SELF-CHECK QUESTIONNAIRE

NAME

DAY 1

Rate your symptoms on a scale of 10 (extreme) down to 1 (minimal).
Place your score in the right hand column and add up your total.

DATE / /

SYMPTOM	SCALE	10	9	8	7	6	5	4	3	2	1		SCORE
TIRED	Extremely											Never	
TEMPERAMENT	Racy											Calm	
A LITTLE SNAPPY	Very Bad Tempered											Placid	
A LITTLE EMOTIONAL	Highly											Balanced	
FOOD DOESN'T DIGEST	Uncomfortable											No Problem	
SHORT TERM MEMORY	Forget Easily											Great Memory	
SUGAR CRAVINGS	Love Sweets											Don't Need Sugar	
LIBIDO	Very Low											High	
COLD HANDS OR FEET	Very Cold											Normal	
FEELING OF HOPELESSNESS	Depressed											Life is Good	
MIGRAINES	Extreme											No Headaches	
THRUSH	Frequently											Never	
BOWEL MOVEMENTS	Irregular											Frequent/Normal	
CONSTIPATION	10 Days Apart											Every Day	
WEIGHT	Need to Lose											Slim	
APPETITE	Always Snacking											Never Hungry	
ACNE	Extreme											Nil	
VOICE	Very Deep											Soft	
HIGHLY STRUNG	Volatile											Calm	
IRRITABLE BOWEL SYNDROME	Bad											No	
SLEEP PATTERNS	Poor											Very Good	
NUMBER OF HOURS OF SLEEP	10 or More											5 to 8	
RESTLESS LEGS	Often											Never	
LOWER BACK PAIN	Extreme											Never	
WIND / BLOATING	Often											Never	
YOUR PERSONAL CONDITION	Extreme											Minimal	
OTHER	Extreme											Minimal	

SUPPORT
Phone Mon to Fri **(07) 554 66 086**
Email **hello@probioticfoods.com.au**

CURRENT WEIGHT

SCORE TOTAL

DAY 30

Rate your symptoms on a scale of 10 (extreme) down to 1 (minimal).
Place your score in the right hand column and add up your total.

DATE / /

SYMPTOM	SCALE	10	9	8	7	6	5	4	3	2	1		SCORE
TIRED	Extremely											Never	
TEMPERAMENT	Racy											Calm	
A LITTLE SNAPPY	Very Bad Tempered											Placid	
A LITTLE EMOTIONAL	Highly											Balanced	
FOOD DOESN'T DIGEST	Uncomfortable											No Problem	
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LOWER BACK PAIN	Extreme											Never	
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YOUR PERSONAL CONDITION	Extreme											Minimal	
OTHER	Extreme											Minimal	

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CURRENT WEIGHT

SCORE TOTAL