

Emotional & Intestinal Health Questionnaire

This questionnaire belongs to: _____

Blood Type _____

Date _____

Choose one word describing your present overall health _____.

Choose a word to describe what you want your overall health may be five years from today _____.

What are you willing to give up in order to attain this goal? _____

This questionnaire can help you identify the condition of your emotional and intestinal health. The answers you give can serve as an educational tool in exposing factors that are contributing to your present state of health (such as present eating habits and/or addictions that are toxic to you).

Each question in this questionnaire has a purpose. There are no trick questions. Each question has been chosen to help identify the Body Language it represents. Please answer each question. (If you live out-of-town and have received this questionnaire by mail, make some copies of the questionnaire before answering the questions. For those living in the Colorado Springs area, a record of this information can be kept at the office.) After three months have passed on the changes you've made, I suggest you complete the questionnaire again and see what changes have taken place in your score.

Tracking this information can give you a record of the progress you make in returning to balance. Thank you for your willingness to be open to change.

Bill Cooper

This information is provided as an educational tool. This study is a guide and is not to be used as a tool for self diagnoses of medical problems.

If you have health concerns, please consult a doctor or health practitioner. This paper prepared by Bill Cooper.

The Dancing Algae Co. 533 North 17th St., Colorado Springs, CO. 80904

1-719-477-0964 or 1-866-477-0964.

Emotional & Intestinal Health Questionnaire

Score NEVER 0, SELDOM 1, OCCASIONALLY 2, OFTEN 3, VERY OFTEN 4.

By answering these questions, you will be able to gain some insight into the condition of your overall health.

How often do you:	Score
1. Experience indifference (don't care)?	1 _____
2. Lose your sense of humor (seldom laugh)?	2 _____
3. Experience a sense of doubt or indecision?	3 _____
4. Find yourself worrying or anxious?	4 _____
5. Feel pessimistic or over cautious?	5 _____
6. Experience stress or feel nervous or tense?	6 _____
7. Have a lack of self confidence or feel low self esteem?	7 _____
8. Feel irritable or oversensitive?	8 _____
9. Have difficulty concentrating?	9 _____
10. Experience inadequate energy (fatigue)?	10 _____
11. Use coffee, tea, tobacco, sugar, etc., as stimulant?	11 _____
12. Have problems with digesting your food?	12 _____
13. Experience loss of sex drive?	13 _____
14. Have difficulty sleeping?	14 _____
15. Have difficulty arising?	15 _____
16. Feel tired and run down?	16 _____
17. Feel depressed?	17 _____
18. Start crying for no apparent reason?	18 _____
19. Have difficulty in sitting quietly (no talking, fidgeting, etc.)?	19 _____
20. Have difficulty in expressing your feelings?	20 _____
21. Feel moody?	21 _____
22. Wonder if life is really worth living?	22 _____
23. Feel your heart beating rapidly for no apparent reason?	23 _____
24. Have a fear of ill health?	24 _____
25. Have a fear of criticism?	25 _____
26. Sense some anxiety of not having enough money?	26 _____
27. Experience the feeling that you are not loved?	27 _____
28. Have a nagging fear of old age or dying?	28 _____
29. Wonder ..."is there something wrong with me?"	29 _____
30. Find yourself thinking..."Am I losing it?"	30 _____
31. Problems with constipation? (Less than two or three bowel movements a day.)	31 _____
32. Problems with diarrhea	32 _____
33. Abdominal bloat?	33 _____
34. Lower back ache?	34 _____
35. Body odor? (Feel the need for deodorants.)	35 _____

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Emotional & Intestinal Health Questionnaire (continued)

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36. Poor digestion? (Bloating or Gas)	36
37. Do you consume Dairy Products? (Milk, Cheese, etc.)	37
38. Skin problems?	38
39. Crave alcoholic beverages?	39
40. Drink chlorinated water? (Tap water)	40
41. Do you experience difficulty focusing/brain fog/poor memory?	41
42. Do you have muscle aches/pain or swelling in the joints?	42
43. Do you have problems with numbness, burning or tingling?	43
44. Have you ever had spots in front of the eyes/erratic vision?	44
45. Do you have cold hands and feet?	45
46. Women; do you have problems with pre-menstrual tension?	46
47. Men; do you have problems with impotence/loss of sexual desire?	47
48. Do you have a history of taking antibiotics or tetracycline, (Symycin®, Panmycin®, Vibramycin®, Monicin®, etc.) for acne or other problems?	48
49. Have you taken any cortisone-type drugs, (Prednisone®, Decadron®, etc.)?	49
50. Do you have chronic fungus infections of the skin, toes or finger nails, (including athlete's foot, ring worm, jock itch.)?	50
51. Do you crave sugar, (chocolate, ice cream, candy, cookies, etc.)?	51

TOTAL SCORE _____

Scoring is not used on these questions.

These questions attempt to measure your comfort level with touching and intimacy.

Were you born at home _____, in the hospital _____?

Were you breast fed _____, bottle fed _____?

How old were you when you were weaned from the breast/ bottle _____?

Are you comfortable giving/receiving hugs from family _____, close friends _____?

Are you comfortable giving/receiving hugs from strangers in a group setting _____?

SCORING:

0 - 30 Points = High Vitality 31 - 40 Points = Good Vitality 41 - 59 Points = Average Vitality

60 - 79 Points = Low Vitality 80 - 99 Points = Chronic Fatigue 100 - 125 Points = Exhaustion

It is quite possible to score above 79 points on this questionnaire. In this event, I encourage to commit to making some serious changes in your diet and your exercise program.

I also encourage you to start using emotional freedom therapy (EFT) on a daily basis since many of these questions reflect the balance between your emotional health and your physical health. Even though EFT is still considered to be an experimental therapy, it has already demonstrated its ability to bring positive results into the lives of thousands of people.

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Understanding The Possible Results Of The Questionnaire

If your score is between 0 and 30 points, you are doing very well and I encourage you to keep doing what you are doing.

If your score is between 31 and 40 points, you are doing good. I'd suggest considering some changes with respect to your diet and exercise and including emotional freedom therapy (EFT) in your daily routine.

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If your score is between 41 and 59 points, your score suggests you have emotional, as well as physical concerns in your life. Emotional Freedom Therapy (EFT) can be used to address these concerns effectively. Making changes in your diet and exercise program may also provide positive results.

If your score is between 60 and 79 points, I suggest you consider making changes in your diet and lifestyle. Emotional freedom therapy (EFT) can also play an important part in reversing this trend. Many of these questions reflect your emotional health as well as your physical health and with this score, they may be out of balance.

If your score is between 80 and 99, then I suggest you consider our Whole Food Diet and restrict your intake of refined sugars and processed foods as much as possible. Including emotional freedom therapy (EFT) in your daily routine may be very important in helping you return to balance.

If your score is 100 or above, you may have serious health concerns at both the physical and emotional level. These concerns can be addressed through major changes in your diet and exercise program as well as including emotional freedom therapy (EFT) in your daily routine. You may also wish to consult with your health care provider or a naturopathic physician.

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Notes and questions to ask. . .

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