

Your Better Body Questionnaire

Rate each of the following symptoms based upon your health profile for the past 30 days and record the baseline as your **before** total. After your 10-Day Better Body Steps, record your **after** totals. Any gain is movement towards your Better Body. Lack of gain or lost suggest the possible need of a more detailed or diagnostic evaluation beyond the questionnaire.

Point Scale 0 = Never or almost never have the symptom

1 = Occasionally have it, effect is not severe

2 = Occasionally have, effect is severe

3 = Frequently have it, effect is not severe

4 = Frequently have it, effect is severe

DIGESTIVE TRACT: ___ Nausea or vomiting ___ Diarrhea ___ Constipation ___ Bloating feeling ___
Belching, or passing gas ___ Heartburn ___ Intestinal/stomach pain

Total before ___ Total after ___

EARS: ___ Itchy ears ___ Earaches, ear infections ___ Drainage from ear ___ Ringing in ears, hearing loss

Total before ___ Total after ___

EMOTIONS: ___ Mood swings ___ Anxiety, fear or nervousness ___ Anger, irritability, or aggressiveness
___ Depression

Total before ___ Total after ___

HEART: ___ Irregular or skipped heartbeat ___ Rapid or pounding heartbeat ___ Chest pain Total before

___ Total after ___

JOINTS/MUSCLES: ___ Pain or aches in joints ___ Arthritis ___ Stiffness or limitation of movement ___
Pain or aches in muscles ___ Feeling of weakness or tiredness

Total before ___ Total after ___

LUNGS: ___ Chest congestion ___ Asthma, bronchitis ___ Shortness of breath ___ Difficulty breathing

Total before ___ Total after ___

MIND: ___ Poor memory ___ Confusion, poor comprehension ___ Poor concentration ___ Poor physical
coordination ___ Difficulty in making decisions ___ Stuttering or stammering ___ Slurred speech ___
Learning disabilities

Total before ___ Total after ___

MOUTH/THROAT: ___ Chronic coughing ___ Gagging, frequent need to clear throat ___ Sore throat, hoarseness, loss of voice ___ Swollen or discolored tongue, gums, or lips ___ Canker sores

Total before ___ Total after ___

NOSE: ___ Stuffy nose ___ Sinus problems ___ Hay fever ___ Excessive mucus formation ___ Sneezing attacks Total before ___ Total after ___

ENERGY/ACTIVITY: ___ Fatigue, sluggishness ___ Apathy, lethargy ___ Hyperactivity ___ Restlessness Total before ___ Total after ___

EYES: ___ Watery or itchy eyes ___ Swollen, reddened, or sticky eyelids ___ Bags or dark circles under eyes ___ Blurred or tunnel vision (does not include near- or far-sightedness)

Total before ___

Total after ___

HEAD: ___ Headaches ___ Faintness ___ Dizziness ___ Insomnia

Total before ___ Total after ___

SKIN: ___ Acne ___ Hives, rashes, or dry skin ___ Hair loss ___ Flushing or hot flushes ___ Excessive sweating

Total before ___ Total after ___

WEIGHT: ___ Binge eating/drinking ___ Craving certain foods ___ Excessive weight ___ Compulsive eating ___ Water retention ___ Underweight

Total before ___ Total after ___

OTHER: ___ Frequent illness ___ Frequent or urgent urination ___ Genital itch or discharge

Total before ___ Total after ___

GRAND TOTAL BEFORE: _____

GRAND TOTAL AFTER: _____

Adopted from Dr. Mark Hyman, and not meant for diagnosis or to supersede your health practitioner recommendations.