

Lifestyle For Health - Enzyme Questionnaire

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Name _____ Date _____

Metabolic enzymes are needed for every function in the body. The following questionnaire will help you identify the top metabolic functions that are being hindered by a lack of enzymes. If you have any questions, you can schedule a phone consultation with Cheryl Townsley.

Enter 0 for never, 1 for occasional, 2 for weekly, 3 for frequently beside each question. Subtotal for each group.

Group 1 (subtotal _____)

- 1 ___ Would you describe yourself as Type A personality, for example – driven or aggressive?
- 2 ___ Tendency to problems of indigestion or constipation
- 3 ___ Stiff joints, especially after rest, i.e. loss of mobility
- 4 ___ Sensitive to sudden sounds, i.e. startle easily
- 5 ___ Headaches in back of head and neck
- 6 ___ Spacey and forgetful
- 7 ___ Flutters in your (heart) chest

Group 2 (subtotal _____)

- 1 ___ History of diabetes
- 2 ___ High blood pressure
- 3 ___ High blood triglyceride levels
- 4 ___ Dizziness or light-headedness when changing positions
- 5 ___ Headache on side of the head and temples

Group 3 (subtotal _____)

- 1 ___ History of cataracts, glaucoma or poor vision
- 2 ___ Frequent head colds, runny nose and/or watery eyes
- 3 ___ Bruise easily and/or slow healing of cuts, sore or bleeding gums, gingivitis
- 4 ___ Frequent headaches associated with eyestrain or pain upon moving eyes
- 6 ___ Exposure to toxins and chemicals

Group 4 (subtotal _____)

- 1 ___ History of chronic sinus problems
- 2 ___ Loss of sense of smell, or an obstruction to nasal breathing
- 3 ___ Bothered by thick mucous in sinuses or discharge from nose
- 4 ___ Frequent nosebleeds
- 5 ___ Facial pain or paralysis

Group 5 (subtotal _____)

- 1 ___ Histories of spinal disc problems or back surgery
- 2 ___ Cannot tolerate stress, i.e. unable to make decisions
- 3 ___ Irritated or receding gums, loose teeth
- 4 ___ Cold hands and feet
- 5 ___ Clicking jaw or jaw pain

Group 6 (subtotal _____)

- 1 ___ History of speech impediment, stuttering or stammering
- 2 ___ Dry, itchy eyes or dry mouth
- 3 ___ Poor memory
- 4 ___ Inability to relax, become serene or meditate
- 5 ___ Frequent sore throat, or sores on tongue or in mouth
- 6 ___ Tendency for swollen glands
- 7 ___ Cold or canker sores

Group 7 (subtotal _____)

- 1 ___ History of thyroid gland disorders or medication
- 2 ___ Fast heartbeat, i.e. racing heart
- 3 ___ Swollen or painful breasts
- 4 ___ Moist warm skin, i.e. sweat easily
- 5 ___ Neck, shoulder, arm or hand pain

Group 8 (subtotal _____)

- 1 ___ History of frequent canker sores, cold blisters or boils
- 2 ___ Muscle and tendon weakness, pain in low back and buttocks
- 3 ___ Slow morning starter, writer's cramp or stiffness after sitting
- 4 ___ Dry skin, dandruff, hair falling out
- 5 ___ Painful ribs, pleurisy, pain on inhalation, or sharp chest or shoulder pain

Group 9 (subtotal _____)

- 1 ___ History of heart disease, taking medications, etc.
- 2 ___ Irregular heartbeat or skipped beats
- 3 ___ Dryness or skin and hair, itching due to dryness
- 4 ___ Have varicose veins and/or hemorrhoids
- 5 ___ Shoulder or chest pain on exertion

Group 10 (subtotal _____)

- 1 ___ History of asthma, emphysema, bronchitis or pneumonia
- 2 ___ Difficulty breathing, shortness of breath
- 3 ___ Frequent cough, dry or productive
- 4 ___ Wheezing or difficulty breathing when lying on back
- 5 ___ Shoulder pain or bursitis

Group 11 (subtotal _____)

- 1 ___ History of gall bladder stones or surgery
- 2 ___ Loss of appetite, especially for meat
- 3 ___ Frequent sour taste in mouth, intolerance of fats and spicy foods
- 4 ___ Have frequent constipation with light colored stools
- 5 ___ Discomfort or soreness under the right rib cage after eating

Group 12 (subtotal _____)

- 1 ___ History of ulcers or gastritis
- 2 ___ Frequent heartburn or indigestion with nausea and pain
- 3 ___ Acid reflux after eating
- 4 ___ Frequent use of antacids
- 5 ___ Pain or burning in the stomach that is relieved by eating

Group 13 (subtotal _____)

- 1 ___ History of low blood pressure problems
- 2 ___ Awake after a few hour of rest and cannot go back to sleep
- 3 ___ Suffer from frequent periods of depression or inability to think clearly
- 4 ___ Become light-headed when meals are missed
- 5 ___ Suffer from frequent nightmares or panic attacks
- 6 ___ Periods of exhaustion after stress

Group 14 (subtotal _____)

- 1 ___ History of lactose intolerance or gluten intolerance
- 2 ___ Craving or thirst for cold liquids or foods
- 3 ___ Intolerance of dairy products, grains or sugar
- 4 ___ Sensitive to air pollutants, such as perfumes, smoke, etc.
- 5 ___ Discomfort or soreness under the left rib cage after eating
- 6 ___ Heartburn after eating

Group 15 (subtotal _____)

- 1 ___ History of anemia or other blood disorder, or taking medication
- 2 ___ Fatigue, tired most of the time
- 3 ___ Pale skin, lips and nails
- 4 ___ Low resistance (frequent colds and infections)
- 5 ___ Getting sleepy after eating
- 6 ___ FEMALES: undo fatigue after menstrual flow

Group 16 (subtotal _____)

- 1 ___ History of hepatitis, jaundice or other liver disorder
- 2 ___ History of high blood pressure and/or medication
- 3 ___ Water retention, swell of hands and feet
- 4 ___ Varicose veins and/or hemorrhoids
- 5 ___ Shoulder and neck stiffness and/or soreness

Group 17 (subtotal _____)

- 1 ___ History of chronic or frequent yeast infections
- 2 ___ Foul order or stool and urine
- 3 ___ Unusually large appetite, i.e. cannot control the urge to eat
- 4 ___ Frequent or prolonged use of antibiotics
- 5 ___ Constipation with hard, dry stool
- 6 ___ Athlete's foot, crumbly toenails

Group 18 (subtotal _____)

- 1 ___ History of reactive hypoglycemia
- 2 ___ Suffer from airborne allergies
- 3 ___ Dark circles under the eyes
- 4 ___ Nausea or vomiting type of indigestion or morning sickness
- 5 ___ Muscular low back pain

Group 19 (subtotal _____)

- 1 ___ History of skin disorders, such as acne
- 2 ___ Dermatitis, eczema or psoriasis
- 3 ___ Have many warts and moles
- 4 ___ Frequent episodes of hives due to food allergies
- 5 ___ Excessive perspiration or lack of perspiration

Group 20 (subtotal _____)

- 1 ___ History of constipation with infrequent bowel movements
- 2 ___ Frequent use of laxatives or enemas
- 3 ___ Hard, painful stools
- 4 ___ Lower abdominal gas
- 5 ___ Less than one bowel movement a day
- 6 ___ Pain in right lower abdomen

Group 21 (subtotal _____)

- 1 ___ History of colitis or other disease of the large intestine
- 2 ___ Diarrhea with mucous or blood in stool
- 3 ___ Frequent or soft bowel movements
- 4 ___ Lower left bowel pain
- 5 ___ Painful bowel movements

Group 22 (subtotal _____)

- 1 ___ History of prostate disorders or medication
- 2 ___ Frequent night urination
- 3 ___ Dribbling
- 4 ___ Loss of sexual urge
- 5 ___ Pain radiating into the groin or testes

Group 23 (subtotal _____)

- 1 ___ History of hysterectomy or estrogen replacement therapy
- 2 ___ Vaginal discharge
- 3 ___ Excessive menstrual flow
- 4 ___ Lack of menstruation, scanty flow or irregular period
- 5 ___ Painful periods and/or symptoms of PMS

Group 24 (subtotal _____)

- 1 ___ History of frequent bladder infections
- 2 ___ Frequent urination, urgency or loss of control
- 3 ___ Pass small amounts of urine at each voiding
- 4 ___ Dry skin, flaking and dandruff
- 5 ___ Pain or discomfort over the bladder

Group 25 (subtotal _____)

- 1 ___ History of bone disorders, spurs, osteoporosis, etc.
- 2 ___ Muscle soreness and weakness
- 3 ___ Painful or loose teeth or poor fitting dentures
- 4 ___ Hyperirritability, insomnia and/or restlessness
- 5 ___ Low back pain, weak joints or ligaments, fallen arches
- 6 ___ Weak, ridged or split fingernails

Group 26 (subtotal _____)

- 1 ___ History of injury to the tailbone
- 2 ___ Restlessness or insomnia
- 3 ___ Inability to concentrate, frequent day-dreaming or nightmares
- 4 ___ Unresolved health problems
- 5 ___ Painful tailbone, i.e. hurts to sit down
- 6 ___ History or sexual, physical or emotional abuse

Group 27 (subtotal _____)

- 1 ___ History of muscle soreness and pain after exercise
- 2 ___ Inability to tolerate potassium-rich foods such as molasses or olives
- 3 ___ Frequent writer's cramp or stiffness especially after rest
- 4 ___ Muscle soreness and pain resulting from exercise
- 5 ___ Loss of joint range or motion, painful stretching
- 6 ___ Allergies, hay fever, hives
- 7 ___ Rashes, psoriasis, eczema or other skin problems

Group 28 (subtotal _____)

- 1 ___ History of deep bone or joint pain, painful weak teeth
- 2 ___ Frequent anxiety, use of tranquilizers
- 3 ___ Frequent infections, need for antibiotics
- 4 ___ Symptoms of edema, such as swelling of feet and ankles
- 5 ___ Recent acute traumatic incidents or accidents

Group 29 (subtotal _____)

- 1 ___ Always tired, i.e. unable to meet daily requirements
- 2 ___ Loss of appetite or feel better if you don't eat
- 3 ___ Restless sleep, gnawing of teeth
- 4 ___ Thin and have difficulty gaining weight
- 5 ___ Itching around rectum and groin

Group 30 (subtotal _____)

- 1 ___ History of chronic indigestion
- 2 ___ Unusual fullness after eating
- 3 ___ Lower bowel gas
- 4 ___ Undigested food, capsules or tablets found in the stool
- 5 ___ Frequent abdominal cramping after eating

Group 31 (subtotal _____)

- 1 ___ Generalized malaise, i.e. lackadaisical attitude
- 2 ___ Frequent lack of motivation, unable to get started
- 3 ___ Fatigued, easily tire
- 4 ___ Failure to meet ordinary requirements of daily activities
- 5 ___ Failure to respond to specific nutritional schedules

Group 32 (subtotal _____)

- 1 ___ History of pernicious anemia
- 2 ___ Loss of taste for meat
- 3 ___ Strong desire to eat when not hungry
- 4 ___ Indigestion, particularly 2 to 3 hours after eating
- 5 ___ Flatulence, lower bowel gas

Group 33 (subtotal _____)

- 1 ___ History of diabetes in your family
- 2 ___ Blood sugar problems, either hypoglycemia or diabetes
- 3 ___ Unable to control appetite
- 4 ___ Desire to lose weight
- 5 ___ Need a meal replacement

Group 34 (subtotal _____)

- 1 ___ Painful gas
- 2 ___ Bloating after eating dairy
- 3 ___ Diarrhea after eating dairy

Group 35 (subtotal _____)

- 1 ___ History of osteoarthritis or gout
- 2 ___ Musculoskeletal pain, difficulty walking, etc.
- 3 ___ Bone and joint pain in spine, hips, knees, feet or hands
- 4 ___ Inflammation, i.e. fever redness, swelling and/or pain
- 5 ___ Stiff joints, sore muscles or diagnosed with fibromyalgia

Group 36 (subtotal _____)

- 1 ___ History of chronic herpes-type skin eruptions, such as frequent canker sores, cold blisters and boils
- 2 ___ Raised and red skin eruptions such as hives, strong reaction to food or chemicals
- 3 ___ Strong reactions to mosquito or insect bites
- 4 ___ Frequent histamine reactions, such as sneezing attacks, etc.
- 5 ___ Painful skin irritations such as sunburn, diaper rash or chapped lips

Follow the directions at the top of the questionnaire and subtotal for each Group.

List the top five Groups with the highest Scores using the above Subtotals by Group.

Up to 3 different enzymes can be taken without scheduling a consultation (Be sure to note when enzymes are to be taken for maximum results – with or without food).

Please contact our office with any questions: 719-488-5688

Group	Score (Subtotal)
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