

Retest Questionnaire

Name _____

Date _____

Phone _____

Age _____

On a scale of 0-5, how closely have you been following your Personalized Active Care Plan? 0 = not at all 5 = doing well

Diet _____ Dry Skin Brushing _____ Coffee Enema _____ Meditation _____

Sauna/Sauna Light _____ Supplements _____ Sleep _____

Describe changes you've noticed in your symptoms or condition since you began your Personalized Active Care Plan.

Do you have questions about your supplements and detoxification procedures?

Is anything interfering with your ability to follow the program?

Is there anything else you want me to know as I update your Personalized Active Care Plan?

What are typical examples of your meals and snacks?

Breakfast	Beverage
Mid-morning Snack	Beverage
Lunch	Beverage
Mid-afternoon Snack	Beverage
Dinner	Beverage
Evening Snack	Beverage

Health Issues & Life Experiences

acne
addiction – alcohol
addiction – other substances
addiction – other
allergies – other than food
anemia
anger
angina
anxiety
arteriosclerosis
arthritis – osteo
arthritis - rheumatoid
asthma
attention deficit disorder
autism
bipolar disorder
bloating
blood pressure – low
blood pressure – high
body temperature – low
brain fog
bronchitis
bruising – easy
bursitis
cataracts
cholesterol – high
circulation – poor
cirrhosis
cold – feeling of
colitis
confusion
constipation
cough
depression
dermatitis
development – delayed
diabetes
diarrhea
diverticulitis
dizziness
dry skin
dyslexia
eczema
emphysema
eyes – glaucoma
eyes – macular degeneration
fatigue
fear
fissures
food - allergies
food cravings – fats
food cravings – starches
food cravings – sweets
food cravings – other
food – can't skip meals
fractures

gallstones
gout
hair loss
headaches – migraine
headaches – sinus
headaches – tension
heart attack
heart – atrial fibrillation
heart – palpitations
heart rate – rapid
heartburn
hemorrhoids
hives
hunger – excessive
hunger – little to none
hyperkinesis
hyperglycemia
hyperthyroidism
hypoglycemia
hypothyroidism
infection – bacterial
infection 2 fungal / candida
infection – urinary tract
infection – viral
infertility
intestinal gas
irritability
irritability – before meals
joint pain
joint stiffness
kidney infections
kidney stones
learning disability
memory – poor
meniere's disease
mind racing
mood swings
multiple sclerosis
muscle – cramps
muscle – pain
muscle – weakness
neuritis
obsessive/compulsive
osteoporosis
panic attacks
parkinson's disease
postnasal drip
psoriasis
schizophrenia
scleroderma
seizures
sinus – congestion
sleep – insomnia
sleep – disturbance
smoking
stomach pain

sugar reactions
suicidal thoughts
teeth – decay
teeth – dental amalgams
teeth – excessive plaque
teeth – gum disease
triglycerides – high
tumors/cancer
ulcer
urination – frequent
urination – painful
vertigo
water retention
weight – tend to gain
weight – tend to lose
wound healing - slow
Men
impotence
prostate problems
Women
breasts – fibrocystic
breasts – tumors
cramps
fibroid tumors
hot flashes
menopause
menstruation – none
menstruation – heavy
menstruation – irregular
menstruation – light
ovarian cysts
pap smear – abnormal
pregnant – currently
premenstrual syndrome
water retention
yeast infection
Trauma
abuse – emotional
abuse – physical
abuse – sexual

Comments