DISCOVER YOUR ELEMENT QUESTIONNAIRE

Within the last year have you had:

☐ Allergies	☐ Lethargy/Fatigue	☐ Smelling problems
☐ Arm/Elbow/Wrist Pain	☐ Loose Stools	☐ Stiff Joints/neck
☐ Asthma/Bronchitis	☐ Mucus	☐ Sweating
☐ Constipation	☐ Nasal Problems	☐ Weak Voice
☐ Cough/Sneezing/Phlegm	☐ Shoulder Pain	☐ Wheezing
☐ Eczema/Psoriasis/Rash	☐ Sinusitis	
☐ Grief/Sadness	☐ Sinus Headaches	

Total boxes checked: _____

☐ Adrenal weakness	☐ Edema/Water Retention	☐ Poor Memory
☐ Back/Hip/Knee Pain	☐ Hot Flashes	☐ Premature Gray
☐ Bladder Infection/Control	☐ Impotence/Libido	☐ Sciatica/Back Pain
☐ Brittle Bones	☐ Infertility/Sterility	☐ Sore throat in A.M.
☐ Cold hands/Feet	☐ Lethargy/Fatigue	☐ Tight Hamstrings
☐ Dark/Puffy around eyes	☐ Loss/Thinning Hair	☐ Tinnitus
☐ Depression/Fear	☐ Night Sweats	☐ Urine Problems

Total boxes checked: _____

☐ Anger/Irritability	☐ Flatulence	☐ Menstrual Irregularity
☐ Breast Tenderness	☐ Headaches	☐ Migraines
☐ Brittle/Coarse Hair/Nails	☐ Hemorrhoids	☐ Nausea Vomiting
☐ Bruising	☐ Indigestion	☐ PMS
☐ Depression	☐ Irritable Bowel	☐ Stiff Neck/Shoulders
☐ Distention/Bloating	☐ IT Band Tightness	☐ Tension/Cramps
☐ Eye/Vision problems	☐ Lack of Flexibility	☐ Tinnitus

Total boxes checked: _____

☐ Abdominal Pain	☐ Heart Problems	☐ Poor Circulation
☐ Anemia	☐ Hot Flashes	☐ Restlessness
☐ Anxiety/Dread	☐ Hot/Painful Joints	☐ Sleep Problems
☐ Digestive Troubles	☐ Lack of Joy/Humor	☐ Tongue/Speech
☐ Dream Disturbed Sleep	☐ Mouth/Tongue Sores	☐ Upper Back Pain
☐ Elbow/Shoulder Pain	☐ Neck Pain	☐ Urine Problems
☐ Hearing Problems	☐ Palpitations	☐ Wrist Pain

Total boxes checked: _____

☐ Abdominal Pain	☐ Difficulty Focusing	☐ Lethargy/Fatigue
☐ Aching/Heavy Limbs	☐ Distention/Bloating	☐ Loose Stools
☐ Anemia	☐ Headaches	☐ Muscle Weakness
☐ Appetite/Digestive Problems	☐ Heaviness in Head	☐ Nausea/Vomiting
☐ Belching	☐ Hemorrhoids	☐ Poor Memory
☐ Bruise easily	☐ Hiccups	☐ Prolapse
☐ Colic/Indigestion	☐ Irritable Bowel	☐ Worry/Overthinking

Total boxes checked: _____