IDENTIFICATION Date

First name..... Family name .....
Maiden name.....
Address:.....City: ……Country……..
Date of birth : ...../...../.....Profession :..... Number of children : .....
Private tel. :..... Business tel. :..... Tel. of neighbour:.....
Fax: ……...e-mail:……

Please, give the main reasons for your request of a consultation:

……
……

Were you referred to by a doctor, a member of your family or by an acquaintance?
.....Name:.....
.

Please, give the name and address of your family doctor : .....……..

Please complete the following information on your personal past history concerning illnesses, surgical operations and use of medications.

Between 0 and 1 year of age :

Birth weight:..... Diseases : .....
Surgical operations:.....
Age of first tooth? ..... first walking? ..... first talking? ……

Between 1 and 10 years of age :

Infections: □ nose □ throat □ ear □ sinusitis □ tonsillitis □ bronchitis
□ pneumonia □ primary (tuberculosis infection)
Use of antibiotics? .....
Tonsils removed? □ yes Polyps removed ? □ yes When?.....
Other surgical operation? .....
Physical development? Growth? □ slow □ normal □ fast
School results?.....
Condition of teeth? .....

Between 10 and 20 years of age :

Infections : nose-throat-ear? .....Lungs ?.....
Did you suffer from rheumatism? ..... Mononucleosis ? ..... Jaundice ?.....
For women : at what age did you begin menstruating? .....
Physical development? .....
Did you suffer from any weight problems in those years? .....
How was your general health condition? ..... Condition of teeth? .....
Military service? .....
School or university results? .....

Between 10 and 20 years of age:

Infections ? ..... Which ones ? .....Mononucleosis ? .....……
Surgical operations ? .....Accidents ? .....….
Complaints in this period ? .....……..
General health condition in this period ? .....……..
Treatments ? .....teeth condition ? .....……
Military service ? .....gums condition ? .....……..……

Between 20 and 30 years of age:

Infections ? ..... Which ones ? .....Mononucleosis ? .....
Surgical operations ? .....Accidents ? .....
Complaints in this period ? ..…….....
General health condition in this period ? -.....…….....
Treatments ? .....teeth condition ? .....gums ? .....

Between 30 and 40 years of age:

Infections ? ..... Which ones ? .....Mononucleosis ? .....
Surgical operations ? .....Accidents ? .....
Complaints in this period ? ..…….....
General health condition in this period ? -.....…….....
Treatments ? .....teeth condition ? .....gums ? .....

Between 40 and 50 years of age:

Infections ? ..... Which ones ? .....Mononucleosis ? .....
Surgical operations ? .....Accidents ? .....
Complaints in this period ? …….....
General health condition in this period ? …….....
Treatments ? ……...teeth condition ?…….. .-gums ?……

50 years and more:

Infections ? ……...Which ones ? ……..Mononucleosis? ……
Surgical operations ? ……Accidents ? ……..
Complaints in this period ? .....……
General health condition in this period ? .....…….
Treatments ? …… teeth condition ? ……gums ?……

In **your family** (grand-parents, parents, brothers, sisters, brothers and sisters of your parents, your children) please indicate any member of your family who suffers from the following (if yes, please indicate his or her relationship with you) :

obesity : □ yes Who? ..... thinness: □ yes Who? .....…….
depression: □ yes Who?……..... epilepsy: □ yes Who? .....…….....
migraine: □ yes Who? …….. eczema: □ yes Who? .....……
psoriasis: □ yes Who?.....…….... acne: □ yes Who?……
lung emphysema : □ yes Who? ..... chronic bronchitis: □ yes Who? ……..……
lung tuberculosis : □ yes Who? ....bedwetting: □ yes Who ? .....
allergies: □ yes Who? …….....goitre: □ yes Who? .....
high blood pressure : □ yes Who P..... .low blood pressure: □ yes Who? .....
rheumatism: □ yes Who? ..... gout: □ yes Who ? .....……
heart attack: □ yes Who?…….....… arteriosclerosis (legs): □ yes Who? .....
stomach ulcer: □ yes Who? .....….gallstones : □ yes Who? .....……..
juvenile diabetes : □ yes Who? .....….maturity onset diabetes : □ yes Who ? .....

precocious puberty (before age 12): □ yes .....late puberty (after age 15) : □ yes .....……..

3.

Remarks :

Is your husband, wife, partner, suffering or has he (she) suffered from one or more the above-mentioned affections? □ yes □ no

Which?…….....

Your children? □ yes □ no

Were you on any medications?.....……..

Previously ? □ yes □ no (if yes, which ones, dosage, when, for how long ?)…….

……..
……

……..

Recently ? □ yes □ no (if yes, which ones, dosage, when, for how long ?)…….
……
……

……..

Please list the medications you are taking now : If so, name, dosage ?

Do you smoke ? □ yes if yes, how much cigarettes a day ?

□ no

Important

1. Please attach a colour picture of yourself.
2. Please take your basal temperature three times and record the result below. Put the thermometer under your armpit for 10 minutes in the morning, before getting up with as little movement as possible. Do not drink any alcohol the evening before. This test is not valid for women on birth-control pill (the pill increases body temperature).

3. Please include a photocopy of any recent blood work and/or laboratory tests ?

Thank you for your cooperation.

Yours sincerely,

Name : ..... Date : .....

Please answer by blackening one case per question.

5 possible answers to the questions :		No Never	Few Sometimes	Moderately Regularly	Much Often	Enormously Always
Do you eat :		0	±	+	++	+++
- milk products ?	- milk ?					
	- buttermilk ?					
	- yoghurt ?					
	- cheese ?					
	- cottage cheese ?					
	- butter ?					
- sugars ?	- white sugar, cane-sugar ?					
	- candies ?					
	- chocolate ?					
	- cakes ?					
	- biscuits ?					
	- jam ?					
	- honey ?					
- fruits ?						
(1 piece a day	- rich in fibres (orange, grape fruit, ...)?					
= few)	- are they ripe when you eat then ?					
- vegetables ?						
do you eat them :	- raw					
	- boiled ?					
	- cooked in oil or butter ?					
	- as canned vegetables ?					
- cereals ?						
	- bread ?					
	- whole grain bread ?					
	- crackers, toasts ?					
	- muesli ?					
	- pastas ?					
	- sprouted germs ?					
- corn flakes						
- animal protein ?	- in general ?					
	- meat ?					
	- poultry ?					
	- beef, pork or horse ?					
do you eat them :	- grilled or barbecue ?					
	- cooked in butter or oil ?					
	- in the oven ?					
	- boiled or steamed ?					
	- raw ?					

5 possible answers to the questions :

No Never	Few Sometimes	Moderately Regularly	Much Often	Enormously Always
0	±	+	++	+++

- pork/butcher's meat (salami, smoked ham, ...) ?
- canned meat ?

- fish ?
  do you eat it - smoked ?
  - cooked in oil or butter ?
  - boiled or steamed ?
  - raw ?
- sea food ?
- eggs ? - scrambled ?
  - soft boiled ?
  - raw ?
- organic food ?
- what do you drink ? - sugar drinks (soft drinks, tonics, ...) ?
  - caffeinated drinks ? - real coffee ?
    - cola ?
    - real tea ?
    - coffee derivatives ?
    - cereal, fruit coffee ?
    - decaffeinated coffee ?
  - alcoholic drinks ? - beer ?
    - strong alcohols (whisky, cognac) ?
    - wine :
  - water ? - sparkling ?
    - plain ?
  - how much plain (non sparkling) water do you drink every day ?…….. litres/gallons a day

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- Do you have dandruff ?
- Is your hair itching ?
- Do you have a coated tongue ?

Do you suffer from a bloated belly ?

Do you suffer from a lot of intestinal gazes ?

Do you suffer alternatively from constipation and diarrhoea ?

- Do you suffer from peeling and/or itching red or white spots on your body (eczema, ...) ?

Is the skin reddish and itching in the armpits, on the top of your thighs, between your buttocks

Do you suffer from nettle rash ?

Is your skin peeling between your toes ?

- Do you suffer from mood swings ?

Do you suffer from energy swings ?

Do you suffer from a constant pressure on your head ?

- For the ladies :
  - do you suffer from white vaginal discharge ?
  - do you suffer from premenstrual (malaise) syndrome with breast tenderness ?

QUESTIONNAIRE

Name : ……Date : ……

	5 possible answers to the questions : *Please answer by blackening one case per question* **Do you have or feel the following symptoms ?**	**No symptom Never** **0**	**Few Some-times** ±	**Moderate Regularly** +	**Much Often** ++	**Extreme symptom Always** +++
1	**thin(ner) hair**	☐	☐	☐	☐	☐
2	**thin(ner) skin**	☐	☐	☐	☐	☐
3	**nails with longitudinal lines**	☐	☐	☐	☐	☐
4	**a deeply wrinkled face**	☐	☐	☐	☐	☐
5	**pouches under the eyes**	☐	☐	☐	☐	☐
6	**sagging cheeks)**	☐	☐	☐	☐	☐
7	**thin(ner) lips**	☐	☐	☐	☐	☐
8	**retracting gums**	☐	☐	☐	☐	☐
9	**thinned jaw(bone)s**	☐	☐	☐	☐	☐
10	**loose skin folds under the chin**	☐	☐	☐	☐	☐
11	**your body silhouette sags down**	☐	☐	☐	☐	☐
12	**bowed back (more than before)**	☐	☐	☐	☐	☐
13	**weight loss**	☐	☐	☐	☐	☐
14	**overweight (obesity)**	☐	☐	☐	☐	☐
15	**poorly (or less) muscled shoulders**	☐	☐	☐	☐	☐
16	**dropping triceps (muscle at the back of the arm)**	☐	☐	☐	☐	☐
17	**poorly (or less) muscled & wrinkled hands**	☐	☐	☐	☐	☐
18	**poorly (or less) muscled hips**	☐	☐	☐	☐	☐
19	**poorly (or less) muscled buttocks**	☐	☐	☐	☐	☐
20	**dropping inner sides of the thighs**	☐	☐	☐	☐	☐
21	**flabby, dropping belly**	☐	☐	☐	☐	☐
22	**fat cushions just above the knees**	☐	☐	☐	☐	☐
24	**lower quality of life**	☐	☐	☐	☐	☐
25	**a poor health**	☐	☐	☐	☐	☐
26	**often sick**	☐	☐	☐	☐	☐
27	**frequent infections**	☐	☐	☐	☐	☐
28	**a poor appetite for meat**	☐	☐	☐	☐	☐
29	**muscles : - less tonic**	☐	☐	☐	☐	☐
30	**- decreased volume**	☐	☐	☐	☐	☐
31	**- poor or decreased muscle strength**	☐	☐	☐	☐	☐
32	**easily exhausted**	☐	☐	☐	☐	☐
33	**constant tiredness**	☐	☐	☐	☐	☐
34	**difficulty to stay up late (after midnight)**	☐	☐	☐	☐	☐

35	**difficulty to recover after staying up late (after midnight)**	□	□	□	□	□
36	**a need for a lot of sleep**	□	□	□	□	□
37	**a low resistance to stress**	□	□	□	□	□
38	**difficulty recovery after a stressful situation**	□	□	□	□	□
39	**powerless or incompetent to cope with difficulties**	□	□	□	□	□
40	**not aggressive or assertive enough**	□	□	□	□	□
41	**too emotional**	□	□	□	□	□
42	**a loss of self-control**	□	□	□	□	□
43	**mood swings**	□	□	□	□	□
44	**a low self-esteem**	□	□	□	□	□
45	**anxious**	□	□	□	□	□
46	**depression**	□	□	□	□	□
48	**intolerance to cold**	□	□	□	□	□
51	**thin muscles as a child**	□	□	□	□	□
52	**thin bones as a child**	□	□	□	□	□
53	**a tendency to isolate socially, to stay at home**	□	□	□	□	□
54	**a sharp voice, screaming easily**	□	□	□	□	□
55	**a sharp verbal retorts**	□	□	□	□	□

	5 possible answers to the questions : ***Please answer by blackening one case per question*** **Do you have or feel the following symptoms ?**	**No symptom Never** **0**	**Few Sometimes** **+/-**	**Moderate Regularly** **+**	**Much Often** **++**	**Extremely Always** **+++**
1	**a superficial nervous, anxious sleep with some anxiety**	☐	☐	☐	☐	☐
2	**difficulties for sleeping & falling back asleep (after awakening in the night)**	☐	☐	☐	☐	☐
3	**pondering too much about problems at night**	☐	☐	☐	☐	☐
4	**a tendency of going late to bed and waking up late in the morning**	☐	☐	☐	☐	☐
5	**jet lag problems**	☐	☐	☐	☐	☐
1'	**waking up too early with a heavy head during the morning**	☐	☐	☐	☐	☐
2'	**sleeping too long, till late in the morning**	☐	☐	☐	☐	☐

QUESTIONNAIRE

Name : ……Date : ……

	5 possible answers to the questions : *Please answer by blackening one case per question* **Do you have or feel the following symptoms :**	**No symptom Never** **0**	**Few Sometimes** **±**	**Moderate Regularly** **+**	**Much Often** **++**	**Extreme Always** **+++**
1	**sensitive to cold**	□	□	□	□	□
2	**cold in the evening**	□	□	□	□	□
3	**cold hands**	□	□	□	□	□
4	**white dead fingers in the winter**	□	□	□	□	□
5	**cold feet**	□	□	□	□	□
6	**increase need for blankets in the winter nights**	□	□	□	□	□
7	**a poor blood circulation**	□	□	□	□	□
8	**tired**	□	□	□	□	□
9	**tired when waking up in the morning**	□	□	□	□	□
10	**tired at rest, when not moving**	□	□	□	□	□
11	**reduced vitality**	□	□	□	□	□
12	**apathetic (lacking "punch")**	□	□	□	□	□
13	**sleepy during the day**	□	□	□	□	□
14	**slow**	□	□	□	□	□
15	**distraction**	□	□	□	□	□
16	**constantly depressed**	□	□	□	□	□
17	**headaches**	□	□	□	□	□
	if yes, where ? □ around the eyes ? □ at the side(s) of your head ? **□ at the back of the head ? □ the whole head ?**					
18	**migraines**	□	□	□	□	□
	if yes, with □ nausea, vomiting □ visual problems					
19	**a poor memory (capacity to retain information)**	□	□	□	□	□
20	**a poor concentration (capacity to remain attentive)**	□	□	□	□	□
21	**nervous (tensed)**	□	□	□	□	□
22	**irritable (aggressive)**	□	□	□	□	□
23	**swollen - eyelids**	□	□	□	□	□
24	**- puffy face**	□	□	□	□	□
25	**- hands**	□	□	□	□	□
26	**- feet**	□	□	□	□	□
27	**a tendency to weight gain**	□	□	□	□	□
28	**constipation**	□	□	□	□	□
29	**a poor appetite**	□	□	□	□	□
30	**an exaggerated appetite**	□	□	□	□	□
31	**a slow/difficult digestion (heavy stomach)**	□	□	□	□	□
32	**intolerance to fats in your food**	□	□	□	□	□
33	**intolerance to chocolate**	□	□	□	□	□

34	**bedwetting as a child**	□	□	□	□	□
35	**noose bleeding**	□	□	□	□	□
36	**slow heart palpitations**	□	□	□	□	□
37	**shortness of breath**	□	□	□	□	□
38	**muscle cramps at night : - in the feet**	□	□	□	□	□
39	**- in the calves**	□	□	□	□	□
40	**- in the hands**	□	□	□	□	□
41	**Carpel tunnel syndrome (tingling fingers)**	□	□	□	□	□
42	**stiff joints in the morning when getting out of bed**	□	□	□	□	□
43	**joint pains ? Where ? …….**	□	□	□	□	□
44	**joint pains worsened by cold or wet weather**	□	□	□	□	□
45	**a hoarse voice in the morning**	□	□	□	□	□
46	**ear tingling**	□	□	□	□	□
48	**deafness**	□	□	□	□	□
49	**colds (nose)**	□	□	□	□	□
50	**a sore throat**	□	□	□	□	□
51	**bronchitis**	□	□	□	□	□
52	**a dry skin on : - the face**	□	□	□	□	□
53	**- the elbows**	□	□	□	□	□
54	**- the legs**	□	□	□	□	□
55	**a poor perspiration**	□	□	□	□	□
56	**brittle fingernails**	□	□	□	□	□
57	**slow growing nails**	□	□	□	□	□
58	**diffuse hair loss**	□	□	□	□	□
59	**slow growing hair**	□	□	□	□	□
60	**poor urine losses**	□	□	□	□	□
61	**poor thirst (poor drinking)**	□	□	□	□	□
1b	**a permanent feeling of excessive heat**	□	□	□	□	□
2b	**continuous & excessive sweating over the whole body**	□	□	□	□	□
3b	**too thirsty**	□	□	□	□	□
4b	**too hungry**	□	□	□	□	□
5b	**excess weight loss despite eating much**	□	□	□	□	□
6b	**abnormally nervous, overexcited**	□	□	□	□	□
7b	**abnormally anxious, aggressive**	□	□	□	□	□
8b	**a feeling of inner trembling**	□	□	□	□	□
9b	**fast heart palpitations**	□	□	□	□	□

Please answer by blackening one case per question:

5 possible responses to the questions :	**No Never 0**	**Few Sometimes ±**	**Moderately Regularly +**	**A lot Often ++**	**Very much Always +++**
1. Is your resistance to stress low ?	☐	☐	☐	☐	☐
2. Are you more tired in stress situations ?	☐	☐	☐	☐	☐
3. Are you easily confused or drowsy, esp. in stress ?	☐	☐	☐	☐	☐
4. .Is your blood pressure low ?	☐	☐	☐	☐	☐
5. .Do you have the impression of turning around when you get up ?	☐	☐	☐	☐	☐
6. .Are you down, tired, around 11h or l6h ?	☐	☐	☐	☐	☐
7. Are you attracted by sugar foods ??	☐	☐	☐	☐	☐
8. Are you attracted by salty fonds (or spices) ?	☐	☐	☐	☐	☐
9. Do you suffer from digestive troubles (stomach or intestinal) ?	☐	☐	☐	☐	☐
10. Do you have a poor appetite	☐	☐	☐	☐	☐
11. Are you thin (underweight)	☐	☐	☐	☐	☐
12. Do you suffer from inflammatory rheumatism (arthritis)?	☐	☐	☐	☐	☐
13. Are you allergic :	☐	☐	☐	☐	☐
- skin allergies	☐	☐	☐	☐	☐
- nose/throat/ears ?	☐	☐	☐	☐	☐
- fond allergies ?	☐	☐	☐	☐	☐
14. Do you suffer from asthma ?	☐	☐	☐	☐	☐
15. Do you tolerate badly medications ?	☐	☐	☐	☐	☐
16. Does your skin show broad brown spots of excessive pigmentation and/or broad white spots of depigmentation (vitiligo)?	☐	☐	☐	☐	☐

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1) Are you easily euphoric (ton enthusiastic) ?	☐	☐	☐	☐	☐
2) Do you suffer from excessive agitation ?	☐	☐	☐	☐	☐

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1) Are you tired when standing up and better laying flat?	☐	☐	☐	☐	☐
2) Do you often have to, urinate when you are standing up?	☐	☐	☐	☐	☐

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1. Is your sleep light, anxious, agitated ?	☐	☐	☐	☐	☐
2. Do you experience difficulties for sleeping in going back to sleep (after awakening in the night) ?	☐	☐	☐	☐	☐

QUESTIONNAIRE FOR WOMEN

Name : ……Date : ……

	5 possible answers to the questions : *Please answer by blackening one case per question* **Do you have or feel the following complaints ?**	**No** **Never** **0**	**Few** **Sometimes** **±**	**Moderate** **Regularly** **+**	**Much** **Often** **++**	**Extreme** **Always** **+++**
1	**older looking**	□	□	□	□	□
2	**messy clothing**	□	□	□	□	□
3	**less tonic (more) collapsed attitude**	□	□	□	□	□
4	**hearing loss**	□	□	□	□	□
5	**difficulties – to read**	□	□	□	□	□
6	**- to see at a distance**	□	□	□	□	□
7	**- a dim, foggy sight**	□	□	□	□	□
8	**bleeding gums**	□	□	□	□	□
9	**tooth abscesses**	□	□	□	□	□
10	**loss of teeth (how many ?…)**	□	□	□	□	□
11	**wearing a tooth prosthesis (1 or 2, …)**	□	□	□	□	□
12	**shortness of breath**	□	□	□	□	□
13	**heart pains at stress or exercise**	□	□	□	□	□
14	**joint pains :**	□	□	□	□	□
15	**- neck**	□	□	□	□	□
16	**- middle back**	□	□	□	□	□
17	**- lower back**	□	□	□	□	□
18	**- finger/hands/wrist**	□	□	□	□	□
19	**- elbows**	□	□	□	□	□
20	**- shoulders**	□	□	□	□	□
21	**- toes/hands/ankles**	□	□	□	□	□
22	**- knees**	□	□	□	□	□
23	**- hips**	□	□	□	□	□
24	**a permanent fatigue**	□	□	□	□	□
25	**a poor recovery after physical exercise**	□	□	□	□	□
26	**less dynamic, more passive**	□	□	□	□	□
27	**depressed the whole day**	□	□	□	□	□
28	**a poor memory**	□	□	□	□	□
29	**hot flushes**	□	□	□	□	□
30	**excessive sweating - at night**	□	□	□	□	□
	- during the day	□	□	□	□	□
	- at stress	□	□	□	□	□
31	**dry eyes**	□	□	□	□	□
32	**dry mouth**	□	□	□	□	□
33	**dry vagina**	□	□	□	□	□
34	**pain at intercourse**	□	□	□	□	□
35	**a pale skin**	□	□	□	□	□
36	**wrinkles on : - the forehead**	□	□	□	□	□
37	**- around the eyes**	□	□	□	□	□
38	**- around the mouth**	□	□	□	□	□
39	**- on the palm of the hands**	□	□	□	□	□
40	**body hair**	□	□	□	□	□
41	**hair loss on the upper scalp**	□	□	□	□	□
42	**small breasts**	□	□	□	□	□
43	**droopy, flaccid, too much deflated breasts**	□	□	□	□	□

44	**bladder infections**	□	□	□	□	□
45	**urinary incontinence**	□	□	□	□	□
46	**first menstruation ? … yrs □ before 12 yrs □ before 12-15 yrs □ after 15 yrs**					
47	**menopause, at what age ? … yrs □ before 48 yrs □ before 48-52 yrs □ after 52 yrs**					
48	**irregular menstrual cycle ? … days □ no (27-31 days) □ too short cycle (26 days or less) □ too long cycles (32 days or more)**					
49	**depression the days before menstruation**	□	□	□	□	□
50	**menstruation with intermittent violent cramps**	□	□	□	□	□
51	**blood loss at menstruation**	□	□	□	□	□
52	**ovulation pain (in the lower belly)**	□	□	□	□	□
53	**before your periods : - painful swollen breasts**	□	□	□	□	□
54	**- painful swollen belly**	□	□	□	□	□
55	**- irritable, overexcited**	□	□	□	□	□
56	**enlarged breasts**	□	□	□	□	□
57	**cysts in the breasts**	□	□	□	□	□
58	**cysts in the ovaries**	□	□	□	□	□
59	**fibroids in the uterus**	□	□	□	□	□
60	**endometriosis**	□	□	□	□	□
61	**irritable (general)**	□	□	□	□	□
62	**anxious (lack of serenity)**	□	□	□	□	□
63	**too emotional**	□	□	□	□	□
64	**too rigid**	□	□	□	□	□
65	**low resistance to physical exercise (sports)**	□	□	□	□	□
66	**loss of sexual desire (libido)**	□	□	□	□	□
67	**loss of sexual potency (orgasm)**	□	□	□	□	□
68	**muscle loosening on : - the arms**	□	□	□	□	□
69	**- the legs**	□	□	□	□	□
70	**loss of muscle strength**	□	□	□	□	□
71	**excess fat on the : - breasts**	□	□	□	□	□
72	**- belly**	□	□	□	□	□
73	**- hips, buttocks**	□	□	□	□	□
74	**- thighs (cellulite)**	□	□	□	□	□
75	**a skin which burs easily in the sun**	□	□	□	□	□
76	**varicose veins**	□	□	□	□	□
77	**if yes, are they painful ?**	□	□	□	□	□
78	**hemorrhoids**	□	□	□	□	□
79	**easy bruises**	□	□	□	□	□
80	**wounds healing difficulty**	□	□	□	□	□

QUESTIONNAIRE FOR MEN

Name : ……Date : ……

	5 possible answers to the questions : *Please answer by blackening one case per question* **Do you have or feel the following symptoms ?**	**No symptom Never 0**	**Few Sometimes +**	**Moderate Regularly +**	**Much Often ++**	**Extreme symptom Always +++**
1	**older looking**	□	□	□	□	□
2	**messy clothing**	□	□	□	□	□
3	**less tonic (more) collapsed attitude**	□	□	□	□	□
4	**excess fat on the : - breasts**	□	□	□	□	□
5	**- belly**	□	□	□	□	□
6	**- thighs (cellulite)**	□	□	□	□	□
7	**constant (background) tiredness**	□	□	□	□	□
8	**poor recovery**	□	□	□	□	□
10	**constant depressed**	□	□	□	□	□
11	**less dynamic, more passive**	□	□	□	□	□
12	**□ memory**	□	□	□	□	□
13	**□ creativity**	□	□	□	□	□
14	**loss of order, carelessness**	□	□	□	□	□
15	**irritable**	□	□	□	□	□
16	**too emotional**	□	□	□	□	□
17	**rigid (difficulties to adapt)**	□	□	□	□	□
18	**graying hair**	□	□	□	□	□
19	**hair loss on the upper scalp**	□	□	□	□	□
20	**poor beard growth**	□	□	□	□	□
21	**hair scarcity on : - the chest**	□	□	□	□	□
22	**- the belly**	□	□	□	□	□
23	**- the legs**	□	□	□	□	□
24	**hearing loss**	□	□	□	□	□
25	**difficulties - to read (presbyopia, far-sightedness)**	□	□	□	□	□
26	**- to see at a distance (myopia)**	□	□	□	□	□
27	**a dim, foggy sight (cataract)**	□	□	□	□	□
28	**bleeding gums**	□	□	□	□	□
29	**tooth abscesses**	□	□	□	□	□
30	**loss of teeth (how many ? …)**	□	□	□	□	□
31	**wearing a tooth prosthesis (1 or 2 ? …)**	□	□	□	□	□
32	**dry eyes**	□	□	□	□	□
33	**dry mouth**	□	□	□	□	□
34	**a pale skin**	□	□	□	□	□
35	**your skin burns too easily in the sun**	□	□	□	□	□
36	**wrinkles : - on the forehead**	□	□	□	□	□
37	**- around the eyes**	□	□	□	□	□
38	**- the mouth**	□	□	□	□	□
39	**- on the palm of the hands**	□	□	□	□	□
40	**weak heart beats (a poor tonic heart)**	□	□	□	□	□
41	**shortness of breath (when physically busy)**	□	□	□	□	□

42	**pain in the heart at stress or exercise**	□	□	□	□	□
43	**hemorrhoids**	□	□	□	□	□
44	**varicose veins**	□	□	□	□	□
45	**if yes, are they painful ?**	□	□	□	□	□
46	**must stop walking because of pain in calves**	□	□	□	□	□
47	**ulcers at the ankles or toes**	□	□	□	□	□
48	**easy bruises**	□	□	□	□	□
49	**wounds healing difficulty**	□	□	□	□	□
50	**muscle loosening on : - the arms and legs**	□	□	□	□	□
51	**- the belly**	□	□	□	□	□
52	**loss of muscle strength**	□	□	□	□	□
53	**joint pains**	□	□	□	□	□
54	**neck pain**	□	□	□	□	□
55	**middle back pain**	□	□	□	□	□
56	**low back pain**	□	□	□	□	□
57	**joint pains in : - fingers/hands/wrists***	□	□	□	□	□
58	**- elbows**	□	□	□	□	□
59	**- shoulders**	□	□	□	□	□
60	**- toes/feet/ankles***	□	□	□	□	□
61	**- knees**	□	□	□	□	□
62	**- hips**	□	□	□	□	□
63	**hot flushes**	□	□	□	□	□
64	**intense sweating (when ? night/day/stress*)**	□	□	□	□	□
65	**difficulties to urinate (poor urine flow)**	□	□	□	□	□
66	**loss of drops of urine after urination**	□	□	□	□	□
67	**frequent needs to urinate – during the day**	□	□	□	□	□
68	**- at night**	□	□	□	□	□
69	**burning sensation while urinating**	□	□	□	□	□
	<u>for adults</u> :					
70	**swollen prostate**	□	□	□	□	□
71	**urine incontinence**	□	□	□	□	□
72	**loss of sexual desire (libido)**	□	□	□	□	□
73	**loss of sexual potency (orgasm)**	□	□	□	□	□
74	**loss of – frequency of intercourse**	□	□	□	□	□
75	**- frequency of erections**	□	□	□	□	□
76	**- firmness erections**	□	□	□	□	□
77	**- duration of erections**	□	□	□	□	□
78	**- frequency of ejaculation**	□	□	□	□	□
79	**- volume of ejaculation (sperm)**	□	□	□	□	□

**** : please indicate which item is valid***

NAME : **DATE:**

QUESTIONNAIRE : POSSIBLE EXPOSURE TO TOXIC CHEMICALS

Please answer the following questions pertaining to possible effects on your body from indoor and outdoor pollution

YOUR HOME *:*

-Where do you live ?

in a town ? in a village ? in the country 7
in the centre ? on the outskirts ?
south from the centre ? north ?
east'? or west?

- Is there much traffic past your home ?
cars ? trucks ? buses ?

- Do you live on a corner or near a corner ?

- Is there in the neighbourhood of your home :
a bus stop ?
traffic lights ?
a main road ? .how far ?
public works ?
a railway ?
trams ?
an airfield ?
a school ?
a petrol station ?
a garage ? coach works ? with a spray booth ?
an electricity substation ?
high-tension cables ? how far ?
a stream or a river?
does it smell bad ?

an industrial estate 7

a factory (ies) 7 which one(s) ?

how far ?

do they pollute ?

- Are you troubled by someone in your neighbourhood who burns
his waste material, wood, plastics, garden rubbish ... ?
What about a barbecue ?

- Is the road past your house made with paving-stones
or with asphalt ?

- Are there near your home pastures?

fields ?

greenhouses ?

orchards?

cultivation of flowers ?

vegetables ?

do they spray with pesticides ? often ?

Do you live : in a house ? isolated ?

in a row ?

in an apartment ? which floor ?

is your home old or new ?

how long have you lived there ? and where before that ?

Do you have much wood work in your home ?

where ? walls ? floors ? ceilings ?

Has the wood been treated with preservatives ?

Sadolin ? Linitop ? Xylamon (Xyladecor) ?

if yes, when ?

- Has painting been carried out in your home-during the last
few years? with oil paint ? water soluble paint ?
Latex, Stellatex ? acrylic paint ?
did you suffer from it ?

- Do you often use ; white spirit ?
thinners ?
turpentine ?
Sadolin (the old or the new one) ?

- The floor coverings in your home, what are they and where ?
parquet or wood strip ?
vinyl? Novilon?
linoleum ? atone ?
fitted carpet ? synthetic or wool ?

- Are the walls a covered with vinyl wallpaper ?
Where ?
- Do you have ply or solid wood furniture ?

- What do you have on your bedroom floor ?
on the wal1s ?
Are your blankets or quilts synthetic ? mattress ?
pillows; foam or down ?
do you have plastic lampshades ?

- Are the curtains and hangings in the bedroom and dining room
synthetic ?
cotton ?
velvet ?

- Is your bedroom immediately under the roof ?
or is there an attic above ?
is the roof : flat or pitched ?
insulated ? with what ?
Has the woodwork of the roof been treated with
preservatives ? which ones ?

- Is your garage included in house ? or separated ?

la the garage sufficiently separated from the dining room ?

- I tow is your home heated ?

* central heating ? is it oil-fired ? gas ?

is the boiler in a separate place ?

* electric heating ?

* gas radiators ? how many ?

*coal stoves?

* wood stoves ?

* open fireplace ?

- Do you cook by gas ? or electricity ?

Can you ventilate your kitchen well ?

- For drinking water , do you use bottles ?

plastic ? or glass ?

what do you know about the tap-water ?

is it rich in calcium? does it contain chlorine ?

do you use it for tea, coffee, soup, boiling potatoes ... ?

- Do you smoke ? how many ?

your husband, wife ?

your children ?

others around you ?

- What do you think about your food ?

is it well balanced ?

do you eat little or much ?

do you drink little water or much ?

at irregular hours ?

many milk products ?

do you cook your food at high temperature ?

do you often eat in restaurants ?

do you drink much beer, wine, alcoholic drinks ?

Are you sensitive to :

perfume ? ammoniac ?

cleaning products ? bleach ?

bee wax ? others ?

Do you suffer or have you suffered of hay fever ?

skin allergies?

food allergies ?

Do you have animals at home ?

cat(3) ? dog(s) ? bird(s) ? others ?

Do you have a second residence ? where ?

a chalet ? wood construction ?

caravan ? a country house ?

How do you feel by the sea ?

in the mountains ?

How many miles do you drive a year ?

Do you ride a bicycle ?

Do you use cosmetics ? which one(a) ?

Do you use hair lacquer or dye ? Which one(s) ?

Do you know the composition ?

Do you wear - many synthetic garments ?

- rubber shoes or shoes with synthetic soles ?

- a digital watch ?

Do you often have your clothes dry-cleaned ?

Do you have any dental fillings ? how many ?
amalgams ?

Have you orthopedic or other prostheses ?
which one(s) ?

YOUR PROFESSION:

– – – – – – – – – – – – –

- Which is or was your profession ?

- Where do or did you work ?
  at home ?
  in industry ?
  in a factory ?
  in a company ?
  somewhere else ?

- Since how long do (did) you work there ?
  and before ?

- Do (did) you work in a town or in the country ?

- Do (did) you do manual work ?
  administrative work ? others ?

- Is there near your work :
  heavy traffic ?
  a garage ? coach works ? with a spray booth ?
  a main road ?
  a petrol station ?
  a factory (ies) ?
  an industrial estate ?
  a river or a stream ?

- Do(did) you work with a computer ? a photocopymachine ?
  or did other people working near you ?

- Do(did) you work in a large or a small room ?
  Is (was) there a sufficient ventilation :
  natura1 ?
  airconditioning ?
  do(did) you suffer from it ?

- The floor coverings in your office/work place, what are they and where ?
  parquet or wood strip ?

vinyl? Novilon?

linoleum ? atone ?

fitted carpet ? synthetic or wool ?

- Are the walls a covered with vinyl wallpaper ?

  Where ?

- Do you have ply or solid wood furniture ?

- Do (did) you work with dangerous products ?

  Do you use thinners ? white spirit ? turpentine ?

  others ?

- Do (did) you smoke at work or did people smoke near you ?

- Do you think you suffer from toxics in your environment ?

  at home?

  at work?

- Would you think pollution is an important threat to your health ?

- Are you well aware of problems of pollution ?

Remarks :