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| Number of organs removed | |
| Number of synthetic drugs used currently | |
| Number of times you smoke in a day | |
| Number of steroid drugs used in the past year | |
| Number of silver (Amalgam) fillings in your mouth | |
| Number of street drugs used each month | |
| Number of known allergies | |
| Number of unresolved emotional factors (anger, depressions, anxiety, etc.) | |
| I am responsible for my body (1 – 10) | |
| Amount of fat in the diet (1 – 10) | |
| Personal stress (1 – 10) | |
| Number of sugar type products in a day (1 – 10) | |
| Number of exercise sessions in a week | |
| Number of alcohol drinks in a day (average) | |
| Number of caffeine products per day (coffee, tea, soda, etc.) | |
| Number of toxic exposures (x-rays, pesticides, chemicals, etc.) | |
| Number of major injuries in the past | |
| Number of major infections in the past | |
| Number of glasses of water per day | |
| How many pounds overweight | |