THE COMPLETE PARASITE KIT[™]—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
STOMACH PAIN/TENDERNESS	Very painful											No pain	
DIARRHEA, WATERY STOOLS	Constant											Sausage shaped stool	
CONSTIPATION	Severe											2-3 times per day	
GAS OR BLOATING	Daily											Never	
UPSET STOMACH/INDIGESTION	Daily											No problem	
IBS/CROHN'S/COLITIS	Severe											No problem	
GASTRIC REFLUX	Severe											No problem	
RASH OR ITCHING AROUND GENITALS/AN	NUS Severe											Never	
SKIN IRRITATIONS/HIVES/RASHES	Severe											Never	
ALLERGIES	Getting Worse											No problems	
FATIGUE	Exhausted											Good energy	
FEELINGS OF HOPELESSNESS Depression												Life is good	
DISTURBED SLEEP, WAKE OFTEN Every night												Sleep well	
GRIND TEETH AT NIGHT Every night												No/not sure	
JOINT/MUSCLE PAIN	Very painful											No pain	
SATISFIED AFTER EATING	Always Satisfied											Hungry after eating	
SUGAR CRAVINGS	More than usual											None	
WEIGHT Noth	appy with weight											Happy with weight	
LOWIMMUNITY	Pick up infections											Strong immunity	
PERSONAL CONDITION:													
IDON AUTOENT DEFICIENCIES	Extreme											Minimal	
IRON/NUTRIENT DEFICIENCIES:	Evtreme											Minimal	
ADDITIONAL OUTSTIANS	Extreme											mining.	
ADDITIONAL QUESTIONS 1. Have you travelled to the tropics/developing countries/spent time camping?						YES	NO						
2. Do you have a cat or dog?			ic till	ie Ca	шр	mg:						YES	NO
3. Have you ever eaten raw sushi, oysters or raw meat?												YES	NO
4. Do you drink tap water?												YES	NO
	5. Have you had food poisoning or traveller's diarrhea?											YES	NO

SUPPORT

Phone Mon to Fri (07) 554 66 086 Email admin@probioticfoods.com.au **CURRENT** WEIGHT

SCORE TOTAL



THE COMPLETE PARASITE KIT[™]—SELF-CHECK QUESTIONNAIRE

NAME

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 / /

STOMACH PAIN/TENDERNESS Very painful No pain DIARRHEA, WATERY STOOLS Constant Sausage shaped stool CONSTIPATION Severe 2.3 times per day GAS OR BLOATING Daily Never UPSET STOMACH/INDIGESTION Daily No problem IBS/CROHN'S/COLITIS Severe No problem GASTRIC REFLUX Severe No problem RASH OR ITCHING AROUND GENITALS/ANUS Severe Never SKIN IRRITATIONS/HIVES/RASHES Severe No problems FATIGUE Exhausted Good energy FEELINGS OF HOPELESSNESS Depression Life is good DISTURBED SLEEP, WAKE OFTEN Every night Sleep well GRIND TEETH AT NIGHT Every night No pain SATISFIED AFTER EATING Always Satisfied Hungry after eating SUGAR CRAVINGS More than usual None WEIGHT Not happy with weight Happy with weight LOW IMMUNITY Pick up infections Strong immunity PERSONAL CONDITION: Extreme Minimal ADDITIONAL QUESTIONS 1. Have you travelled to the tropics/developing countries/spent time camping? YES NO 2. Do you have a cat or dog? 3. Have you drink tap water? YES NO 4. Do you drink tap water?	SYMPTOM	SCALE	10	9	8	7	6	5	4	3	2	1		SCORE
CONSTIPATION Severe 2-3 times per day GAS OR BLOATING Daily Never UPSET STOMACH/INDIGESTION Daily No problem IBS/CROHN'S/COLITIS Severe No problem GASTRIC REFLUX Severe No problem RASH OR ITCHING AROUND GENITALS/ANUS Severe Never SKIN IRRITATIONS/HIVES/RASHES Severe Never ALLERGIES Getting Worse No problems FATIGUE Exhausted Good energy FEELINGS OF HOPELESSNESS Depression Life is good DISTURBED SLEEP, WAKE OFTEN Every night Sleep well GRIND TEETH AT NIGHT Every night No/not sure JOINT/MUSCLE PAIN Very painful No pain SATISFIED AFTER EATING Always Satisfied Hungry after eating SUGAR CRAVINGS More than usual None WEIGHT Not happy with weight Happy with weight LOW IMMUNITY Pick up infections Strong immunity PERSONAL CONDITION: Extreme Minimal ADDITIONAL QUESTIONS 1. Have you travelled to the tropics/developing countries/spent time camping? YES NO 2. Do you have a cat or dog? 3. Have you ever eaten raw sushl, oysters or raw meat? YES NO 4. Do you drink tap water?	STOMACH PAIN/TENDERNESS	Very painful											No pain	
GAS OR BLOATING Daily Never UPSET STOMACH/INDIGESTION Daily No problem IBS/CROHN'S/COLITIS Severe No problem GASTRIC REFLUX Severe No problem RASH OR ITCHING AROUND GENITALS/ANUS Severe Never SKIN IRRITATIONS/HIVES/RASHES Severe Never ALLERGIES Getting Worse No problems FATIGUE Exhausted Good energy FEELINGS OF HOPELESSNESS Depression Life is good DISTURBED SLEEP, WAKE OFTEN Every night Sleep well GRIND TEETH AT NIGHT Every night No/not sure JOINT/MUSCLE PAIN Very painful No pain SATISFIED AFTER EATING Always Satisfied Hungry after eating SUGAR CRAVINGS More than usual None WEIGHT Not happy with weight Happy with weight LOW IMMUNITY Pick up infections Strong immunity PERSONAL CONDITION: Extreme Minimal ADDITIONAL QUESTIONS 1. Have you travelled to the tropics/developing countries/spent time camping? YES NO 2. Do you have a cat or dog? YES NO 4. Do you drink tap water? YES NO 4. Do you drink tap water?	DIARRHEA, WATERY STOOLS	Constant											Sausage shaped stool	
UPSET STOMACH/INDIGESTION Daily No problem IBS/CROHN'S/COLITIS Severe No problem GASTRIC REFLUX Severe No problem RASH OR ITCHING AROUND GENITALS/ANUS Severe Never SKIN IRRITATIONS/HIVES/RASHES Severe No problems EATIGUE Exhausted Good energy FEELINGS OF HOPELESSNESS Depression Life is good DISTURBED SLEEP, WAKE OFTEN Every night Sleep well GRIND TEETH AT NIGHT Every night No/not sure JOINT/MUSCLE PAIN Very painful No pain SATISFIED AFTER EATING Always Satisfied Hungry after eating SUGAR CRAVINGS More than usual None WEIGHT Not happy with weight Happy with weight LOW IMMUNITY Pick up infections Strong immunity PERSONAL CONDITION: Extreme Minimal ADDITIONAL QUESTIONS 1. Have you travelled to the tropics/developing countries/spent time camping? YES NO 2. Do you have a cat or dog? YES NO 4. Do you drink tap water? YES NO 4. Do you drink tap water?	CONSTIPATION	Severe											2-3 times per day	
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GASTRIC REFLUX Severe RASH OR ITCHING AROUND GENITALS/ANUS Severe RASH OR ITCHING AROUND GENITALS/ANUS Severe RASH OR ITCHING AROUND GENITALS/ANUS Severe RESHOW REVER REVERSE SEVERE REVE	UPSET STOMACH/INDIGESTION	Daily											No problem	
RASH OR ITCHING AROUND GENITALS/ANUS Severe SKIN IRRITATIONS/HIVES/RASHES Severe ALLERGIES Getting Worse No problems FATIGUE Exhausted Good energy FEELINGS OF HOPELESSNESS Depression Life is good DISTURBED SLEEP, WAKE OFTEN Every night GRIND TEETH AT NIGHT Every night JOINT/MUSCLE PAIN Very painful No pain SATISFIED AFTER EATING Always Satisfied Hungry after eating SUGAR CRAVINGS More than usual None WEIGHT Not happy with weight LOW IMMUNITY Pick up infections Extreme Minimal ADDITIONAL QUESTIONS 1. Have you travelled to the tropics/developing countries/spent time camping? YES NO 3. Have you ever eaten raw sushi, oysters or raw meat? 4. Do you drink tap water? YES NO 4. Do you drink tap water?	IBS/CROHN'S/COLITIS	Severe											No problem	
SKIN IRRITATIONS/HIVES/RASHES Severe ALLERGIES Getting Worse No problems FATIGUE Exhausted Good energy FEELINGS OF HOPELESSNESS Depression Life is good DISTURBED SLEEP, WAKE OFTEN Every night GRIND TEETH AT NIGHT Every night No/not sure JOINT/MUSCLE PAIN Very painful No pain SATISFIED AFTER EATING Always Satisfied Hungry after eating SUGAR CRAVINGS More than usual None WEIGHT Not happy with weight LOW IMMUNITY Pick up infections Extreme Minimal IRON/NUTRIENT DEFICIENCIES: Extreme Minimal ADDITIONAL QUESTIONS 1. Have you travelled to the tropics/developing countries/spent time camping? YES NO 2. Do you have a cat or dog? 3. Have you ever eaten raw sushl, oysters or raw meat? 4. Do you drink tap water? YES NO 4. Do you drink tap water?	GASTRIC REFLUX	Severe											No problem	
ALLERGIES Getting Worse No problems FATIGUE Exhausted Good energy FEELINGS OF HOPELESSNESS Depression Life is good DISTURBED SLEEP, WAKE OFTEN Every night Sleep well GRIND TEETH AT NIGHT Every night No/not sure JOINT/MUSCLE PAIN Very painful No pain SATISFIED AFTER EATING Always Satisfied Hungry after eating SUGAR CRAVINGS More than usual None WEIGHT Not happy with weight Happy with weight LOW IMMUNITY Pick up infections Strong immunity PERSONAL CONDITION: Extreme Minimal IRON/NUTRIENT DEFICIENCIES: Extreme Minimal ADDITIONAL QUESTIONS 1. Have you travelled to the tropics/developing countries/spent time camping? YES NO 2. Do you have a cat or dog? YES NO 3. Have you ever eaten raw sushi, oysters or raw meat? YES NO 4. Do you drink tap water?	RASH OR ITCHING AROUND GENITALS/ANU	JS Severe											Never	
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GRIND TEETH AT NIGHT Every night No/not sure JOINT/MUSCLE PAIN Very painful No pain SATISFIED AFTER EATING Always Satisfied Hungry after eating SUGAR CRAVINGS More than usual None WEIGHT Not happy with weight LOW IMMUNITY Pick up infections Strong immunity PERSONAL CONDITION: Extreme Minimal IRON/NUTRIENT DEFICIENCIES: Extreme Minimal ADDITIONAL QUESTIONS 1. Have you travelled to the tropics/developing countries/spent time camping? 2. Do you have a cat or dog? 3. Have you ever eaten raw sushi, oysters or raw meat? 4. Do you drink tap water? YES NO 4. Do you drink tap water?	FEELINGS OF HOPELESSNESS	Depression											Life is good	
JOINT/MUSCLE PAIN Very painful No pain SATISFIED AFTER EATING Always Satisfied Hungry after eating SUGAR CRAVINGS More than usual None WEIGHT Not happy with weight LOW IMMUNITY Pick up infections Strong immunity PERSONAL CONDITION: Extreme Minimal IRON/NUTRIENT DEFICIENCIES: Extreme Minimal ADDITIONAL QUESTIONS 1. Have you travelled to the tropics/developing countries/spent time camping? 2. Do you have a cat or dog? 3. Have you ever eaten raw sushi, oysters or raw meat? 4. Do you drink tap water? YES NO 4. Do you drink tap water?	DISTURBED SLEEP, WAKE OFTEN Every night												Sleep well	
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WEIGHT Not happy with weight Happy with weight LOW IMMUNITY Pick up infections Strong immunity PERSONAL CONDITION: Extreme Minimal IRON/NUTRIENT DEFICIENCIES: Extreme Minimal ADDITIONAL QUESTIONS 1. Have you travelled to the tropics/developing countries/spent time camping? YES NO 2. Do you have a cat or dog? 3. Have you ever eaten raw sushi, oysters or raw meat? 4. Do you drink tap water? YES NO 4. Do you drink tap water?	SATISFIED AFTER EATING	Always Satisfied											Hungry after eating	
LOW IMMUNITY Pick up infections Strong immunity PERSONAL CONDITION: Extreme Minimal IRON/NUTRIENT DEFICIENCIES: Extreme Minimal ADDITIONAL QUESTIONS 1. Have you travelled to the tropics/developing countries/spent time camping? YES NO 2. Do you have a cat or dog? 3. Have you ever eaten raw sushi, oysters or raw meat? 4. Do you drink tap water? YES NO	SUGAR CRAVINGS N	More than usual											None	
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3. Have you ever eaten raw sushi, oysters or raw meat? 4. Do you drink tap water? YES NO YES NO				it tim	ne ca	ampi	ing?							
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5. Have you had food poisoning or traveller's diarrhea?														

SUPPORT

Phone Mon to Fri (07) 554 66 086 Email admin@probioticfoods.com.au CURRENT WEIGHT

SCORE TOTAL



THE COMPLETE PARASITE KIT[™]—SELF-CHECK QUESTIONNAIRE

NAME

DAY 60

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
STOMACH PAIN/TENDERNESS	Very painful											No pain	
DIARRHEA, WATERY STOOLS	Constant											Sausage shaped stool	
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SUGAR CRAVINGS	More than usual											None	
WEIGHT Not ha	appy with weight											Happy with weight	
LOWIMMUNITY	Pick up infections											Strong immunity	
PERSONAL CONDITION:													
IDON AUTOENT DEFICIENCIES	Extreme											Minimal	
IRON/NUTRIENT DEFICIENCIES:	Evtreme											Minimal	
ADDITIONAL QUESTIONS	Extreme											maniful	
Have you travelled to the tropics/developing countries/spent time camping?								YES	NO				
2. Do you have a cat or dog?			ic till	10 00	ampi	mg:						YES	NO
3. Have you ever eaten raw sushi, oysters or raw meat?												YES	NO
4. Do you drink tap water?												YES	NO
5. Have you had food poisoning or traveller's diarrhea?												YES	NO

SUPPORT

Phone Mon to Fri (07) 554 66 086 Email admin@probioticfoods.com.au CURRENT WEIGHT SCORE TOTAL

