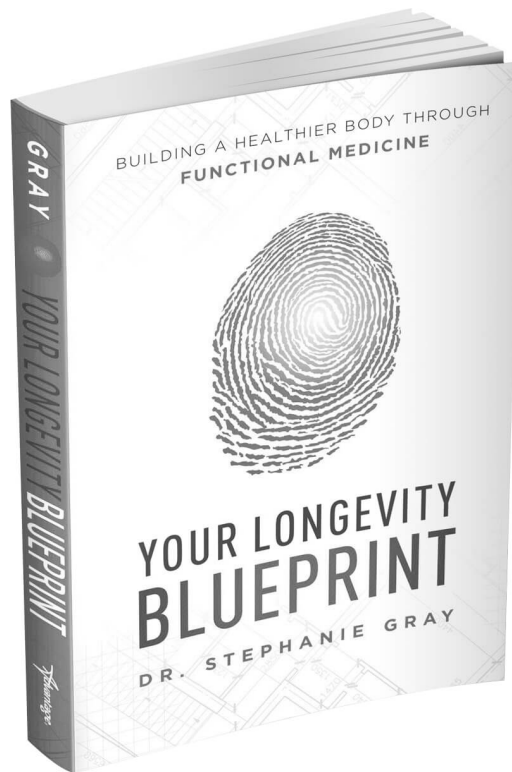


YOUR LONGEVITY BLUEPRINT

QUICK START GUIDE QUESTIONNAIRES

Thank you for purchasing
Your Longevity Blueprint!



These are the accompanying questionnaires to use
with your Quick Start Guide!

Questionnaires

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The Candida/Yeast Questionnaire

Questions	Yes	No
1. Have you taken repeated or prolonged courses of antibacterial drugs?	4	0
2. Have you been bothered by recurrent vaginal, prostate or urinary infections?	3	0
3. Do you feel “sick all over”, yet the cause hasn’t been found?	2	0
4. Are you bothered by hormone disturbances, including PMS, menstrual irregularities, sexual dysfunction, sugar craving, low body temperature, or fatigue?	2	0
5. Are you unusually sensitive to tobacco smoke, perfumes, colognes, and other chemical odors?	2	0
6. Are you bothered by memory or concentration problems? Do you sometimes feel “spaced out”?	2	0
7. Have you taken prolonged courses of prednisone or other steroids, or have you taken “the pill” for more than 3 years?	2	0
8. Do some foods disagree with you or trigger your symptoms?	1	0
9. Do you suffer with constipation, diarrhea, bloating or abdominal pain?	1	0
10. Does your skin itch, tingle, or burn; or is it unusually dry; or are you bothered by rashes?	1	0
11. When you wake up, do you have a white coating on your tongue?	1	0

Interpreting the Results

WOMEN

A score of 10 or greater indicates that your health problems may be connected to a Candida overgrowth.

A score of 13 or higher suggests that your symptoms are very likely to be related to Candida.

MEN

A score of 8 or greater indicates that your health problems may be connected to a Candida overgrowth.

A score of 11 or higher suggests that your symptoms are very likely to be related to Candida.

Histamine Questionnaire

Do you notice any symptoms or reactions after consuming the following foods?

Alcoholic beverages: wine, beer, distilled alcohol	Y	N
Pop, green, or herbal tea	Y	N
Chocolate	Y	N
Fruits: orange, grapefruit, lemon, lime	Y	N
Fruits: banana, papaya, mango, apricots, plums, cherries	Y	N
Dried fruits: prunes, dates, raisins, currants, cranberries	Y	N
Nuts: all nuts, seeds, cinnamon, nutmeg, cloves, anise, curry powder	Y	N
Additives and preservatives: sulfites, monosodium glutamate (MSG), nitrites, benzoates, tartrazine, food colorings	Y	N
Seafood: tuna, mackerel, sardines, anchovies, lobster, crab, shrimp	Y	N
Raw, smoked, dried or pickled: sausages, salami, bacon, or ham	Y	N
Dairy: hard cheeses, milk, yogurt, cream, buttermilk	Y	N
Breads and cereals (as yeast is very high in histamine)	Y	N
Vegetables and legumes: avocado, eggplant, mushroom, pumpkin, spinach, tomatoes, soy, beans	Y	N

Do you notice any of the following conditions and symptoms?

Abdominal pain, spasms	Y	N	Nausea	Y	N
Flatulence (gas)	Y	N	Dizziness	Y	N
Diarrhea	Y	N	Chronic constipation	Y	N
Flushing or reddening of the skin (rosacea of the face)	Y	N	Skin rash (may be chronic or sporadic, unknown cause)	Y	N
Itching	Y	N	Panic attacks, sudden changes in psychic states (e.g. aggression, difficulty concentrating, poor attention)	Y	N
Headache, including migraine and menstrual migraine	Y	N	“Laden exhaustion” usually during or after a meal, often requiring sleep but, sleep does not restore vitality.	Y	N
Fatigue	Y	N	Chills, shivers, discomfort, low blood pressure	Y	N
Rheumatic changes (joint discomfort)	Y	N	Shortness of breath	Y	N

If you answer yes to multiple symptoms you may have histamine intolerance.

Nutritional Deficiency Symptoms Questionnaire

If you answer yes to multiple symptoms in multiple categories you may be nutritionally deficient.

VITAMIN A DEFICIENCY SYMPTOMS	N Y	VITAMIN B-3 NIACIN DEFICIENCY CONTINUED	N Y	VITAMIN B-12 DEFICIENCY	N Y
Acne	N Y	Loss of appetite	N Y	Anemia	N Y
Corneal inflammation	N Y	Memory impairment	N Y	Confusion	N Y
Dry eyes	N Y	Muscle weakness	N Y	Constipation	N Y
Dry hair	N Y	Nausea	N Y	Depression	N Y
Dry skin	N Y	Skin eruptions and inflammation	N Y	Dizziness	N Y
Eye inflammation	N Y	VITAMIN B-5 PANTOTHENIC ACID DEFICIENCY	N Y	Fatigue	N Y
Fatigue	N Y	Abdominal pains	N Y	Intestinal disturbances	N Y
Growth retardation in children	N Y	Burning feet	N Y	Headaches	N Y
Hyperkeratosis (thickening and roughness of skin)	N Y	Depression	N Y	Irritability	N Y
Immune impairment	N Y	Eczema	N Y	Loss of vibration sensation	N Y
Insomnia	N Y	Fatigue	N Y	Low stomach acid	N Y
Night blindness	N Y	Hair Loss	N Y	Mental disturbances	N Y
Reduced night vision	N Y	Immune impairment	N Y	Moodiness	N Y
Rough skin	N Y	Insomnia	N Y	Mouth lesions	N Y
Vulnerability to respiratory infection	N Y	Irritability	N Y	Numbness and tingling	N Y
Vulnerability to urinary infection	N Y	Low blood pressure	N Y	Sore tongue	N Y
Weight loss	N Y	Muscle spasms	N Y	VITAMIN C DEFICIENCY	N Y
VITAMIN B-1 THIAMINE DEFICIENCY	N Y	Nausea	N Y	Bleeding gums	N Y
Confusion	N Y	Poor coordination	N Y	Depression	N Y
Constipation	N Y	VITAMIN B-6 PYRIDOXINE DEFICIENCY	N Y	Easy bruising	N Y
Digestive problems	N Y	Acne	N Y	Impaired wound healing	N Y
Fatigue	N Y	Anemia	N Y	Irritability	N Y
Headache	N Y	Arthritis	N Y	Joint pains	N Y
Irritability	N Y	Eye inflammation	N Y	Loose teeth	N Y
Loss of appetite	N Y	Depression	N Y	Malaise	N Y
Memory loss	N Y	Dizziness	N Y	Tiredness	N Y
Nervousness	N Y	Facial oiliness	N Y	VITAMIN D DEFICIENCY	N Y
Numbness of hands and feet	N Y	Fatigue	N Y	Burning sensation in mouth	N Y
Pain sensitivity	N Y	Impaired wound healing	N Y	Diarrhea	N Y
Poor coordination	N Y	Irritability	N Y	Insomnia	N Y
Weakness	N Y	Loss of appetite	N Y	Myopia (Nearsightedness)	N Y

VITAMIN B-2 RIBOFLAVIN DEFICIENCY	N	Y	Loss of hair	N	Y	Nervousness	N	Y
Blurred vision	N	Y	Mouth lesions	N	Y	Osteomalacia	N	Y
Cataracts	N		Nausea	N	Y	Osteoporosis	N	Y
Depression	N		Vitamin B-7 Biotin Deficiency	N	Y	Rickets	N	Y
Dermatitis	N		Brittle nails	N	Y	Fatigue	N	Y
Dizziness	N		Depression	N	Y	Vulnerability to sickness	N	Y
Hair loss	N		In infants, decreased strength, lethargy, and developmental delays	N	Y	VITAMIN E DEFICIENCY	N	Y
Inflamed eyes	N		Keratoconjunctivitis, which is an inflammation of the cornea and conjunctiva of the eye	N	Y	Gait disturbances	N	Y
Mouth lesions	N		Lack of feeling in the extremities	N	Y	Poor reflexes	N	Y
Nervousness	N		Lethargy	N	Y	Loss of position sense	N	Y
Neurological symptoms (numbness, loss of sensation, "electric shock" sensations)	N		Red or scaly skin	N	Y	Loss of vibration sense	N	Y
Seizures	N		Thinning hair, eyebrows, and eyelashes	N	Y	Shortened red blood cell life	N	Y
Sensitivity to light	N		Yeast overgrowth	N	Y	Essential Fatty Acids Deficiency	N	Y
Sleepiness	N		Thinning hair, eyebrows, and eyelashes	N	Y	Acne	N	Y
Weakness	N		B-9 FOLATE DEFICIENCY	N	Y	Diarrhea	N	Y
VITAMIN B-3 NIACIN DEFICIENCY	N		Brittle nails	N	Y	Dry skin and hair	N	Y
Bad breath	N		Defects in T and B cells	N	Y	Eczema	N	Y
Canker sores	N		Depression	N	Y	Excessive ear wax production	N	Y
Confusion	N		Hallucinations	N	Y	Gall stones	N	Y
Depression	N		Inflamed sore tongue	N	Y	Hair loss	N	Y
Dermatitis	N		In infants, decreased strength, lethargy, and developmental delays	N	Y	Immune impairment	N	Y
Diarrhea	N		Keratoconjunctivitis, which is an inflammation of the cornea and conjunctiva of the eye	N	Y	Infertility	N	Y
Emotional instability	N		Lack of feeling in the extremities	N	Y	Poor wound healing	N	Y
Fatigue	N		Lethargy	N	Y	Premenstrual syndrome	N	Y
Irritability	N		Red or scaly skin	N	Y	VITAMIN K DEFICIENCY	N	Y
						Bleeding disorders	N	Y
						Spontaneous bloody noses (especially in children)	N	Y

Detox Questionnaire

SIGNS THAT YOUR DETOXIFICATION CAPACITY MIGHT BE IMPAIRED

- | | |
|--|--|
| <input type="checkbox"/> Digestion, Elimination Problems
<i>(constipation, bloating, diarrhea, nausea, heartburn)</i> | <input type="checkbox"/> Blood Sugar and Hormonal Imbalances |
| <input type="checkbox"/> Elevated Cholesterol | <input type="checkbox"/> PMS |
| <input type="checkbox"/> Overweight/Underweight | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Frequent Flu, Colds, Sinus Infections |
| <input type="checkbox"/> Skin Disorders | <input type="checkbox"/> Muscle and Joint Pain, Fibromyalgia |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Anger, Depression, Irritability | <input type="checkbox"/> Chemical Sensitivities |

If you identify with many of the signs listed above, a portion of your impaired health may be due to inadequate clearance of toxins within the liver-gastrointestinal systems.

MALE BHRT CHECKLIST

Name: _____ Date: _____

Email: _____

Symptom (please check mark)	Never	Mild	Moderate	Severe
Decline in general well being				
Fatigue				
Joint pain/muscle ache				
Excessive sweating				
Sleep problems				
Increased need for sleep				
Irritability				
Nervousness				
Anxiety				
Depressed mood				
Exhaustion/lacking vitality				
Declining Mental Ability/Focus/Concentration				
Feeling you have passed your peak				
Feeling burned out/hit rock bottom				
Decreased muscle strength				
Weight Gain/Belly Fat/Inability to Lose Weight				
Breast Development				
Shrinking Testicles				
Rapid Hair Loss				
Decrease in beard growth				
New Migraine Headaches				
Decreased desire/libido				
Decreased morning erections				
Decreased ability to perform sexually				
Infrequent or Absent Ejaculations				
No Results from E.D. Medications				

Family History

	No	Yes
Heart Disease		
Diabetes		
Osteoporosis		
Alzheimer's Disease		

FEMALE BHRT CHECKLIST

Name: _____ Date: _____

Email: _____

Symptom (please check mark)	Never	Mild	Moderate	Severe
Depressive mood				
Fatigue				
Memory Loss				
Mental confusion				
Decreased sex drive/libido				
Sleep problems				
Mood changes/Irritability				
Tension				
Migraine/severe headaches				
Difficult to climax sexually				
Bloating				
Weight gain				
Breast tenderness				
Vaginal dryness				
Hot flashes				
Night sweats				
Dry and Wrinkled Skin				
Hair is Falling Out				
Cold all the time				
Swelling all over the body				
Joint pain				

Family History

	No	Yes
Heart Disease		
Diabetes		
Osteoporosis		
Alzheimer's Disease		
Breast Cancer		

Immune Questionnaire

Answer Yes (Y) or No (N)?

Are you susceptible to colds and flus?	Y	N
Do you frequently have itchy eyes?	Y	N
Do you cough often?	Y	N
Do you have a chronic nasal congestion?	Y	N
Do you frequently experience an itchy mouth or throat?	Y	N
Do you frequently have cold sores or fever blisters?	Y	N
Are you sensitive to chemicals/fragrances?	Y	N
Do you have frequent unexplained skin rashes?	Y	N
Do you have reactions to certain foods?	Y	N
Do you experience fatigue not alleviated by rest?	Y	N
Do you feel you should eat a healthier diet?	Y	N
Do you have a very stressful lifestyle?	Y	N

If you have 2 or more Y answers, you may be at risk for immune conditions.