



HEALTH ZONES SELF-ANALYSIS

NAME: _____	DATE: _____
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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 | 0123 |
| 2. Cuts in skin heal slowly | 0123 |
| 3. Face flushes easily | 0123 |
| 4. Perspire a great deal | 0123 |
| 5. Itchy scalp, dry skin or rash | 0123 |
| 6. Lack of energy | 0123 |
| 7. Poor memory | 0123 |
| 8. Dry, brittle hair or oily hair/scalp | 0123 |
| 9. Lose control of bladder | 0123 |
| 10. Enlarged glands | 0123 |
| 11. Get upset, irritated or short temper | 0123 |
| 12. Poor concentration | 0123 |
| 13. Spells of exhaustion or fatigue | 0123 |
| 14. Get up tired and exhausted | 0123 |
| 15. Tire easily or nervous exhaustion | 0123 |
| TOTAL | _____ |

ZONE TWO – ELIMINATIVE

- | | |
|---|-------|
| 1. Abnormal or excessive foot odor | 0123 |
| 2. Abnormal or excessive body odor | 0123 |
| 3. Frequent clearing or lump in throat | 0123 |
| 4. Excessive spells of sneezing | 0123 |
| 5. Nose bleeds | 0123 |
| 6. Have colds or chest colds/infections | 0123 |
| 7. Cough or spitting up mucus | 0123 |
| 8. Soaking sweats during sleep | 0123 |
| 9. Chronic chest condition | 0123 |
| 10. Diminished urination | 0123 |
| 11. Trouble with complexion | 0123 |
| 12. Congested breathing or wheezing | 0123 |
| 13. Inflamed or irritated bladder | 0123 |
| 14. Constipated | 0123 |
| 15. Runny nose (not during a cold) | 0123 |
| TOTAL | _____ |

ZONE THREE – NERVE

- 1. Eyes blink or water 0123
- 2. Sties, pain, or red eyes 0123
- 3. Draining, loss of hearing, ear noises 0123
- 4. Double vision or loss of sight 0123
- 5. Lack of sensation in the body 0123
- 6. Loss of smell or taste 0123
- 7. Headaches 0123
- 8. Hot or Cold spells 0123
- 9. Dizzy spells or faint feelings 0123
- 10. Twitching sensation in you body 0123
- 11. Fingernail biting 0123
- 12. Stuttering or stammering 0123
- 13. Difficulty falling or staying asleep 0123
- 14. Inability to relax 0123
- 15. Loss of sex drive 0123

TOTAL _____

ZONE FIVE – MUSCULAR

- 1. Painful swelling in joints 0123
- 2. Muscle or joint stiffness 0123
- 3. Pain in joints 0123
- 4. Pain in arms 0123
- 5. Pain in legs 0123
- 6. Pain in feet 0123
- 7. Back pain 0123
- 8. Neck pain 0123
- 9. Tremors or shaking 0123
- 10. Pain or head pressure 0123
- 11. Muscle cramping 0123
- 12. Muscle spasm 0123
- 13. Pains in Back 0123
- 14. Weak knees or ankles 0123
- 15. Muscle twitches 0123

TOTAL _____

ZONE FOUR – DIGESTIVE

- 1. Coated tongue 0123
- 2. Poor appetite 0123
- 3. Do not eat regular meals 0123
- 4. Eat sweets between meals 0123
- 5. Snack between meals 0123
- 6. Must be careful what you eat 0123
- 7. Feel bloated 0123
- 8. Indigestion 0123
- 9. Heartburn 0123
- 10. Nausea 0123
- 11. Bad breath 0123
- 12. Bad taste in mouth 0123
- 13. Brownish spots on skin 0123
- 14. Pains in lower abdomen 0123
- 15. Drink sweet drinks between meals 0 1 2 3

TOTAL _____

ZONE SIX – CIRCULATORY

- 1. High blood pressure 0123
- 2. Low blood pressure 0123
- 3. Pains in chest 0123
- 4. Thumping of the heart 0123
- 5. Heart races 0123
- 6. Out of breath easily 0123
- 7. Swelling of hands/ankles 0123
- 8. Cold hands in hot weather 0123
- 9. Cold feet in hot weather 0123
- 10. Cramps in legs 0123
- 11. Numbness or tingling 0123
- 12. Bruise easily 0123
- 13. Poor circulation 0123
- 14. Varicose veins 0123
- 15. Headaches 0123

TOTAL _____