

Nutrition & Lifestyle Questionnaires

Paul Chek is an internationally-renowned expert in the fields at developing practical and effective methods of addressing all aspects of well-being, both physical and mental. His powerful and influential methods helped thousands of people all over the world live the life they were designed to live.

In this short but extensive questionnaire, Paul Chek has designed questions in all areas of your life that will bring you robust health like you have never seen before.

Once completed, the categories in the questionnaire will be scored and tallied up to provide us with a synopsis to what is going on with your health. A consultation will then be arranged to address the areas of your life that are imbalanced.

Our objective through the Chek system is to bring the body back into homeostasis so you can manage your environment and lifestyle.

To learn more about Paul Check, please visit www.checkinstitute.com.

IMPORTANT DIRECTIONS (PLEASE READ)

1. Answer each question with the response that best fits you. It is recommended that you either photo copy the questionnaires or record your answers on a separate piece of paper. You will hopefully be using them again to test your progress, and it will be easier if you do not have your previous answers in front of you at that point. It is extremely important to answer the questions as accurately and honestly as possible. There is no right or wrong answers. Supply the response that most accurately describes you, not what you think you should answer.

When answering these questions, forget everything you've been told about what you should and shouldn't eat. Answer the questions based on your gut instinct to how you would prefer to eat if you could eat what you innately desire.

2. Total your scores for each questionnaire. There are numbers in parenthesis after each answer. Add up the numbers corresponding to each of your responses to get your total score for the section.
3. Graph your score on the last page.
4. Calculate your total score by adding up the scores for each section.

YOU ARE WHAT YOU EAT

1. Do you shop for food less frequently than every four days?

_____ Yes (1)
_____ No (0)

2. Do you eat more packaged (frozen or canned) fruits and vegetables than fresh?

_____ Yes (3)
_____ No (0)

3. Do you eat more cooked vegetables than raw?

_____ Yes (3)
_____ No (0)

4. Do you eat vegetables with fewer than two meals daily?

_____ Yes (5)
_____ No (0)

5. Do you buy more non-organic vegetables than organic vegetables?

_____ Yes (5)
_____ No (0)

6. How often do you use a microwave oven?

_____ Never or rarely (0)
_____ 1 – 2 times per week (2)
_____ 3 – 4 times per week (5)
_____ 4 + times per week (5)

7. Do you eat white bread more often than whole grain breads?

_____ Yes (5)
_____ No (0)

8. Do you eat quick cook grains such as Rice-A-Roni, Quaker Oats or MINUTE rice more often than slow cooked organic whole grains?

_____ Yes (5)
_____ No (0)

9. How often do you consume pasteurized, homogenized milk or cheeses?

_____ Never or rarely (0)
_____ 1 – 2 times per week (1)
_____ 3 times per week (3)
_____ 3 + times per week (5)

10. How often do you eat non-organic yogurts?

_____ Never or rarely (0)
_____ 1 – 2 times per week (1)
_____ 3 times per week (3)
_____ 3 + times per week (5)

11. Do you eat typical store-bought eggs from cage-raised chickens (as opposed to free-range eggs)?

_____ Yes (5)
_____ No (0)

12. Do you eat non-organic red meat more than once every four days?

_____ Yes (5)
_____ No (0)

13. Do you commonly eat meats (beef, chicken, turkey) from sources other than a free-range and hormone-free source?

_____ Yes (3)
_____ No (0)

14. Do you eat canned fish more frequently than fresh fish?
_____ Yes (3)
_____ No (0)

15. How often do you use commercial salad dressings?
_____ Never or rarely (0)
_____ once a week (1)
_____ twice per week (2)
_____ 2 + times per week (3)

16. How often do you use products containing hydrogenated oils?
_____ Never or rarely (0)
_____ once a week (1)
_____ twice per week (2)
_____ 2 + times per week (5)

17. Do you eat nuts or seeds that are roasted or salted?
_____ Yes (1)
_____ No (0)

18. How often do you use white table sugar as sweetener?
_____ Never or rarely (0)
_____ once a week (1)
_____ 2 - 3 times per week (3)
_____ 3 + times per week (5)

19. How often do you use artificial sweeteners such as Sweet-n-Low, Equal or NutraSweet?
_____ Never or very (0)
_____ once a week (1)
_____ 2 - 3 times per week (5)
_____ 3 + times per week (10)

20. Do you use standard white table salt?
_____ Yes (5)
_____ No (0)

21. Do you eat TV dinners or highly processed foods more than three times a week?
_____ Yes (5)
_____ No (0)

22. How often do you eat from fast food restaurants like McDonalds, KFC, Wendys, etc.?
_____ Never or very rarely (0)
_____ 1 - 2 times per week (2)
_____ 3 times per week (5)
_____ 3 + times per week (10)

23. How often do you eat snacks from vending machines?
_____ Never or very rarely (0)
_____ 1 - 2 times per week (2)
_____ 3 times per week (5)
_____ 3 + times per week (10)

24. Do you drink tap water?
_____ Yes (10)
_____ No (0)

25. How often do you eat some form of store-brought dessert such as ice cream, cookies, donuts, cakes or pies?
_____ Never or very rarely (0)
_____ once a week (1)
_____ 2 - 3 times per week (3)
_____ 3 + times per week (5)

TOTAL SCORE: _____

STRESS

- | | |
|---|--|
| 1. Do you eat more or less when stressed than when not stressed?
_____ More (10)
_____ Same of less (0) | 7. Do you feel your sex drive is lower than normal?
_____ Yes (5)
_____ No (0) |
| 2. Do you worry over job, income or money problems?
_____ Yes (10)
_____ No (0) | 8. Do you feel isolated or lonely?
_____ Yes (3)
_____ No (0) |
| 3. Are any of your relationships causing you stress?
_____ Yes (10)
_____ No (0) | 9. Do you feel stressed due to lack of intimacy in one or more relationships?
_____ Yes (5)
_____ No (0) |
| 4. Do you often feel anxious?
_____ Yes (5)
_____ No (0) | 10. Have you had reduced contact with friends (feeling antisocial) or an increase in contact because you feel you need to vent your frustrations or stress?
_____ Yes (3)
_____ No (0) |
| 5. Do you often get upset when things go wrong?
_____ Yes (5)
_____ No (0) | 11. Do you take any form of medication prescribed by a physician directly or indirectly related to stress in your life or for psychological disorder?
_____ Yes (15)
_____ No (0) |
| 6. Do you lash out at others?
_____ Yes (5)
_____ No (0) | 12. Do you commonly lose more than two days of works a year due to illness?
_____ Yes (5)
_____ No (0) |

TOTAL SCORE: _____

SLEEP WAKE CYCLES

1. Do you live in the same time zone you were born in?

- _____ Yes (0)
- _____ No (5)

2. Do you travel across time zones more than once a month?

- _____ Yes (10)
- _____ No (0)

3. How often do you wake up feeling un-rested and in need of more sleep?

- _____ Never or very rarely (0)
- _____ once a week (1)
- _____ 3 times per week (5)
- _____ 3 + times per week (10)

4. Do you commonly go to bed after 10:30pm?

- _____ Yes (10)
- _____ No (0)

5. Are the times you have bowel movements consistent and predictable on a daily basis?

- _____ Yes (0)
- _____ No (5)

6. Do you suffer from reduced memory since moving to a new time zone or since traveling across time zones?

- _____ Yes (10)
- _____ No (0)

7. Has your sense of hunger changed from being hungry at breakfast (upon rising), lunch (midday) and dinner times (sunset) since moving to a new time zones or traveling across time zone frequently (more than once a month)?

- _____ Yes (10)
- _____ No (0)

8. How often do you wake up at night between 1:00am and 4:00 am and have a hard time falling back to sleep?

- _____ Never or very rarely (0)
- _____ Once a week (1)
- _____ 3 times per week (5)
- _____ 3 + times per week (10)

9. How often do you tend to have a hard time staying awake in the afternoon after eating lunch?

- _____ Never or very rarely (0)
- _____ once a week (1)
- _____ 3 times per week (5)
- _____ 3 + times per week (10)

10. Do you do shift work that requires you to stay up late at night?

- _____ Yes (10)
- _____ No (0)

TOTAL SCORE: _____

YOU ARE WHEN YOU EAT

1. Do you frequently skip meals?

_____ Yes (3)
_____ No (0)

6. Do you get hungry or crave sweets within two hours after eating a meal?

_____ Yes (5)
_____ No (0)

2. How often do you typically go more than four hours without eating?

_____ Never or very rarely (0)
_____ 1 – 2 times per week (1)
_____ 3 times per week (3)
_____ 3 + times per week (3)

7. How often do you consume drinks containing caffeine or sugar (ie: coffee, tea, sodas, fruit juices with sucrose, corn syrup or added sugar)?

_____ Never or very rarely (0)
_____ 1 cup a day (1)
_____ 2 cups per day (3)
_____ More than 2 cups per day (5)

3. How often do you skip breakfast?

_____ Never or very rarely (0)
_____ 2 times per week (1)
_____ 3 times per week (5)
_____ 3 + times per week (10)

8. Have you tried diets to lose weight?

_____ No (0)
_____ Once (1)
_____ twice (2)
_____ 3 – 5 times (5)
_____ more than five times (10)

4. Do you avoid fats when eating?

_____ Yes (5)
_____ No (0)

9. Do you have difficulty burning fat around your belly, hips or thighs even with regular exercise?

_____ Yes (3)
_____ No (0)

5. Do you frequently eat carbohydrates (ie. Breads, bagels, cookies, pasta, fruit, cereals, muffins, crackers, chocolate, or candy) by themselves?

_____ Yes (5)
_____ No (0)

10. Do you eat your largest meal in the evening?

_____ Yes (1)
_____ No (0)

TOTAL SCORE: _____

DIGESTION

1. How often do you experience lower abdominal bloating?
_____ Never or very rarely (0)
_____ 1-2 times per week (3)
_____ 3 times per week (5)
_____ 3 + times per week (10)
2. Do you frequently have loose stools or diarrhea?
_____ No (0)
_____ Once a week (1)
_____ 3 or more times per week (5)
3. How often do you experience constipation or stools that are compact or hard to pass?
_____ Never or very rarely (0)
_____ 1-2 times per week (3)
_____ 3 or more times per week (5)
4. Do you find that you often burp after meals?
_____ Yes (3)
_____ No (0)
5. Do you frequently have gas?
_____ Yes (3)
_____ No (0)
6. Do you crave certain foods such as bread, chocolate, certain fruit, and red meat if you have not eaten them in a day or two ?
_____ Yes (5)
_____ No (0)
7. How often do you have a poor appetite or feel worse after eating?
_____ Never or very rarely (0)
_____ 1-2 times per week (3)
_____ 3 times per week (5)
_____ 3 + times per week (10)
8. Do you have an excessive appetite and/ or sweet craving?
_____ Yes (5)
_____ No (0)
9. Do you frequently (more than twice a week) experience abdominal pain, cramps or general abdominal discomfort?
_____ Yes (20)
_____ No (0)
10. How often do you have indigestion, heartburn, or upset stomach?
_____ Never or very rarely (0)
_____ 1-2 times per week (3)
_____ 3 times per week (5)
_____ 3 + times per week (10)
11. How often do you get a headache after eating?
_____ Never or very rarely (0)
_____ 1-2 times per week (3)
_____ 3 + times per week (5)

TOTAL SCORE: _____

FUNGUS & PARASITES

WHAT YOU NEED TO KNKOW...

Paul Chek, a world renowned expert in the field of health and wellness shares his powerful knowledge and wisdom on a topic of critical importance: FUNGAL or PARASITIC infection.

Below is a brief overview that will shed some light on one of the major causes of disease.

What is a FUNGUS or PARASITE?

Fungus and parasites are classified as parasites. Both are recognized as opportunistic organisms that feed off and sustains themselves through the nutrition provided by their host organism (human or animal). Parasite refers to an organism that grows, feeds and is sheltered on or in a different organism while contributing nothing to the survival of its host.

When we hear of the word fungus or parasite, we automatically think of something disgusting, something filthy. However, they are extremely important to nature and we would not sustain life without it. They make up our biology and they are ubiquitous in nature. We cannot escape them, cannot get rid of them even if we try. We would experience more problems without them than with them. As Paul Chek say's: The secret is to NOT get rid of the parasites; but to learn how to have a healthy, functional, symbiotic relationship with them.

Now, fungus and parasites can become pathogenic and cause disease if the immune system is depressed and not functioning properly. The parasites would then grow out of control unchecked by the body's immune system and cause disease.

Symptoms of Fungal Infection:

Please check any of the below symptom(s) that applies to you.

- | | |
|--|---|
| <input type="checkbox"/> Sugar cravings | <input type="checkbox"/> Jock itch |
| <input type="checkbox"/> Degenerative changes in the skin such as skin flaking off often leaving open sores if you try to peel the dead skin off | <input type="checkbox"/> Athletes foot |
| <input type="checkbox"/> Pimples that look like pimples but do not develop white heads. When they are squeezed, the pimples from a fungal infection do not emit the typical fluids pimples do and they get easily irritated. | <input type="checkbox"/> Prostate hypertrophy |
| <input type="checkbox"/> Loose, foul smelling stools, alternating states of diarrhea and constipation | <input type="checkbox"/> Popping joints and instability |
| <input type="checkbox"/> Nail abnormality, thickening, brittle, flaking and tiny white spots on the underside of the finger nail or toenail | <input type="checkbox"/> Leaky gut syndrome |
| <input type="checkbox"/> Dandruff | <input type="checkbox"/> Digestive disorders |
| | <input type="checkbox"/> Flatulence |
| | <input type="checkbox"/> Immune stress-leading to illness |
| | <input type="checkbox"/> Brain fog |
| | <input type="checkbox"/> Sleep disruption/ insomnia |
| | <input type="checkbox"/> Elevated cortisol |
| | <input type="checkbox"/> Mood dysregulation |
| | <input type="checkbox"/> Malnutrition |
| | <input type="checkbox"/> Hair loss |
| | <input type="checkbox"/> Vaginal yeast infection |

If you have one or more of these symptoms, chances are high that you have a fungal infection. You must start diet and lifestyle changes immediately. Waiting will only allow the fungus to proliferate and take over.

Symptoms of Parasitic Infection:

Please check any of the below symptom(s) that applies to you.

- | | |
|--|---|
| <input type="checkbox"/> Fatigue that is uncharacteristic of your normal state | <input type="checkbox"/> Joint pains |
| <input type="checkbox"/> Constipation/diarrhea | <input type="checkbox"/> Post nasal drips |
| <input type="checkbox"/> Irritable bowel syndrome | <input type="checkbox"/> Bruxism (grinding your teeth) |
| <input type="checkbox"/> Digestive disorders | <input type="checkbox"/> Prostatitis |
| <input type="checkbox"/> Irritability/nervousness/mood swings | <input type="checkbox"/> Bluish spec in whites of eyes |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Craving dirt, clay, raw rice, dried foods, burned foods |
| <input type="checkbox"/> Emotional unrest | <input type="checkbox"/> The feeling of something moving around in the body |
| <input type="checkbox"/> Agitated thoughts | <input type="checkbox"/> Seeing something under the skin that moves and changes |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Malnutrition |
| <input type="checkbox"/> Persistent skin problems | <input type="checkbox"/> Poorly formed and inconsistent bowel movements even though, diet has not changed |
| <input type="checkbox"/> Sugar cravings | <input type="checkbox"/> Menstrual stress |
| <input type="checkbox"/> Ravenous appetite | <input type="checkbox"/> Decreased sex drive |
| <input type="checkbox"/> Allergies/intolerances | <input type="checkbox"/> Chronic dry cough |
| <input type="checkbox"/> Nasal itching/picking | <input type="checkbox"/> Increased ear wax production |
| <input type="checkbox"/> Anal itching | <input type="checkbox"/> Increased ear wax production |
| <input type="checkbox"/> Coin size blotches on face | <input type="checkbox"/> Sores on eyelids, anus, vagina or in the mouth |
| <input type="checkbox"/> Skin markings | |
| <input type="checkbox"/> Overall fatigue | |
| <input type="checkbox"/> Disturbed sleep | |
| <input type="checkbox"/> Night sweats | |
| <input type="checkbox"/> Anemia | |
| <input type="checkbox"/> Muscle cramps | |

If you have four or more of these symptoms, chances are you have a parasitic infection and must address it immediately.

Please ensure to complete the below questionnaire to fully determine the level of Fungus & Parasites infection you may or may not have.

FUNGUS & PARASITES

1. Have you ever been given general anesthesia?
 Yes (10)
 No (0)
2. Have you ever taken antibiotics?
 Yes (10)
 No (0)
3. Have you been or are you being treated for any condition requiring that you take medical drugs?
 Yes (10)
 No (0)
4. In general, are you bowel movements loose, hard or four smelling?
 Yes (10)
 No (0)
5. Would you consider your life to be:
 Stress free (0)
 Mildly stressful (5)
 Very stressful (10)
6. Do you currently suffer from any digestive disorder or frequently have pain in the region above or below the navel:
 Yes (10)
 No (0)
7. Do you have mercury amalgam fillings in your mouth?
 Yes (10)
 No (0)
8. Do you have two different kinds of metal in your mouth; ie: gold and silver or mercury amalgam and gold silver?
 Yes (5)
 No (0)
9. Do you experience itching in the ears, nose or rectum area?
 Yes (10)
 No (0)
10. Do you have or have you had dandruff in the past year?
 Yes (10)
 No (0)
11. Do you regularly eat or drink products containing sugar, white flour, processed dairy products?
 Yes (5)
 No (0)
12. Do you crave sugar, fruit or milk if you don't have either of these items for more than three days?
 Yes (10)
 No (0)

13. Do you find that regardless of how much you eat you get hungry quickly?

_____ Yes (5)
_____ No (0)

19. Do you suffer from any kind of skin condition?

_____ Yes (10)
_____ No (0)

14. In the past year, have you experience athlete's foot (itching around the toes, soles or heel of the feet), jock itch or a fungal infection under a toenail (thickening of the toenail)?

_____ Yes (20)
_____ No (0)

20. Have you ever had sex or close physical contact with anyone who you know had a fungal infection (including athletes foot, jock itch, dandruff) or parasite infection?

_____ Yes (20)
_____ No (0)

15. Do you ever get a reddening around the mouth or nose area after eating or drinking?

_____ Yes (5)
_____ No (0)

TOTAL SCORE: _____

16. Do you experience muscle or joint aches on a regular basis?

_____ Yes (5)
_____ No (0)

17. Do you experience mood swings?

_____ Yes (10)
_____ No (0)

18. Do you snack on sweets or drink coffee, soda pop or sports drinks most days to keep you energy up?

_____ Yes (10)
_____ No (0)

Thank you!

For your health and wellness questions, please contact:

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