Mineral deficiency profile questionnaire

Name: . Age:

Daytime contact phone number: Date completed:

Email:

❑ Never	❑ In the past	❑ Sometimes	❑ Often		**Instructions:** Read each question carefully before placing a tick in the box that most applies to you. Please select only **one response per question**, selecting the situation that **most applies** to you.
☐	☐	☐	☐	1	Do you find it difficult to sustain concentration for any time, and/or forget things easily?
☐	☐	☐	☐	2	Do you ever get weepy, depressed or find it hard to motivate yourself?
☐	☐	☐	☐	3	Are you over-sensitive to certain noises or bright light?
☐	☐	☐	☐	4	Do you ever panic if away from home, even for a short time, or dislike being left alone?
☐	☐	☐	☐	5	Do you ever feel anxious, panicky, or shaky inside, when there may be no reason?
☐	☐	☐	☐	6	Do you become impatient, irritable or aggressive too easily?
☐	☐	☐	☐	7	Do you feel better in yourself when you eat or are in company?
☐	☐	☐	☐	8	Do you crave carbohydrates (biscuits, sweets, etc) or pick at food between meals?
☐	☐	☐	☐	9	Do you sigh or yawn a lot?
☐	☐	☐	☐	10	Does a drink of alcohol settle you down and make you feel better?
☐	☐	☐	☐	11	Do you suffer sharp shooting pains in the body, or twitching of the face or eye muscles?
☐	☐	☐	☐	12	Do you experience any palpitation or hot flushes soon after going to bed?
☐	☐	☐	☐	13	Do you have difficulty getting to sleep or wake during the night?
☐	☐	☐	☐	14	Do you wake up feeling tired?
☐	☐	☐	☐	15	Do you wake in the morning, or are woken during the night with stiff and painful joints?
☐	☐	☐	☐	16	Do you suffer from headaches at work, after work, or at weekends?
☐	☐	☐	☐	17	Do you suffer from dandruff, or dry flaky skin on your face, arms or legs?
☐	☐	☐	☐	18	Does your scalp get oily, or moist and sticky if not washed every 2-3 days?
☐	☐	☐	☐	19	Does your head ever feel fuzzy as if it's full of cotton wool?
☐	☐	☐	☐	20	Does your hair fall or do the ends split?
☐	☐	☐	☐	21	Are your fingernails soft or do they flake or crack?
☐	☐	☐	☐	22	Do you catch colds and other infections too easily?
☐	☐	☐	☐	23	Do you suffer from tinea or thrush (Candida)?
☐	☐	☐	☐	24	Do you suffer from blocked sinuses or sinus headaches?
☐	☐	☐	☐	25	Do you have any post-nasal, throat or chest mucous that is yellow-green in colour?
☐	☐	☐	☐	26	Do you have any post-nasal, throat or chest mucous that is white in colour?
☐	☐	☐	☐	27	Does the skin on your lips, hands or feet crack?
☐	☐	☐	☐	28	Do you have acne that has pure white heads or is blind and sore under the skin?
☐	☐	☐	☐	29	Do you have acne that heals very slowly and tends to leave scars?
☐	☐	☐	☐	30	Do you have acne that has yellow pussy heads?
☐	☐	☐	☐	31	Is your skin too oily with a tendency to form blackheads?

❑ Never	❑ In the past	❑ Sometimes	❑ Often		
☐	☐	☐	☐	32	Do you suffer indigestion, gastric reflux and/or flatulence after meals?
☐	☐	☐	☐	33	Do rich, fatty foods or chocolate disagree with you?
☐	☐	☐	☐	34	Do you ever feel as if you have a tight band around your chest, head, throat or abdomen?
☐	☐	☐	☐	35	Do you pass a lot of gas or become bloated with gas?
☐	☐	☐	☐	36	Do you suffer from haemorrhoids (piles)?
☐	☐	☐	☐	37	Do you suffer from haemorrhoids that itch or bleed?
☐	☐	☐	☐	38	Do you ever suffer from cystitis or urethritis? (bladder infection)
☐	☐	☐	☐	39	If you are male: do you ever experience difficulty urinating with a reduction in flow?
☐	☐	☐	☐	40	Do you bruise easily or do cuts take a long time to heal?
☐	☐	☐	☐	41	Do you suffer any weakness of tendons, cartilages, ligaments, discs or bones?
☐	☐	☐	☐	42	If you are female: do you suffer cramps on the first day of your period?
☐	☐	☐	☐	43	If you are female: do you lose large clots of blood during your period?
☐	☐	☐	☐	44	If you are female: do you retain fluid in your breasts, belly, face or fingers, etc?
☐	☐	☐	☐	45	Do you suffer from mouth ulcers or any form of herpes?
☐	☐	☐	☐	46	Are you more sensitive to the cold than other people that you know?
☐	☐	☐	☐	47	Are any of your symptoms worse during cold weather?
☐	☐	☐	☐	48	Are any of your symptoms worse during changeable weather?
☐	☐	☐	☐	49	Are any of your symptoms worse during damp weather?
☐	☐	☐	☐	50	Are any of your symptoms worse during hot humid weather?
☐	☐	☐	☐	51	Are any of your symptoms worse in hot, stuffy rooms or buildings?
☐	☐	☐	☐	52	Are any of your symptoms worse if you are under stress?
☐	☐	☐	☐	53	Are any of your symptoms improved by hot humid weather?
☐	☐	☐	☐	54	Are any of your symptoms improved by hot applications to the affected area?
☐	☐	☐	☐	55	Are any of your symptoms improved by cold applications to the affected area?
☐	☐	☐	☐	56	Are any of your symptoms improved by pressure to the affected area?

Please return the completed questionnaire to:

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Should you require any assistance or have any questions regarding the above questionnaire, please contact Dagmar by email at: dagmar@truemedicine.com.au