

Pure Love Living Foods Consultation Questionnaire Parts 2 & 3

Please fill out this additional section for a more in depth prognosis.
Please send in with Part I of your Consultation Questionnaire at least 48 hours
prior to your scheduled visit

PART 2:

SYMPTOMS

**Please select the appropriate number “0 - 3” on all questions below.
0 as the least/never to 3 as the most/always.**

CATEGORY I 0 1 2 3

Feeling that bowels do not empty completely
Lower abdominal pain relief by passing stool or gas
Alternating constipation and diarrhea
Diarrhea
Constipation
Hard dry or small stool
Coated tongue of “fuzzy” debris on tongue
Pass large amount of foul smelling gas
More than 3 bowel movements daily
Do you use laxatives frequently

CATEGORY II 0 1 2 3

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

CATEGORY III 0 1 2 3

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 due to spicy foods, chocolate, citrus, peppers, alcohol and caffeine

CATEGORY IV 0 1 2 3

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

CATEGORY V 0 1 2 3

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 (0 = No, 1 = Yes)

CATEGORY VI 0 1 2 3

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

CATEGORY VII 0 1 2 3

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 or larger than hip girth
Frequent urination
Increased thirst & appetite
Difficulty losing weight

CATEGORY VIII 0 1 2 3

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

CATEGORY IX 0 1 2 3

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

CATEGORY X 0 1 2 3

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 falling hair
Dryness of skin and/or scalp
Mental sluggishness

CATEGORY XI 0 1 2 3

Heart palpitations
Inward trembling
Increased pulse even at rest
Nervousness and emotional
Insomnia
Night sweats
Difficulty gaining weight

CATEGORY XII 0 1 2 3

Diminished sex drive
Menstrual disorders of lack of menstruation
Increased ability to eat sugars without symptoms

CATEGORY XIII 0 1 2 3

Increased sex drive
Tolerance to sugars reduced
“Splitting” type headaches

CATEGORY XIV (Males Only) 0 1 2 3

Urination difficulty or dribbling
Urination frequent
Pain inside of legs or heels
Feeling of incomplete bowel evacuation
Leg nervousness at night

CATEGORY XV (Males Only) 0 1 2 3

Decrease in libido
Decrease in spontaneous morning erections
Decrease in fullness of erections
Difficulty in maintain morning erections
Spells of mental fatigue
Inability to concentrate
Episodes of depression
Muscle soreness
Decrease in physical stamina
Unexplained weight gain
Increase in fat distribution around chest and hips
Sweating attacks
More emotional then in the past

CATEGORY XVI (Menstruating Females Only) 0 1 2 3

Are you a menopausal (0 = No, 1 = Yes)
Alternating menstrual cycle lengths (0 = No, 1 = Yes)
Extended menstrual cycle, greater than 32 days (0 = No, 1 = Yes)
Shortened menses, less than every 24 days (0 = No, 1 = Yes)
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
Facial hair growth
Hair loss/thinning

CATEGORY XVII (Menopausal Females only) 0 1 2 3

- 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

**PART 3:
YOUR NUTRITION**

- How many alcohol beverages you consume per week?
- How many caffeinated beverages do you consume per day?
- How many times do you eat out per week?
- How many times a week do you eat raw nuts or seeds?
- How many times a week do you eat fish?
- How many times a week do you workout?
- List the three worst foods you eat during the average week?
- List the three healthiest foods you eat during the average week?
- Do you smoke?
- If yes, how many times a day
- Rate your stress levels on a scale of 1-10 during the average week.
- Please list any medications you currently take and for what conditions:
- Please list any supplements you currently take and for what conditions:

Other information that you need to make us aware of:

Please enter any special instructions or questions: