happy healthy years. Enjoy the journey!

If most of your symptoms are in:

Group One:	You may be	Too acidic. You need more alkaline foods
Group Two:	You may be	Too Alkaline. You need more acidic foods
Group Three:	You might have	Possible sugar problems
Group Four:	You might have	Possible heart weakness
Group Five:	You might have	Possible Liver and gallbladder weakness
Group Six:	You might have	Digestive problems
Group Seven A	You might have	hyperthyroid problems
Group Seven B	You might have	hypothyroid problems
Group Eight A	You might have	hyperpituitary problems
Group Eight B	You might have	hypopituitary problems
Group Nine A	You might have	hyperadrenal problems
Group Nine B	You might have	hypoadrenal problems