

CELL BLUEPRINT SYMPTOM ASSESSMENT

Answer the following questions on a scale of "0" (least/never/zero symptoms), "1" (minor, mild, rarely, monthly), "2" (moderate, occasionally, weekly), to "3" (most, severe, frequently, daily). Take your time and be honest with the answers; the more accurate you are, the better you will understand which systems are a priority for you.

| Score 1 | 0 | 1 | 2 | 3 |
|--|---|---|---|---|
| Crave sweets and/or carbohydrates | | | | |
| Crave sweets after meals | | | | |
| Frequent thirst | | | | |
| Feel tired after meals | | | | |
| Blurred vision | | | | |
| TOTAL | | | | |
| Score 2 | 0 | 1 | 2 | 3 |
| Shaky and irritable between meals | | | | |
| Eating energizes me and/or relieves fatigue | | | | |
| Often wake up during the night | | | | |
| Fatigue, fuzzy thinking, headaches between meals | | | | |
| Anxiety and palpitations | | | | |
| TOTAL | | | | |
| Score 3 | 0 | 1 | 2 | 3 |
| Bleeding gums or nosebleeds, or easily bruised | | | | |
| Muscle fatigue or excessive soreness after exercise | | | | |
| Tingling in hands or feet, and/or cracks in the corners of the mouth | | | | |
| Restless legs and/or muscle cramping/twitching | | | | |
| Dry/scaly skin and/or bumps on the back of the arms | | | | |
| TOTAL | | | | |
| Score 4 | 0 | 1 | 2 | 3 |
| Feel tired, fatigued, or weak | | | | |
| Experience shortness of breath | | | | |
| Coldness in hands and feet, or "poor circulation" | | | | |
| Experience a rapid, or irregular, heart beat | | | | |
| Dizziness or lightheadedness | | | | |
| TOTAL | | | | |
| Score 5 | 0 | 1 | 2 | 3 |
| Anxiety, moodiness, irritability | | | | |
| Negativism, combativeness | | | | |
| Fatigue, weakness, daydreaming | | | | |
| Confusion, impaired judgement | | | | |
| Fasting is difficult and uncomfortable | | | | |
| TOTAL | | | | |

| Score 6 | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| GI symptoms (diarrhea, constipation, heart burn, digestive enzyme) | | | | |
| Musculoskeletal symptoms (exercise intolerance, weakness, cramping) | | | | |
| Neurological symptoms (mood, migraines, balance coordination) | | | | |
| Sensory symptoms (visual, hearing) | | | | |
| Generalized fatigue or easy to fatigue | | | | |
| TOTAL | | | | |
| Score 7 | 0 | 1 | 2 | 3 |
| Bloating shortly after a meal | | | | |
| Experience heartburn, or use antacids | | | | |
| Excessive belching or burping | | | | |
| Sensitive to a number of foods | | | | |
| Indigestion or nausea after eating | | | | |
| TOTAL | | | | |
| Score 8 | 0 | 1 | 2 | 3 |
| Excessive and/or foul-smelling gas | | | | |
| Lower abdominal bloating relieved by gas | | | | |
| Constipation, diarrhea, both (circle which apply) | | | | |
| History of antibiotic use | | | | |
| History of laxative use | | | | |
| TOTAL | | | | |
| Score 9 | 0 | 1 | 2 | 3 |
| Nausea or diarrhea from high-fat foods | | | | |
| "Greasy" stool that tends to float | | | | |
| Sensitive to caffeine, alcohol, and/or other synthetic chemicals | | | | |
| General itchiness, or itchy palms | | | | |
| Gall bladder removed: Yes (3) No (0) | | | | |
| TOTAL | | | | |

| Score 10 | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| Sensitive to the smell of gasoline, paint, cleaning products, perfumes, or other fragrances | | | | |
| I live, or work near, heavy traffic, industrial plants, farms, or electricity, or cell phone, towers | | | | |
| Chronic airways issues including nasal congestion, mucous production, or throat or nasal irritation | | | | |
| Chronic headaches, muscle or joint stiffness or pain, or skin issues (circle which apply) | | | | |
| Exposure to chemicals, i.e. synthetic fabrics, tap water, cosmetics, cleaning products, and processed foods | | | | |
| TOTAL | | | | |
| Score 11 | 0 | 1 | 2 | 3 |
| Less than 6 hours of sleep a night, disrupted sleep, or sleep at abnormal hours | | | | |
| Routinely consume canola, corn or safflower oil | | | | |
| Experience chronic psychological stress | | | | |
| Physical inactivity | | | | |
| Have ever been diagnosed with elevated iron | | | | |
| TOTAL | | | | |
| Score 12 | 0 | 1 | 2 | 3 |
| Joint pain and swelling | | | | |
| Skin problems, rashes | | | | |
| Sudden onset of symptoms, which have progressively worsened over time | | | | |
| Swollen glands and/or sore, achy muscles | | | | |
| Family history of autoimmunity | | | | |
| TOTAL | | | | |
| Score 13 | 0 | 1 | 2 | 3 |
| Chronic pain and/or lasting fatigue | | | | |
| Unrefreshing sleep | | | | |
| Extreme fatigue after exertion | | | | |
| Persistent mental/emotional challenges | | | | |
| Frequent headaches and/or pain | | | | |
| TOTAL | | | | |
| Score 14 | 0 | 1 | 2 | 3 |
| Constipation, diarrhea, gas, or IBS | | | | |
| Difficulty falling asleep or staying asleep | | | | |
| Skin irritations, rash, hives, eczema | | | | |
| Often hungry or unsatisfied after meals | | | | |
| History of allergies and/or asthma | | | | |
| TOTAL | | | | |

| Score 15 | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| Red, itchy, or flaky skin | | | | |
| Visual changes | | | | |
| Headaches, "spaciness", or neurological deficits | | | | |
| History of antibiotic use | | | | |
| History of jock itch, athlete's foot, toe nail fungus, or other yeast infection | | | | |
| TOTAL | | | | |
| Score 16 | 0 | 1 | 2 | 3 |
| Difficult time getting going in the morning | | | | |
| Difficulty falling asleep, a "night person" | | | | |
| Feel "tired and wired" | | | | |
| Perspire easily, even with minimal activity | | | | |
| Elevated blood pressure | | | | |
| TOTAL | | | | |
| Score 17 | 0 | 1 | 2 | 3 |
| Crave salt or liberally salt food | | | | |
| Lightheaded when standing up quickly | | | | |
| Difficulty staying asleep | | | | |
| Low blood pressure | | | | |
| Fatigue and/or depression | | | | |
| TOTAL | | | | |
| Score 18 | 0 | 1 | 2 | 3 |
| Tendency to be cold, especially hands and feet | | | | |
| Difficulty losing weight | | | | |
| Low energy, or tired all the time | | | | |
| Brain fog, mental sluggishness | | | | |
| Dry skin, brittle nails, hair loss | | | | |
| TOTAL | | | | |
| Score 19 (Males) | 0 | 1 | 2 | 3 |
| Decreased libido | | | | |
| Decrease in morning erections or strength in erections | | | | |
| Decreased enjoyment in life | | | | |
| Decreased strength and/or endurance | | | | |
| Difficulty building or maintaining muscle | | | | |
| TOTAL | | | | |
| Score 20 (Females - Menstruating) | 0 | 1 | 2 | 3 |
| Acne and/or unwanted facial hair growth | | | | |
| Abnormal menstruation (heavy, extended, shortened, scanty) | | | | |
| Pain, cramping, and/or breast tenderness during menses | | | | |
| Significant mood changes during menses | | | | |
| Currently taking, or history of taking, birth control | | | | |
| TOTAL | | | | |

| Score 21 (Females - Menopausal) | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| Experience hot flashes | | | | |
| Acne and/or unwanted facial hair growth | | | | |
| Mood swings, depression, night sweats | | | | |
| Vaginal thinning, dryness, or itchiness | | | | |
| Low libido | | | | |
| TOTAL | | | | |

| Score 22 | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| Lack of motivation | | | | |
| Feelings of worthlessness, or self-destructive thoughts | | | | |
| Quick to anger or frustration | | | | |
| Inattentive, poor circulation, disorganized thinking | | | | |
| Decreased pleasure in life | | | | |
| TOTAL | | | | |

| Score 23 | 0 | 1 | 2 | 3 |
|--|---|---|---|---|
| Loss of enjoyment in favorite activities, or relationships | | | | |
| Feelings of depression and sadness | | | | |
| Gut distress and/or decreased pain tolerance | | | | |
| Feelings of overwhelm, or obsessive thoughts | | | | |
| Lack of deep, restful sleep | | | | |
| TOTAL | | | | |

| Score 24 | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| Feelings of anxiety, panic or inner tension | | | | |
| Experience restlessness, mentally or physically | | | | |
| Easily worried | | | | |
| Feel easily overwhelmed and overworked | | | | |
| Insomnia or difficulty sleeping | | | | |
| TOTAL | | | | |

| Score 25 | 0 | 1 | 2 | 3 |
|----------------------------|---|---|---|---|
| Rapid or shallow breathing | | | | |
| Rapid heart rate | | | | |
| Fatigue | | | | |
| Headaches | | | | |
| Lack of appetite | | | | |
| TOTAL | | | | |

| Score 26 | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| Lightheadedness | | | | |
| Muscle twitching, spasm, or cramps | | | | |
| Numbness or tingling in face/hands/feet | | | | |
| Tremors, especially in hands | | | | |
| Slow respiration or breathing rate | | | | |
| TOTAL | | | | |

| Score 27 | 0 | 1 | 2 | 3 |
|-----------------------------------|---|---|---|---|
| I don't drink water between meals | | | | |
| Urinate frequently | | | | |
| Loose or watery stools | | | | |
| Excessively salty sweat | | | | |
| Frequent thirst | | | | |
| TOTAL | | | | |

| Score 28 | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| I feel as if nobody understands me | | | | |
| It is difficult for me to make friends | | | | |
| People are around me, but not with me | | | | |
| My social relationships are superficial | | | | |
| No one really knows me well | | | | |
| TOTAL | | | | |

| Score 29 | 0 | 1 | 2 | 3 |
|--|---|---|---|---|
| I feel in control of my life | | | | |
| Life is rewarding, I am optimistic about the future | | | | |
| I am satisfied with my life | | | | |
| I feel healthy, attractive, and am pleased with who I am | | | | |
| I find beauty and joy in things, and laugh often | | | | |
| TOTAL | | | | |

| Score 30 | 0 | 1 | 2 | 3 |
|--|---|---|---|---|
| I can easily, succinctly articulate my purpose in life | | | | |
| I have discovered who I really am | | | | |
| I get intensely involved in, and feel greatly fulfilled by, many of the things I do each day | | | | |
| My life is centered around a set of core beliefs that give meaning to my life | | | | |
| It is more important that I enjoy what I do, rather than if people are impressed by it | | | | |
| TOTAL | | | | |

PROVIDE SCORE

PROTECT SCORE

PROMOTE SCORE

GRAND SCORE