Symptom Analysis

For each symptom that you experience often, score **1** point in the score column. Many symptoms occur more than once, because they can be the result of many nutrient deficiencies. If you experience any of the symptoms in **bold** type, score **2** points. The maximum score for each nutrient is **10** points.

Score	Vitamin A:	Score	Vitamin C:
	Mouth Ulcers		Frequent colds
	Poor night vision		Lack of energy
	Acne		Bleeding or tender gums
	Frequent colds or infections		Frequent infections
	Dry flaky skin		Easy bruising
	Dandruff		Nose bleeds
	Thrush or Cystitis		Slow wound healing
	Diarrhoea		Red pimples on skin
	Your score		Your score

Score	Vitamin D:	Score	Vitamin B1:
	Arthritis or Osteoporosis		Tender muscles
	Backache		Eye pains
	Tooth decay		Irritability
	Hair loss		Poor concentration
	Muscle twitching or spasms		Restless (prickly) legs
	Joint pain or stiffness		Poor memory
	Weak bones		Constipation
			stomach pains
			Tingling hands
			Rapid heartbeat
	Your score		Your score

Score	Vitamin E:	Score	Vitamin B2:
	Exhaustion after light		Bloodshot, burning or gritty eyes
	exercise		
	Easy bruising		Sensitivity to bright light
	Slow wound healing		Sore tongue
	Varicose veins		Cataracts
	Poor skin elasticity		Dull or oily hair
	Loss of muscle tone		Eczema or dermatitis
	Infertility		Split nails
	Lack of sex drive		Cracked lips
	Your score		Your score

Score	Vitamin B3 (Niacin):	Score	Vitamin B5:
	Lack of energy		Muscle tremors, cramps or spasms
	Diarrhoea		Apathy
	Insomnia		Poor concentration
	Headaches or migraine		Burning feet or tender heals
	Poor memory		Nausea or vomiting
	Anxiety or tension		Lack of energy
	Depression		Exhaustion after light exercise
	Irritability		Anxiety or tension
	Bleeding or tender gums		Teeth grinding
	Acne		
	Your score		Your score

Score	Vitamin B6:	Score	Vitamin B12:
	Infrequent dream recall		Poor hair condition
	Water retention		Eczema or dermatitis
	Tingling hands		Mouth over sensitive to hot or cold
	Depression or nervousness		Irritability
	Irritability		Anxiety or tension
	Muscle tremors, cramps or spasm		Lack of energy
	Lack of energy		Constipation
			Tender or sore muscles
			Pale skin
	Your score		Your score

Score	Folic acid:	Score	Biotin:
	Eczema		Dermatitis or dry skin
	Cracked lips		Poor hair condition
	Prematurely greying hair		Prematurely greying hair
	Anxiety or tension		Tender or sore muscles
	Poor memory		Poor appetite or nausea
	Lack of Energy		
	Depression		
	Poor appetite		
	Stomach pains		
	Your score		Your score

Score	Calcium:	Score	Iron:
	Muscle cramps, tremors, spasms		Pale skin
	Insomnia or nervousness		Sore tongue
	Joint pain or arthritis		Fatigue or listlessness
	Tooth decay		Loss of appetite or nausea
	High blood pressure		Heavy periods or blood loss
	Your score		Your score

Score	Magnesium:	Chromium:
	Muscle cramps, tremors,	Excessive or cold sweats
	spasms	
	Muscle weakness	Need for frequent meals
	Insomnia, nervousness,	Dizziness or irritability after six
	hyperactivity	hours without food
	High blood pressure	Cold hands
	Irregular or rapid heart beat	
	Constipation	
	Fits or convulsions	
	Breast tenderness or water	Need for excessive sleep or
	retention	drowsiness during the day
	Depression or confusion	
	Your score	Your score

Score	Manganese:	Score	Zinc:
	Muscle twitches		Decline in sense of taste or smell
	Childhood 'growing pains'		Frequent infections
	Dizziness or poor sense of		White marks on more than two
	balance		finger nails
	Fits or convulsions		Stretch marks
	Sore knees		Acne or greasy skin
	Your score		Your score

Score	Selenium:	
	Family history of cancer	
	Signs of premature aging	
	Cataracts	
	High blood pressure	
	Your score	

Score	Omega 3 & Omega 6:
	Dry skin eczema or dry eyes
	Dry hair or dandruff
	Inflammatory health problems, e.g. arthritis
	Excessive thirst or sweating
	PMS or breast pain
	Water retention
	Frequent infections
	Poor memory or learning difficulties
	High blood pressure or high blood lipids
	Your score

Lifestyle analysis

The following checks allow you to adjust your nutrient needs according to aspects of your health and lifestyle. Again, answer the questions as best you can and work out your score. In most checks the maximum score is 10, scoring 1 point for each yes answer unless type is **bold**, in which case score 2. If you score 5 or more in any category, you will need to add the points shown in the chart to your individual nutrient scores.

The easiest way to do this is to circle all the numbers in the corresponding columns on the supplement calculator. For example, if you scored more than 5 on the Energy check, you should circle all the numbers in the energy column. Some checks are either yes or no. If the answer is yes, circle the numbers in the relevant columns.

Score	Energy check:	
	Do you need more than 8 hours sleep per night?	
	Are you rarely wide awake and ready to go within 20 minutes of waking?	
	Do you need tea, coffee or a cigarette to get you going in the morning?	
	Do you have tea, coffee, and sugar containing foods or drinks, or smoke	
	cigarettes, at regular intervals during the day?	
	Do you often feel drowsy or sleepy during the day, or after meals?	
	Do you get dizzy or irritable if you have not eaten for 6 hours?	
	Do you avoid exercise because you do not have the energy?	
	Do you sweat a lot during the night or day or get excessively thirsty?	
	Do you sometimes lose concentration or does your mind go blank?	
	Is your energy less now than it used to be?	
	Your score	

Score	Stress check:						
	Do you feel guilty when relaxing?						
	Do you have a persistent need for recognition or achievement?						
	Are you unclear about your goals in life?						
	Are you especially competitive?						
	Do you work harder than most people?						
	Do you easily get angry?						
	Do you often do 2 or 3 tasks simultaneously?						
	Do you get impatient if people or things hold you up?						
	Do you have difficulty getting to sleep, sleep restlessly or wake up with your						
	mind racing?						
	Your score						

Score	Exercise check:
	Do you take exercise that noticeably raises your heartbeat for at least 20
	minutes more than 3 times per week?
	Does your job involve lots of walking, lifting or any other vigorous activity?
	Do you regularly play a physical sport?
	Do you have any physically tiring hobbies?
	Are you in serious training for an athletic event?
	Do you consider yourself fit?
	Your score

Score	Immune check:
	Do you get more than 3 colds per year?
	Do you find it hard to shift an infection?
	Are you prone to thrush or cystitis?
	Do you take antibiotics twice or more per year?
	Have you had a major personal loss in the last year?
	Is there any history of cancer in your family?
	Have you ever had any lumps or growths removed or biopsied?
	Do you have an inflammatory condition such as arthritis, eczema or asthma?
	Do you suffer with hay fever?
	Do you suffer from allergy problems?
	Your score

Score	Pollution check:
	Do you live in a city or by a busy road?
	Do you spend more than 2 hours a week in heavy traffic?
	Do you exercise or cycle along busy roads?
	Do you smoke more than 5 cigarettes per day?
	Do you live or work in a smoky environment?
	Do you generally eat non-organic produce?
	Do you buy foods that are exposed to roadside fumes?
	Do you drink more than 1 unit of alcohol per day (1 glass of wine, 1 pint of
	beer, 1 measure of spirit)?
	Do you spend long periods in front of a computer or TV screen?
	Do you usually drink unfiltered water?
	Your score

Score	Cardiovascular check:
	Is your blood pressure over 140/90?
	Is your pulse rate after 15 minutes rest, above 75bpm?
	Are you more than 14 pounds (7kg) above your ideal weight?
	Do you smoke more than 5 cigarettes per day?
	Do you do less than 2 hours of vigorous exercise (1 hour if you are over 50)
	per week?
	Do you eat more than 1 table spoon of sugar per day?
	Do you eat meat more than 5 times per week?
	Do you add salt to your food?
	Do you have more than 2 alcoholic drinks per day?
	Is there a history of heart disease or diabetes in your family?
	Your score

Yes	No	Female health check:
		Do you regularly suffer with PMS?
		Are you pregnant or trying to get pregnant?
		Are you breast feeding?
		Do you suffer menopausal symptoms or are you post menopausal?
		Your score

Yes	No	Age check:
		Are you under 11?
		Are you 11-16?
		Are you over 50?
		Your score

Now mark your **scores** in the **symptom score** column and project your figures across to the **Total score** column. This will give you a guide to the quantities needed for optimum health.

Supplement Calculator

Nutrients	Symptom	Energy	Stress	Exercise	Immune	Pollution	Cardio	Pregnant	PMS	Menopause	Age	Age
Vitamins	score							Feeding			14-16	Over 50
Α					2	1					1	
D								1		1	1	1
Е				1	1	1	1			1		
С		1	2	1	1	2	1					
B1		1	2	1								
B2		1	2	1								
B3		2	2	1			1					
B5		1	2	1								
В6		1	2	1	1			1	2		1	
B12								2				
Folic acid								2				
Biotin								1			1	
Omega 3 and 6								2	2	1		1
Calcium		1		1	1	2		2		1	1	1
Magnesium		1	1	1	1				2			1
Iron			1				1					
Zinc		1	1		2	2		2	2		1	1
Manganese												1
Selenium					1	1	1					1
Chromium		2	1									1

Supplement Calculator

Your total	Vit	0-4	5-6	7-8	9 or more	What you need
score						
	A	7500	10000	15000	20000	Ius
	D	200	400	600	800	Ius
	E	100	300	500	1000	ius
	С	1000	2000	3000	4000	mg
	B1	25	50	75	100	mg
	B2	25	50	75	100	mg
	B3	50	75	100	150	mg
	B5	50	100	200	300	mg
	B6	50	100	200	250	mg
	B12	5	10	50	100	mcg
	FA	100	200	300	400	mcg
	Biotin	50	100	150	200	mcg
	Omega 6	-	150	225	300	mg
	Omega 3	-	800	1600	2400	mg
	Cal	150	300	450	600	mg
	Mag	75	150	225	300	mg
	Iron	10	15	20	25	mg
	Zinc	10	15	20	25	mg
	Man	2.5	5	10	15	mg
	Sel	25	50	75	100	mcg
	Chro	20	50	100	200	mcg

Key: lus = International units. Mg = Milligrams. Mcg = Micrograms