

Vital Statistics Table

Privacy Statement: The information that you provide in this form is for internal use only. Your name, address, and other information you provide will not be sold to advertisers or marketers.

Now you're ready to begin filling out the form . . .

To navigate through the form, you can use your mouse or you can also use your TAB key to move forward and Shift-TAB to move backwards.

Note that the following fields **MUST** be completed in order for your form to go through when you click Submit at the end:

LAST NAME, FIRST NAME, SEX, AGE, HEIGHT (feet and inches), WEIGHT, IDEAL WEIGHT, TEST NUMBER, ADVISOR, ADVISOR CERT #, PRIMARY HEALTH COMPLAINTS, SIGNATURE (in Step 2).

NOTE: In order for your data to submit properly, you MUST complete all fields in this section	
Last Name: <input type="text"/>	Date: <input type="text"/> eg, June 1,2000
First Name: <input type="text"/>	Street/Road: <input type="text"/>
Sex: <input type="text"/> (M)ale (F)emale	City/Town: <input type="text"/>
Age: <input type="text"/>	State/County/Prov: <input type="text"/>
Height: <input type="text"/> feet'	Zip/Post: <input type="text"/>
Height: <input type="text"/> inches"	Country: <input type="text"/>
Weight: <input type="text"/> pounds	Day Phone: <input type="text"/> *
Ideal Weight: <input type="text"/> pounds	Night Phone: <input type="text"/> *
Test Number: This is my <input type="text"/> (1,2,3,etc.) test.	Fax: <input type="text"/> *
Primary Health Complaints: <input type="text"/>	Birthdate: <input type="text"/> eg, May 18,1949
Advisor: <input type="text"/>	Marital Status: <input type="text"/> (S)ingle, (M)arried, (D)ivorced
Advisor Cert #: <input type="text"/>	Hair Test: <input type="radio"/> Yes <input type="radio"/> No (Are you doing a Hair Analysis with this evaluation?)
	If Female, are you in Menopause? <input type="radio"/> Yes <input type="radio"/> No
	* NOTE: Please provide complete numbers, including country code, area code, etc.
Occupation: <input type="text"/>	
Occupation Before Retiring: <input type="text"/>	

STOP!

Make sure that the following fields contain data in the table above. Otherwise, when you submit your form, it will NOT go through!
LAST NAME, FIRST NAME, SEX, AGE, HEIGHT (feet and inches fields), WEIGHT, IDEAL WEIGHT, TEST NUMBER, PRIMARY HEALTH COMPLAINTS, ADVISOR, ADVISOR CERT #

STEP 2

Informed Consent

Before you begin to answer your questionnaire, it is necessary that you read the following disclaimer and sign your name electronically to signify your agreement with its content. We can't process your evaluation unless you sign this consent form. Thank you.

Healthexcel's Metabolic Typing™ concepts and any accompanying individualized ecological lifestyle recommendations that may be made are based on our own theories drawn from the ideas of past researchers in the field and on our empirical and objective observations made from working with thousands of individuals over the past 20 years. These theories have not been scientifically proven. Thus, the accuracy of our theories or the validity of our recommendations, nutritional or otherwise, have not been scientifically confirmed. Certain persons considered experts may disagree with one or more of our concepts or recommendations. We are not nutritionists or licensed dietitians, but rather consider ourselves to be Metabolic Typing™ Advisors. Our purposes are educational and informational only and we assume no responsibility for the correct or incorrect use of our information. Any information we provide and any recommendations we make should not be used to, nor are they intended to, nor do they in fact diagnose, treat, cure or mitigate any specific health problem. Anyone with any health complaint should seek the care and consultation of an appropriate licensed health practitioner. No attempt should be made to use any information we provide as a form of treatment for any specific condition without the approval and guidance of a physician.

" I, the undersigned, do hereby state that I have read the above statement and understand that the purpose of the Healthexcel Programs is solely to provide information concerning my individual ecological lifestyle. I further understand that any recommendations made are in no way intended to, nor do they in fact diagnose, cure, treat, mitigate or prevent any specific illness or disease."

To sign your name electronically, enter a "/" at the start and the end of your name.

Example: /John Doe/

" By electronically signing my name in the box below, I am indicating my acceptance of the content of the Informed Consent statement above."

Signature

Please check and make sure you used a "/" at the start and the end of your name.

Without it, your form will be considered unsigned and will not be accepted.

Thank you.

Now you're ready to start the questionnaire!

STEP 3

" Advanced " Metabolic Type™ Testing Questionnaire

Tips For Viewing and Navigating The Questionnaire

- You can navigate either:
 - by using your Tab key to move from one question to another and your up/down Arrow keys to select your answer, or
 - by using your Mouse and Scroll Bar and clicking in the circle next to your answer.

- If the type size appears too small or too large, you can change the setting in your browser.
 - In Internet Explorer, on the top menu, click /View /Text Size and select Larger or Smaller.
 - In Netscape, on the top menu, click /View /Text Size and select Larger or Smaller.
- Remove any Toolbars you don't need in order to see more screen.
 - Click on /View /Toolbars and uncheck any you don't need. Or, click on /View /Full Screen.

Questionnaire Instructions:

- In the questionnaire below, make only one selection per category (except where otherwise indicated).
- If no choice applies to you, **leave that category unchecked** .
- Answer all questions **the way you are NOW**, not the way you used to be, or think you should be, or how you were before getting sick.
- **Important:** The choices as written may not describe you exactly. So, it is **very important** that you choose the answer that **best describes your tendencies** . The answer does **not** need to be a perfect description, just an indication of your trend or tendency.
- It is strongly recommended that you let a close friend or family member check your answers for accuracy, especially the questions in the Psychological Traits section.
- Be as honest and accurate as you can. After all, you want to be sure to obtain the right information about your Metabolic Type™ .
- If you can't decide on an answer, leave the question blank. Do NOT choose the "middle" or average response just because you are uncertain of your answer.
- When finished, click the "Submit For Evaluation" button at the bottom to email your answers to the Healthexcel Processing Center.
- Be sure to make a backup copy of your form by following the instructions **exactly** at the end of the form.

<h2>Physical Traits</h2>	
B O D Y S T R U C T U R E	
<p>Build (at ideal weight)</p> <p><input type="checkbox"/> Tend toward a lean, wiry, thin, rangy or gangly build</p> <p><input type="checkbox"/> Average build</p> <p><input type="checkbox"/> Tend toward a stockier, wider or thicker-type build</p> <p>Cellulite I tend to accumulate cellulite on . . .</p> <p><input type="checkbox"/> Upper arms</p> <p><input type="checkbox"/> Upper hips</p> <p><input type="checkbox"/> Lower hips / buttocks</p> <p><input type="checkbox"/> Front thighs</p> <p><input type="checkbox"/> Outer thighs (saddlebags)</p> <p><input type="checkbox"/> Knees</p> <p><input type="checkbox"/> Upper back</p> <p>Cellulite, Main Area Main area cellulite accumulates . . .</p> <p><input type="checkbox"/> Knees and/or chest / breasts</p> <p><input type="checkbox"/> Stomach and/or back</p> <p><input type="checkbox"/> Buttocks and/or outer thighs (in "saddlebags")</p> <p><input type="checkbox"/> Upper thighs</p>	<p>Female Only</p> <p>Body Shape At Ideal Weight By "Ideal Weight" is meant the weight at which you look and feel your best</p> <p><input type="checkbox"/> Not fat but full-figured; strong, sturdy; carry more mass above than below waist</p> <p><input type="checkbox"/> Lean, slender, fine-boned, graceful, good balance of mass above and below waist</p> <p><input type="checkbox"/> Slim with curvy hips and rear; upper body notably smaller than lower body; lower body appears stronger than upper body</p> <p><input type="checkbox"/> Appear childlike, underdeveloped, or more girlish appearance, appear in the body more like a young girl than a woman</p> <p>Body Shape With Extra Weight Select the answer which BEST describes how your body accumulates weight (gains fat), when it changes from your ideal weight to excess weight</p> <p><input type="checkbox"/> Stocky, square, heavy limbed, a general thickening all over, full-figured, no pronounced curve at waist or hips, weight on upper back, prominent stomach, carry more weight on front than on back, may show extra weight on hands, feet, face; rear gains less weight than stomach area</p>

- All over (*not* accumulated in specific areas)

Fat Distribution, From Back

From a back view, most of my excess weight (fat) is ...

- ...Around the waist (in "love handles")
- ...Especially across the upper back (but also may have thickening all over body)
- ...Below the waist and/or in the rear
- ...Fat accumulates all over (not in specific areas)

Fat Distribution, From Front and Side Views

From the front and side views, most of my excess weight (fat) is ...

- Across (protruding) stomach in a pouch, "beer-belly" or "pot-belly", and also across chest
- Across the stomach in a roll(s), (in a "spare-tire")
- On outer thighs and in rear
- Evenly distributed all over, including around knees, *not* more above or below waist

Fat Distribution, Hands and Feet

- Tend to put fat on hands/feet
- Never get fat on hands/feet

Rib Cage

- Tend toward smaller, narrower, or thinner-type rib cage / chest
- Average-sized rib cage / chest
- Tend toward large, round, or deep rib cage, "barrel-chested"

Weight

- Currently am overweight
- Currently am at a good weight for me
- Currently am underweight

- Body well-shaped/proportioned but noticeably heavier, fuller in the middle (waist, hips, thighs), than in the extremities. Neck, arms, calves, ankles gain much less mass than middle and may appear thin. Fairly even proportion between upper and lower body with well-defined waist.

- Upper body (above waist) appears noticeably smaller (even 1-1.5 sizes smaller) than lower body (below waist); carry most extra weight in rear and outer thighs ("saddlebags"); less weight in stomach than in rear end

- Childlike shape, underdeveloped look with fat (often like "baby fat") accumulating all over, not in special areas. Pudgy. Undefined outline with little curve at waist. Notable weight accumulation in knees, hands and feet.

Breasts (without implants)

- Have large breasts
- Have average size breasts
- Have small breasts

Buttocks With Extra Weight

- Tend to have a large rear; in profile, it protrudes prominently
- Average rear in proportion to body
- Tend toward a small, flat or "tucked-under" rear

Male Only

Body Shape At Ideal Weight

By "Ideal Weight" is meant the weight at which you look and feel your best

- Not fat but strongly built, like a football player; large chest, thick, strong arms and legs
- Appear boyish, slender, like at age 14-15
- Lean, slender, fine-boned, rangy, like a basketball player, long arms and legs

Body Shape With Extra Weight

Select the answer which BEST describes how your body accumulates weight (gains fat), when it changes from your ideal weight to excess weight

- Stocky, square, heavy-limbed, a general thickening all over; protruding stomach ("potbelly"), more weight on upper body, but face, hands, feet all show weight gain; arms and legs also show gain
- Upper and lower body appear well-proportioned, but noticeably heavier, fuller in the middle (waist, hips, thighs), than in the extremities in a "spare tire". Neck, arms, calves, ankles remain leaner looking than your middle
- Childlike or boyish shape, underdeveloped look with fat (often like "baby fat") accumulating all over, not in special areas; pudgy with undefined shape

EYES

Appearance / Look

Puffiness Around Eyes

- Wide-awake look and/or eyes protrude
- Average look to the eyes
- Dreamy look and/or eyes appear deep-set

Blinking

- Go long time without blinking or often stare
- Average blinking activity
- Often blink

Itching Eyes (not from allergy or candida)

- Often get
- Occasionally get
- Rarely get




Moisture

- Eyes tend to be dry
- Eyes not particularly dry or moist, don't notice
- Eyes notably moist or tearing

- Tend to have
- Occasionally have
- Rarely or never have

Pupil Size (in normal-lighted room)

Pupil = black, center portion of eye. Iris = colored portion, encircling pupil (refer to your Special Tests Instructions for help)

- Takes up more than ½ the width of the iris 
- Takes up ½ the width of the iris 
- Takes up less than ½ total width of iris 

H E A D

Eyebrows

- Thick, heavy or bushy
- Average eyebrow growth
- Thin, light or scanty

Facial Features

- Tend toward angelic, delicate or finely-chiseled features
- Average features, not notably coarse or delicate
- Tend toward more coarse, large or heavy features
- Have child-like facial appearance

Head Shape (bone structure at ideal weight)

- Head tends toward the elongated, with a slender, thin or narrow face
- Average-shaped head, face
- Have more of a squarish or rounded head and face

Head Size

- Head appears slightly large in proportion to body
- Average-sized skull in proportion to body
- Head appears slightly small in proportion to body

M O U T H

Gum Bleeding (from brushing teeth)

- Often occurs
- Sometimes occurs
- Rarely occurs, if ever

Gum Color

- Bright red or pink color
- Medium pink color
- Light or pale pink color

Saliva Amount

- Excessive amount and/or drooling
- Normal amount
- Notable dry mouth tendency

Saliva Quality

- Thick, sticky, stringy, or ropey
- Neither thick nor thin
- Thin, runny, or watery

Swallowing

- Often hard to swallow, throat seems to tighten up
- Sometimes hard to swallow
- Rarely or never hard to swallow

Teeth Sensitivity (to hot, cold or acids)

- Teeth often sensitive
- Teeth occasionally sensitive
- Teeth rarely or never sensitive

S K I N

Cold Sores / Fever Blisters

- Often occur
- Sometimes occur
- Rarely occur, if ever

Dandruff

- Tend to have

Insect Bite Reaction

- Strong reaction, goes away slowly
- Average reaction
- Mild reaction, goes away quickly

Itching Skin (anywhere)

- Often have

- Sometimes have
- Rarely or never have

Ear Coloring (compared to face and neck)

- Flushed, pink, red
- Average
- Light, pale

Facial Coloring

- Flushed, pink, ruddy
- Average (for skin tone)
- Pale

Facial Complexion

- Bright, clear
- Average
- More of a dull, pasty look

Fingernails

- Tend to be thin, weak, bend easily
- Average thickness
- Tend to be thick, strong

Gooseflesh or Goosebumps

- Easily or often form
- Occasionally form
- Rarely form, if ever

- Occasionally have
- Rarely have

Moisture of Skin

- Tends to be dry
- Not particularly dry or moist
- Tends to be moist

Rashes, Hives

- Tend to get
- Occasionally get
- Rarely get, if ever

Scalp Moisture

- Tends to be oily
- Neither dry nor oily
- Tends to be dry

Toughness

- Skin tends to be thick, tough
- Average skin quality
- Skin tends to be thin, weak, delicate

D I G E S T I O N

Belching / Burping After Meals

- Rarely or never need to burp
- Occasionally have burping
- Often have burping

Digestion, Efficiency

- Find meat hard to digest
- Find fats/oils hard to digest
- Have average digestion
- Have to be careful of what I eat
- Have really good digestion, easily digest most foods

Digestion, Speed

- Rapid: stomach empties (clears food) quickly
- Average
- Slow: stomach empties slowly

Intestinal Gas 2 Hours After Eating

- Often get
- Sometimes get
- Rarely or never get

Stomach Pains (heartburn, sour stomach, indigestion, nausea)

- Tend to get stomach pains that are RELIEVED BY eating
- Don't normally get stomach pains
- Often get stomach pains FROM eating

Thirst Feelings

- Often feel thirsty
- Occasionally feel thirsty, have average thirst
- Rarely feel thirsty

E L I M I N A T I O N

Bowel Movements - Color

- Typically dark brown or green
- Usually seem to be average brown color
- Often light in color

Bowel Movements - Frequency of Natural Movement

- Usually have 1-2 B.M.'s each day

Mucous in Stool

- Often have mucous in stool
- Sometimes have mucous in stool
- Rarely, if ever, have mucous in stool

Incontinence (bowel or bladder)

- Often have this problem
- Occasionally have this problem

- Usually have 2 or more B.M.'s each day
- Usually have 1 B.M. every other day
- Usually have 1 B.M. every 2-3 days or longer
- Often need enemas or laxatives in order to evacuate bowel

Bowel Movements - Firmness

- Tend to have hard or dry stools
- Usually average firmness and moisture content
- Tend to have soft, mushy or watery stools

Bowel Movements - Size

- Usually large in diameter
- Usually average in diameter
- Usually small or narrow in diameter

Diarrhea (when not ill)

- Tend to get diarrhea
- Occasionally have diarrhea
- Rarely, if ever, have diarrhea

- Don't have this problem

Urine - Control

- Can hold easily and for a long period
- Can't hold well, hard to
- Have trouble stopping flow without dribbling
- Don't have trouble stopping flow without dribbling

Urine - Frequency (daytime)

- More than 5x per day
- Usually 4x per day
- 3x or less per day

R E F L E X E S

Gag Reflex

- Tend to gag easily
- Average gag reflex
- Weak gag reflex

NeuroMuscular Reflexes

- Tend to have fast reflexes
- Average reflexes
- Tend to have slow reflexes

Pain Sensitivity

- Very sensitive to pain, don't tolerate well
- Average pain sensitivity
- Somewhat insensitive to pain, can handle a lot

Strong Light

- Strong, bright light really bothers me. Need to wear sunglasses
- Average reaction
- Has no effect, doesn't bother at all

Sudden Loud Noise

- Can really make me jump
- Little or no reaction
- Average reaction

R E S P I R A T I O N

Asthma

- Never have
- Occasionally have, or have a mild problem
- Often have

Breathing Rhythm

- Tends to be irregular
- Sometimes irregular
- Almost always regular

Chest Pressure (inhibits breathing)

- Often have
- Occasionally have
- Rarely or never have

Coughing (not from allergy or illness)

- Often or daily
- Occasionally

Hoarseness

- Tend to get hoarse often
- Occasionally hoarse
- Rarely, if ever, hoarse

Nasal Membranes (when not ill or allergic)

- Tend to be moist or runny
- Neither dry nor moist or runny
- Often feel too dry

Respiration Rate

- More than 20 breaths per minute
- Between 13 and 20 breaths per minute
- Less than 13 breaths per minute

Sighing or Yawning (during day, not at night)

- Usually sigh or yawn every day
- Occasionally sigh or yawn

- Hardly ever
- Often cough right after eating

Gasping (air hunger)

- Often have a "sudden gasp for breath" or need to take a big breath or feel like I don't get enough oxygen
- Occasionally have a "sudden gasp for breath" or need to take a big breath or feel like I don't get enough oxygen
- Never or almost never have a "sudden gasp for breath" or need to take a big breath or feel like I don't get enough oxygen

Hay Fever

- Have during hay fever season
- Only occasionally have during season
- Never have during hay fever season

- Rarely sigh or yawn

Sneezing (not from allergy or illness)

- Sneeze almost every day
- Occasionally sneeze
- Rarely sneeze

Wheezing (not from allergy or illness)

- Tend to have problems with wheezing
- Occasionally wheeze
- Rarely or never wheeze

M I S C E L L A N E O U S

Climate

- Love/do better in warm or hot weather
- Do equally well in warm or cool weather
- Love/do better in cool or cold weather

Fever (when ill)

- Tends to be higher
- Average fever
- Tends to be lower

Physical Endurance

- Can work steadily for many hours at a time
- Average endurance
- Tend to do better working in spurts

Stiffness Upon Arising

- Muscles often feel stiff upon arising
- Occasionally feel stiff upon arising
- Rarely feel stiff upon arising

Diet-Related Traits

- It is very important that you answer this section as honestly and accurately as you can.
- Your answers *must* reflect your true dietary habits, preferences and reactions.
- If you don't know or are uncertain of your reactions to certain foods, experiment and test yourself before answering.
- Do not be in a rush to complete the questionnaire. Take your time and consider your responses carefully.

Appetite At Breakfast

- Strong
- Average
- Weak

Appetite At Lunch

- Strong
- Average
- Weak

Appetite At Dinner

- Strong
- Average
- Weak

Desserts

- Love them
- Can take them or leave them

Eating Before Bed

- Helps me sleep
- Is okay unless I overeat
- Usually don't sleep well if I do

Eating Habits

- Need to eat often to be at my best
- Average eating requirements
- Unconcerned with food, may forget to eat

4 Hours Without Eating

- Makes me irritable, jittery, weak, or depressed
- Feel normal hunger without other ill effects
- Doesn't bother me

Heavy Fat Meal

- INcreases energy and well-being
- DEcreases energy and well-being

Don't care for them

No noticeable difference in energy

Hunger Feelings

- Often feel hungry ("live to eat")
- May feel hungry at mealtimes
- Often don't feel hungry ("eat to live")

Juice or Water Fasting

- Makes me feel awful
- Do well fasting
- React okay, can fast if necessary

Meal Portions

- Prefer large portions
- Like average portions
- Prefer small portions

Orange Juice Alone (with no other foods)

- Energizes and satisfies me
- Produces no ill effects
- Can make me light-headed, hungry, jittery

Snacking Need

- Rarely want or need snacks
- Often need to eat between meals
- Occasionally need a snack

If I'm Low On Energy

- Sweets restore/meat worsens energy
- Sweets worsen/meat restores energy
- Almost any food restores energy

Meat For Breakfast

- Improves energy and well-being
- Worsens energy and well-being
- Makes no difference in energy

Meat For Lunch

- Improves energy and well-being
- Worsens energy and well-being
- Makes no difference in energy

Meat For Dinner

- Improves energy and well-being
- Worsens energy and well-being
- Makes no difference in energy

Potatoes

- Like them, could eat them daily
- Don't care for them
- Can take them or leave them

Red Meat (steak, roast beef)

- DEcreases energy and well-being
- INcreases energy and well-being
- No noticeable difference in energy

Salty Foods

- Love salty foods
- Average desire for salt
- Food often tastes too salty

Skipping Meals

- Must eat regularly (and/or often)
- Do best if I eat 3 meals a day
- Can skip a meal with little or no ill effects

What foods do you currently crave ?

Not necessarily right this minute....but what foods

do you tend to crave on a daily basis in general ?

(Check all selections that apply to you)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Red Meat | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Milk |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Cheese |
| <input type="checkbox"/> Other Seafood | <input type="checkbox"/> Yogurt |
| <input type="checkbox"/> Grains | <input type="checkbox"/> Fruits |
| <input type="checkbox"/> Breads | <input type="checkbox"/> Sweets |
| <input type="checkbox"/> Cereals | <input type="checkbox"/> Candies |
| <input type="checkbox"/> Grain Products | <input type="checkbox"/> Desserts |
| <input type="checkbox"/> Salty Foods | |
| <input type="checkbox"/> Fatty Foods | |
| <input type="checkbox"/> Sour Foods | |
| <input type="checkbox"/> Spicy Foods | |

Psychological Traits

- Try to answer this section as honestly and accurately as you can.
- If you don't know or are uncertain of the correct answer to a question, leave it blank. Do not guess or make a selection "by default."
- It can be very helpful to ask a close friend or family member to review your answers in this section. Sometimes we do not see ourselves as others do. Hearing how others perceive us can be very helpful. But remember, no one knows you as well as you do, so what you feel and believe is the most important factor in making your selections.
- Do not be in a rush. Take your time. Consider your responses carefully.

Being in Charge

- Prefer to be, like it
- Sometimes like to be
- Prefer not to be, don't like it

Disagreement

- Rather give in than argue a point
- Sometimes feel like standing my ground
- Rather argue than give in, can enjoy a debate

Exercise

- Makes me feel good, love it
- Sometimes like exercise
- Dislike it, prefer to be sedentary

Loose Ends

- Are upsetting to me
- Sometimes bother me
- Don't bother me

Organization

- Very organized
- Average organizational ability
- Tend to be disorganized

Pace of Living / Working

- Fast-paced, fast worker (" the hare ")
- Average pace
- Slow, steady pace (" the tortoise ")

Perfection

- Perfectionist, sometimes to a fault
- Somewhere between the two
- Getting it done is good enough for me

Procrastination

- Rarely procrastinate
- Sometimes procrastinate
- Often procrastinate

Anger

- Slow to anger, fairly even-tempered
- Get angry if really pushed
- Quick to anger, explode, but it passes quickly

Expression of Emotions

- Hard to express emotions
- Average emotional expression
- Easy to express emotions

Temperament

- Depressed, lethargic, apathetic
- Calm, collected
- Excitable, fiery, hyper, irritable

Tendencies**Punctual**

- Almost always punctual
- Sometimes punctual
- Find it hard to be punctual, try as I may

Achievement

- Underachiever (Type B Personality)
- Average achiever
- Overachiever (Type A Personality)

Ambition

- Not ambitious, quite unmotivated
- Have average ambition
- Quite ambitious, extremely motivated

Motivation/Drive

- Have high drive & motivation
- Average drive & motivation
- Have low drive & motivation

Productive

- Hard to focus and be productive - mind too spacey
- Hard to focus and be productive - mind too hyper, scattered
- Have average productivity
- Very productive, get things done

Routines

- Don't like routines
- Sometimes follow routines
- Prefer routines

Social Behavior

- Sociable "people-person", love company
- Loner, self-conscious, socially inhibited
- Somewhere between the two

Task Completion (mental and physical)

- Complete tasks slowly, with effort
- Complete tasks at an average pace
- Complete tasks quickly, easily

Activity Level

- Very active, hard to slow down
- Have average activity levels
- More sedentary, easy to be inactive

Drowsiness

- Rarely get drowsy
- Sometimes get drowsy
- Often get drowsy

Attentive to Details

- Extremely
- Pay average attention to details
- Not very, just enough to get by

Concentration

- Laid-back, easy-going, go with the flow
- Average, even emotions
- Angry, nervous, high-strung, anxious

- Hard to concentrate, can't hold focus very long - too spacey
- Hard to concentrate, can't hold focus very long - too hyper, scattered
- Average ability to concentrate
- No problem concentrating

Expression of Thought

- Hard to put thoughts into words
- Average ability to communicate thoughts
- Easy to put thoughts into words

Orientation

- Intellectual, rational, logical, left-brained
- Emotional, feeling, intuitive, right-brained
- Good balance between both

Accommodation

- Tend to get my own way
- Tend to give in, I'm an accommodator
- I'm somewhere between the two

Attention Time Frame

- Live in the future, not nostalgic
- Live in the present, in the here & now
- Live in the past, tend to be nostalgic

"I Love"

- Eating, food, and/or socializing
- Nothing in particular . . . or most everything
- Being by myself and/or exercising

Impatient

- Tend to be impatient
- Have average patience
- Tend to be patient

Making Friends

- Easily make friends
- Sometimes make friends easily
- Hard for me to make friends

Cautiousness

- Careful, conservative, reserved
- Average caution
- Adventurous, daring

Challenges

- Bored without them, thrive on them
- Sometimes like challenges
- Prefer stability, routine

Competitive

- Love competition, it energizes me
- Sometimes feel competitive
- Dislike competition, avoid it

Feelings

- I'm easily hurt by harsh words
- Harsh words sometimes hurt me
- Harsh words don't bother me much, if at all

Personality

- Warm, accessible, sociable, outgoing
- Neither outgoing nor withdrawn
- Aloof, shy, keep more to myself

Reaction Time

- Slow physical / mental / emotional reactions
- Average reaction times
- Fast physical / mental / emotional reactions

Stress

- Try to avoid it, makes me depressed
- Average reaction to stress
- Stimulates me, react angrily or aggressively

CONCERNING YOUR TEETH
Use this chart to answer the questions that follow about your teeth.

LEFT SIDE TEETH								RIGHT SIDE TEETH								
Upper Teeth	# 16 Wisdom	# 15 2nd Molar	# 14 1st Molar	# 13 2nd Bicuspid	# 12 1st Bicuspid	# 11 Canine	# 10 Lateral Incisor	# 9 Central Incisor	# 8 Central Incisor	# 7 Lateral Incisor	# 6 Canine	# 5 1st Bicuspid	# 4 2nd Bicuspid	# 3 1st Molar	# 2 2nd Molar	# 1 Wisdom
Lower Teeth	# 17 Wisdom	# 18 2nd Molar	# 19 1st Molar	# 20 2nd Bicuspid	# 21 1st Bicuspid	# 22 Canine	# 23 Lateral Incisor	# 24 Central Incisor	# 25 Central Incisor	# 26 Lateral Incisor	# 27 Canine	# 28 1st Bicuspid	# 29 2nd Bicuspid	# 30 1st Molar	# 31 2nd Molar	# 32 Wisdom

Mark any teeth below that have ROOT CANALS, using the chart above as a guide.

Upper Left								Upper Right							
#16	<input type="checkbox"/>	#15	<input type="checkbox"/>	#14	<input type="checkbox"/>	#13	<input type="checkbox"/>	#12	<input type="checkbox"/>	#11	<input type="checkbox"/>	#10	<input type="checkbox"/>	#9	<input type="checkbox"/>
#17	<input type="checkbox"/>	#18	<input type="checkbox"/>	#19	<input type="checkbox"/>	#20	<input type="checkbox"/>	#21	<input type="checkbox"/>	#22	<input type="checkbox"/>	#23	<input type="checkbox"/>	#24	<input type="checkbox"/>
#25	<input type="checkbox"/>	#26	<input type="checkbox"/>	#27	<input type="checkbox"/>	#28	<input type="checkbox"/>	#29	<input type="checkbox"/>	#30	<input type="checkbox"/>	#31	<input type="checkbox"/>	#32	<input type="checkbox"/>

Lower Left	Lower Right
Mark any teeth below that have METAL DENTAL WORK (fillings, crowns, etc.), using the chart above as a guide.	
Upper Left #16 <input type="checkbox"/> #15 <input type="checkbox"/> #14 <input type="checkbox"/> #13 <input type="checkbox"/> #12 <input type="checkbox"/> #11 <input type="checkbox"/> #10 <input type="checkbox"/> #9 <input type="checkbox"/>	Upper Right #8 <input type="checkbox"/> #7 <input type="checkbox"/> #6 <input type="checkbox"/> #5 <input type="checkbox"/> #4 <input type="checkbox"/> #3 <input type="checkbox"/> #2 <input type="checkbox"/> #1 <input type="checkbox"/>
#17 <input type="checkbox"/> #18 <input type="checkbox"/> #19 <input type="checkbox"/> #20 <input type="checkbox"/> #21 <input type="checkbox"/> #22 <input type="checkbox"/> #23 <input type="checkbox"/> #24 <input type="checkbox"/> Lower Left	#25 <input type="checkbox"/> #26 <input type="checkbox"/> #27 <input type="checkbox"/> #28 <input type="checkbox"/> #29 <input type="checkbox"/> #30 <input type="checkbox"/> #31 <input type="checkbox"/> #32 <input type="checkbox"/> Lower Right

WHAT IS YOUR BLOOD TYPE?

(Providing your Blood Type information is OPTIONAL)

Blood Type A1
 Blood Type A2
 Blood Type A1B
 Blood Type A2B

Blood Type B
 Blood Type O
 Don't Know