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UNDERLYING METABOLIC IMBALANCES: THYROID FUNCTION

Directions: This questionnaire asks you to assess how you have been feeling during the past two months. This information will help us determine whether thyroid function is one of your underlying metabolic imbalances as well as how this changes as you progress with your program.

For each question, circle the number that best describes your symptoms:

0 = No or Rarely – You have never experienced the symptom or the symptom is familiar to you but you perceive it as insignificant.

1 = Occasionally – Symptom comes and goes and is linked in your mind to stress, diet, fatigue or some other identifiable trigger

4 = Often – Symptom occurs 2-3 times per week and /or with a frequency that bothers you enough that you would like to do something about it

8 = Frequently – Symptom occurs 4 or more times per week and/or you are aware of the symptom every day, or it occurs with regularly on a monthly or cyclical basis

Some questions require a YES or NO response: 0 = NO, 8 = YES

1. Severe fatigue or low energy	0	1	4	8
2. Easy to gain weight	0	1	4	8
3. Difficult to lose weight	0	1	4	8
4. Family history of thyroid disease	0	1	4	8
5. Diagnosed with hypothyroidism	0	1	4	8
6. Taking medication and/or supplementation for hypothyroidism	0	1	4	8
7. Dry Skin	0	1	4	8
8. Constipation	0	1	4	8
9. Hair or eyebrows thinning	0	1	4	8
10. Menstrual irregularities	0	1	4	8
11. Dry or brittle hair	0	1	4	8
12. Low sex drive	0	1	4	8
13. Mood swings or depression	0	1	4	8
14. Forgetful	0	1	4	8
15. High cholesterol	0	1	4	8
16. Low blood pressure	0	1	4	8

TOTAL POINTS

If your total score is greater than 24, Thyroid Function may be one of your Underlying Metabolic Imbalances. Consider the Optimal Body Balance Thyroid Program. We recommend the following supplements:

Thyrosol taken twice daily: once at breakfast and once at dinner

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UNDERLYING METABOLIC IMBALANCES: NEUROTRANSMITTER FUNCTION

Directions: This questionnaire asks you to assess how you have been feeling during the past two months. This information will help us determine whether neurotransmitter function is one of your underlying metabolic imbalances as well as how this changes as you progress with your program.

For each question, circle the number that best describes your symptoms:

0 = No or Rarely – You have never experienced the symptom or the symptom is familiar to you but you perceive it as insignificant.

1 = Occasionally – Symptom comes and goes and is linked in your mind to stress, diet, fatigue or some other identifiable trigger

4 = Often – Symptom occurs 2-3 times per week and /or with a frequency that bothers you enough that you would like to do something about it

8 = Frequently – Symptom occurs 4 or more times per week and/or you are aware of the symptom every day, or it occurs with regularly on a monthly or cyclical basis

Some questions require a YES or NO response: 0 = NO, 8 = YES

1. Crave sweets or carbohydrates, especially in the afternoon or	0	1	4	8
2. Binge eat	0	1	4	8
3. Have a large appetite or rarely feel full	0	1	4	8
4. Have migraine headaches or take medications for migraines	0 (NO)		8 (YES)	
5. Have depression or anxiety or being treated for depression or	0 (NO)		8 (YES)	
6. Are you currently or have you taken amphetamines or diet drugs	0 (NO)		8 (YES)	
7. Have a hard time focusing or paying attention or take medications	0	1	4	8
8. Have poor quality sleep or take medications for sleep	0	1	4	8
9. Have hot flashes or experience fluctuations in body temperature	0	1	4	8
10. Feel cold often or vacillate between hot and cold	0	1	4	8
11. Have obsessive thoughts	0	1	4	8
12. Have a poor memory	0	1	4	8

TOTAL POINTS _____

Key Questions Sum (Total of #1, 2, 4, 5 and 6) _____

If your total score is greater than 22, Neurotransmitter Imbalance is likely one of your top UMIs. In addition, even if your score is not greater than 22, Neurotransmitter Imbalance is likely one of your UMIs if the sum of the Key Questions above is greater than 11.

Consider the Optimal Body Balance Neurotransmitter Function Program. Targeted amino acid therapy is the only way to correct neurotransmitter imbalances. Each person requires a different combination of amino acids to properly address their unique imbalances, so professional guidance is necessary. To get started with amino acid therapy, please contact us.

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UNDERLYING METABOLIC IMBALANCES: SLEEP

Directions: This questionnaire asks you to assess how you have been feeling during the past two months. This information will help us determine whether sleep is one of your underlying metabolic imbalances as well as how this changes as you progress with your program.

For each question, circle the number that best describes your symptoms:

0 = No or Rarely – You have never experienced the symptom or the symptom is familiar to you but you perceive it as insignificant.

1 = Occasionally – Symptom comes and goes and is linked in your mind to stress, diet, fatigue or some other identifiable trigger

4 = Often – Symptom occurs 2-3 times per week and /or with a frequency that bothers you enough that you would like to do something about it

8 = Frequently – Symptom occurs 4 or more times per week and/or you are aware of the symptom every day, or it occurs with regularly on a monthly or cyclical basis

Some questions require a YES or NO response: 0 = NO, 8 = YES

1. Take longer than 15 minutes to fall asleep	0	1	4	8
2. Have trouble falling asleep at night or waking up during the night	0	1	4	8
3. Difficulty waking up in the morning	0	1	4	8
4. Sleep less than 8-9 hours a night	0	1	4	8
5. Wake up more than once during the night	0	1	4	8
6. Wake up feeling tired	0	1	4	8
7. Go to bed later than 11 PM	0	1	4	8
8. Need to nap or feel the need to nap during the day	0	1	4	8
9. Use medications (over the counter or prescription) or supplements	0	1	4	8
10. Work odd hours, change shifts often or work nights	0	1	4	8

TOTAL POINTS _____

If your total score is greater than 18, Sleep is likely one of your top UMIs.

In addition, even if your score is not greater than 18, Sleep is likely one of your UMIs if one or more of the following key questions is an 8: key questions are 4, 6 and 9.

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UNDERLYING METABOLIC IMBALANCES: INSULIN RESISTANCE

Directions: This questionnaire asks you to assess how you have been feeling during the past two months. This information will help us determine whether insulin resistance is one of your underlying metabolic imbalances as well as how this changes as you progress with your program.

For each question, circle the number that best describes your symptoms:

0 = No or Rarely – You have never experienced the symptom or the symptom is familiar to you but you perceive it as insignificant.

1 = Occasionally – Symptom comes and goes and is linked in your mind to stress, diet, fatigue or some other identifiable trigger

4 = Often – Symptom occurs 2-3 times per week and /or with a frequency that bothers you enough that you would like to do something about it

8 = Frequently – Symptom occurs 4 or more times per week and/or you are aware of the symptom every day, or it occurs with regularly on a monthly or cyclical basis

Some questions require a YES or NO response: 0 = NO, 8 = YES

1. Crave sweets, eat them, get a temporary boost, then crash	0	1	4	8
2. Have trouble burning off fat	0	1	4	8
3. Get irritable, jittery, anxious, tired or develop headaches if go more than 3-4 hours without food	0	1	4	8
4. Eat a carbohydrate-rich breakfast (i.e., muffin, bagel, cereal, pancakes, toast, donut, etc.)	0	1	4	8
5. Hard to stop eating carbohydrates	0	1	4	8
6. Have heart palpitations after eating sweets	0	1	4	8
7. Get moody, impatient or anxious	0	1	4	8
8. Poor memory or concentration	0	1	4	8
9. Feel more calm after eating	0	1	4	8
10. Take medication or supplements for blood sugar control	0	1	4	8
11. Diagnosed with diabetes, polycystic ovarian syndrome (PCOS), or metabolic syndrome	0	1	4	8
12. Get infections or illness (i.e., regular colds/flu) or poor wound	0	1	4	8
13. Tired most of the time	0	1	4	8
14. Chronic fungal infections (i.e., yeast infections, jock itch, athlete's foot; dry, scaly patches of skin)	0	1	4	8
15. Drink soda (diet or regular)	0	1	4	8
16. Use artificial sweeteners	0	1	4	8



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UNDERLYING METABOLIC IMBALANCES: INSULIN RESISTANCE

17. Skip meals during the day	0	1	4	8
18. Does your weight seem to be mainly around your waistline?	0	1	4	8
19. Do you have high blood pressure?	0	1	4	8
20. Is your waist 35" or greater for women or 40" or great for men?	0	1	4	8
21. Low HDL levels (<40 mg/dl for men; <50 mg/dl for women)	0	1	4	8
22. High triglycerides (>100 mg/dl)	0	1	4	8
23. Triglyceride:HDL ratio greater than 3:1	0	1	4	8
24. Abnormal liver function tests (AST, ALT, GGT) or fatty liver	0	1	4	8
25. Fasting blood sugar level >100 mg/dl	0	1	4	8
26. Hemoglobin A1c greater than 5.5	0	1	4	8
27. Is your body fat percentage greater than 37% for a woman or 29% for a man?	0	1	4	8

TOTAL POINTS

If your total score is greater than 24, Insulin Resistance is likely one of your top UMIs.

In addition, even if your score is not greater than 24, Insulin Resistance is likely one of your UMIs if one or more of the following key questions is an 8: Key questions are 10,11, 15, 16, 18, 20, 25 and 27

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UNDERLYING METABOLIC IMBALANCES: EXCESS INFLAMMATION

Directions: This questionnaire asks you to assess how you have been feeling during the past two months. This information will help us determine whether excess inflammation is one of your underlying metabolic imbalances as well as how this changes as you progress with your program.

For each question, circle the number that best describes your symptoms:

0 = No or Rarely – You have never experienced the symptom or the symptom is familiar to you but you perceive it as insignificant.

1 = Occasionally – Symptom comes and goes and is linked in your mind to stress, diet, fatigue or some other identifiable trigger

4 = Often – Symptom occurs 2-3 times per week and /or with a frequency that bothers you enough that you would like to do something about it

8 = Frequently – Symptom occurs 4 or more times per week and/or you are aware of the symptom every day, or it occurs with regularly on a monthly or cyclical basis

Some questions require a YES or NO response: 0 = NO, 8 = YES

1. Pain or aches in joints	0	1	4	8
2. Joint swelling	0	1	4	8
3. Muscles stiff, sore, tense or achy	0	1	4	8
4. Burning, throbbing, shooting or stabbing muscle pain	0	1	4	8
5. Muscle cramps or spasms	0	1	4	8
6. Don't feel refreshed upon waking	0	1	4	8
7. Stiffness or limitation of movement	0	1	4	8
8. Feeling of weakness or tiredness	0	1	4	8
9. Cramps in legs	0	1	4	8
10. Routine exercise such as daily walking, causes your knees or ankles to swell or hurt	0	1	4	8
11. Injure, strain or sprain easily	0	1	4	8
12. Do you have arthritis?	0	1	4	8
13. Do you have acne or other skin disorder?	0	1	4	8
14. Use pain relievers (over-the-counter, prescription or supplements)	0	1	4	8

TOTAL POINTS _____

If your total score is greater than 18, Sleep is likely one of your top UMIs.

In addition, even if your score is not greater than 18, Sleep is likely one of your UMIs if one or more of the following key questions is an 8: key questions are 4, 6 and 9.

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UNDERLYING METABOLIC IMBALANCES: TOXIC BURDEN

Directions: This questionnaire asks you to assess how you have been feeling during the past two months. This information will help us determine whether toxic burden is one of your underlying metabolic imbalances as well as how this changes as you progress with your program.

For each question, circle the number that best describes your symptoms:

0 = No or Rarely – You have never experienced the symptom or the symptom is familiar to you but you perceive it as insignificant.

1 = Occasionally – Symptom comes and goes and is linked in your mind to stress, diet, fatigue or some other identifiable trigger

4 = Often – Symptom occurs 2-3 times per week and /or with a frequency that bothers you enough that you would like to do something about it

8 = Frequently – Symptom occurs 4 or more times per week and/or you are aware of the symptom every day, or it occurs with regularly on a monthly or cyclical basis

Some questions require a YES or NO response: 0 = NO, 8 = YES

1. Do you eat out?	0	1	4	8
2. Do you consume 'diet foods' or foods with artificial sweeteners?	0	1	4	8
3. Do you eat packaged or processed foods?	0	1	4	8
4. Drink soda/pop	0	1	4	8
5. Consume alcohol	0	1	4	8
6. Use over the counter medication	0	1	4	8
7. Smoke or use tobacco or live with someone that does	0	1	4	8
8. Take prescription medication daily	0	1	4	8
9. Do you live or work in places where pesticides are used?	0	1	4	8
10. Do you travel in planes?	0	1	4	8
11. Exposed to household or industrial cleaners or solvents	0	1	4	8
12. Use fluorinated toothpaste or mouthwash	0	1	4	8
13. In traffic more than 10 minutes/day	0	1	4	8

TOTAL POINTS _____

If your total score is greater than 16, Toxic Burden is likely one of your top UMIs and you should jumpstart your program with a 7-10 day detoxification.

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