



# HEALTH ZONES SELF-ANALYSIS

NAME:

DATE:

## QUESTIONNAIRE

The six sections of this form deal with the SIX HEALTH ZONES (Glandular, Eliminative, Nerve, Digestive, Muscular, Circulatory). By completing this form, it will assist us in determining which Zone / Function of the body is causing or contributing to your pain or problem. Since all six Zones are interrelated, an improvement in any one Zone would also affect the others.

### INSTRUCTIONS

Circle the appropriate number for each question according to the following scale:

- 0- NONE at all; not a problem
- 1- - SLIGHT amount, or rarely
- 2- MODERATE; some
- 3- ACUTE; a lot; frequently

#### ZONE ONE – GLADULAR

- |  |         |
|--|---------|
| 1. Sensitive or tender skin              | 0 1 2 3 |
| 2. Cuts in skin heal slowly              | 0 1 2 3 |
| 3. Face flushes easily                   | 0 1 2 3 |
| 4. Perspire a great deal                 | 0 1 2 3 |
| 5. Itchy scalp, dry skin or rash         | 0 1 2 3 |
| 6. Lack of energy                        | 0 1 2 3 |
| 7. Poor memory                           | 0 1 2 3 |
| 8. Dry, brittle hair or oily hair/scalp  | 0 1 2 3 |
| 9. Lose control of bladder               | 0 1 2 3 |
| 10. Enlarged glands                      | 0 1 2 3 |
| 11. Get upset, irritated or short temper | 0 1 2 3 |
| 12. Poor concentration                   | 0 1 2 3 |

#### ZONE TWO – ELIMINATIVE

- |   |         |
|---|---------|
| 1. Abnormal or excessive foot odor      | 0 1 2 3 |
| 2. Abnormal or excessive body odor      | 0 1 2 3 |
| 3. Frequent clearing or lump in throat  | 0 1 2 3 |
| 4. Excessive spells of sneezing         | 0 1 2 3 |
| 5. Nose bleeds                          | 0 1 2 3 |
| 6. Have colds or chest colds/infections | 0 1 2 3 |
| 7. Cough or spitting up mucus           | 0 1 2 3 |
| 8. Soaking sweats during sleep          | 0 1 2 3 |
| 9. Chronic chest condition              | 0 1 2 3 |
| 10. Diminished urination                | 0 1 2 3 |
| 11. Trouble with complexion             | 0 1 2 3 |
| 12. Congested breathing or wheezing     | 0 1 2 3 |

- 13. Spells of exhaustion or fatigue 0 1 2 3
- 14. Get up tired and exhausted 0 1 2 3
- 15. Tire easily or nervous exhaustion 0 1 2 3

TOTAL \_\_\_\_\_

- 13. Inflamed or irritated bladder 0 1 2 3
- 14. Constipated 0 1 2 3
- 15. Runny nose (not during a cold) 0 1 2 3

TOTAL \_\_\_\_\_

**ZONE THREE – NERVE**

- 1. Eyes blink or water 0 1 2 3
- 2. Sties, pain, or red eyes 0 1 2 3
- 3. Draining, loss of hearing, ear noises 0 1 2 3
- 4. Double vision or loss of sight 0 1 2 3
- 5. Lack of sensation in the body 0 1 2 3
- 6. Loss of smell or taste 0 1 2 3
- 7. Headaches 0 1 2 3
- 8. Hot or Cold spells 0 1 2 3
- 9. Dizzy spells or faint feelings 0 1 2 3
- 10. Twitching sensation in you body 0 1 2 3
- 11. Fingernail biting 0 1 2 3
- 12. Stuttering or stammering 0 1 2 3
- 13. Difficulty falling or staying asleep 0 1 2 3
- 14. Inability to relax 0 1 2 3
- 15. Loss of sex drive 0 1 2 3

TOTAL \_\_\_\_\_

**ZONE FIVE – MUSCULAR**

- 1. Painful swelling in joints 0 1 2 3
- 2. Muscle or joint stiffness 0 1 2 3
- 3. Pain in joints 0 1 2 3
- 4. Pain in arms 0 1 2 3
- 5. Pain in legs 0 1 2 3
- 6. Pain in feet 0 1 2 3
- 7. Back pain 0 1 2 3
- 8. Neck pain 0 1 2 3
- 9. Tremors or shaking 0 1 2 3
- 10. Pain or head pressure 0 1 2 3
- 11. Muscle cramping 0 1 2 3
- 12. Muscle spasm 0 1 2 3
- 13. Pains in Back 0 1 2 3
- 14. Weak knees or ankles 0 1 2 3
- 15. Muscle twitches 0 1 2 3

TOTAL \_\_\_\_\_

**ZONE FOUR – DIGESTIVE**

- 1. Coated tongue 0 1 2 3
- 2. Poor appetite 0 1 2 3
- 3. Do not eat regular meals 0 1 2 3
- 4. Eat sweets between meals 0 1 2 3
- 5. Snack between meals 0 1 2 3
- 6. Must be careful what you eat 0 1 2 3
- 7. Feel bloated 0 1 2 3
- 8. Indigestion 0 1 2 3
- 9. Heartburn 0 1 2 3
- 10. Nausea 0 1 2 3
- 11. Bad breath 0 1 2 3

**ZONE SIX – CIRCULATORY**

- 1. High blood pressure 0 1 2 3
- 2. Low blood pressure 0 1 2 3
- 3. Pains in chest 0 1 2 3
- 4. Thumping of the heart 0 1 2 3
- 5. Heart races 0 1 2 3
- 6. Out of breath easily 0 1 2 3
- 7. Swelling of hands/ankles 0 1 2 3
- 8. Cold hands in hot weather 0 1 2 3
- 9. Cold feet in hot weather 0 1 2 3
- 10. Cramps in legs 0 1 2 3
- 11. Numbness or tingling 0 1 2 3

12. Bad taste in mouth 0 1 2 3  
13. Brownish spots on skin 0 1 2 3  
14. Pains in lower abdomen 0 1 2 3  
15. Drink sweet drinks between meals 0 1 2 3

TOTAL \_\_\_\_\_

12. Bruise easily 0 1 2 3  
13. Poor circulation 0 1 2 3  
14. Varicose veins 0 1 2 3  
15. Headaches 0 1 2 3

TOTAL \_\_\_\_\_