Questionnaire

Here are some of the symptoms which Hilary has helped over the past 20 years, download the questionnaire below to see how many of the following you are experiencing. Fill this Questionnaire in, scan and return it to: info@thinknutrition.co.uk.

Name: **Email:**

Age: **Gender:**

- ☐ **Bloating**
- ☐ **Digestive problems**
- ☐ **Indigestion**
- ☐ **Reflux**
- ☐ **Burping**
- ☐ **Stomach pains**
- ☐ **Constipation**
- ☐ **Diarrhoea**
- ☐ **Stress or hectic lifestyle**
- ☐ **High Cholesterol**
- ☐ **Irritable Bowel (IBS or IBD)**
- ☐ **Puffy / bags under the eyes**
- ☐ **Low libido**
- ☐ **Cold hands or feet**
- ☐ **PMS**
- ☐ **Infertility**
- ☐ **Thrush**
- ☐ **Cystitis**
- ☐ **Athletes foot**
- ☐ **Dandruff**
- ☐ **Allergies**
- ☐ **Sinus or mucous problems**
- ☐ **Asthma**
- ☐ **Breathing difficulties**
- ☐ **Hayfever**
- ☐ **Bad breath**
- ☐ **Brittle nails or hair**
- ☐ **Anal irritation**
- ☐ **Carbohydrate or sugar/chocolate cravings**
- ☐ **Constant hunger**
- ☐ **Dry Skin or Eczema**
- ☐ **Rashes**
- ☐ **Itchy Skin**
- ☐ **Spots or acne**
- ☐ **Hair Loss / Alopecia**
- ☐ **Brain fog**
- ☐ **Coated Tongue**
- ☐ **Blurred vision**
- ☐ **Creamy or yellow instead of bright white of your eyes**
- ☐ **Hard to get up in the morning**
- ☐ **Energy dips during the day**
- ☐ **Food poisoning**
- ☐ **Symptoms after foreign travel**
- ☐ **Anorexia or Bulimia now or in the past**
- ☐ **Inflammatory disorders**
- ☐ **Cancer / cell changes, now or in the past**
- ☐ **Autoimmune disease**
- ☐ **Heart problems**
- ☐ **Low blood pressure**
- ☐ **High blood pressure**
- ☐ **Stress related illness**
- ☐ **Poor concentration**
- ☐ **Poor memory / forgetfulness**
- ☐ **OCD**
- ☐ **ADHD or behavioural difficulties**
- ☐ **Cold sores**
- ☐ **Frequent colds**
- ☐ **Chest infections**
- ☐ **Sore throats**
- ☐ **Flatulence**
- ☐ **Wind**
- ☐ **Bloating**
- ☐ **Beer Belly**
- ☐ **Insomnia / Inability to sleep**
- ☐ **Low energy levels or tiredness**
- ☐ **Extreme fatigue**
- ☐ **Exhaustion**
- ☐ **Burnout**
- ☐ **Cravings**
- ☐ **Sweating or thirst or frequent urination**
- ☐ **Prostate concerns**
- ☐ **Endometriosis / Polycystic Ovaries / Fibroids**
- ☐ **Irregular smear test**
- ☐ **Ageing (face, body)**
- ☐ **Easily irritated /angered**
- ☐ **Depression / feeling 'blue'**
- ☐ **Headaches / migraines**
- ☐ **Palpitations**
- ☐ **Dizzy spells**
- ☐ **Panic attacks**
- ☐ **Restless leg / muscle weakness**
- ☐ **Aching joints**
- ☐ **Fibromyalgia**
- ☐ **Joint pain**
- ☐ **Arthritis**
- ☐ **Menopausal symptoms (osteoporosis, sweats, weight gain)**
- ☐ **Poor tolerance to alcohol**
- ☐ **Dental problems**
- ☐ **Back pain**
- ☐ **Varicose veins**
- ☐ **Virus**
- ☐ **Osteoporosis**
- ☐ **Weight Gain for no reason**
- ☐ **Water Retention**