



ENZYME QUESTIONNAIRE

Metabolic enzymes are needed for every function in the body. This questionnaire identifies the top metabolic functions that are being hindered by a lack of enzymes.

Please score each question as follows:

3 = if this is a MAJOR problem

1 = if this is a MINOR problem

(If you never have the problem leave it blank)

Group 1 correlates with Enzyme #1, **Group 2** — Enzyme #2, and so on. The group that has the highest match to your symptoms is the enzyme you would need. *Up to three different enzymes can be taken without scheduling a consultation. (Be sure to note when enzymes are to be taken for maximum results.)*

Group 1

- 1. Would you describe yourself as Type A personality, for example—driven or aggressive? _____
- 2. Tendency to problems of indigestion or constipation _____
- 3. Stiff joints, especially after rest, i.e. loss of mobility _____
- 4. Sensitive to sudden sounds, i.e. startle easily _____
- 5. Headaches in back of head and neck _____
- 6. Spacey and forgetful _____
- 7. Flutters in your (heart) chest _____

_____ subtotal

Group 2

- 1. History of diabetes _____
- 2. High blood pressure _____
- 3. High blood triglyceride levels _____
- 4. Dizziness or light-headedness when changing positions _____
- 5. Headaches on side of the head and temples _____

_____ subtotal

Group 3

- 1. History of cataracts, glaucoma or poor vision _____
- 2. Frequent head colds, runny nose and/or watery eyes _____
- 3. Bruise easily and/or slow healing of cuts, sore or bleeding gums, gingivitis _____
- 4. Frequent headaches associated with eyestrain or pain upon moving eyes _____
- 5. Frequent redness in the eyelids or “sand in your eyes” _____
- 6. Exposure to toxins and chemicals _____

_____ subtotal



BODY BY DESIGN • A LFH QUESTIONNAIRE

Group 4

1. History of chronic sinus problems _____
2. Loss of sense of smell, or an obstruction to nasal breathing _____
3. Bothered by thick mucous in sinuses or discharge from nose _____
4. Frequent nosebleeds _____
5. Facial pain or paralysis _____

Group 5

1. Histories of spinal disc problems or back surgery _____
2. Cannot tolerate stress, i.e. unable to make decisions _____
3. Irritated or receding gums, loose teeth _____
4. Cold hands and feet _____
5. Clicking jaw or jaw pain _____

subtotal

Group 6

1. History of speech impediment, stuttering or stammering _____
2. Dry, itchy eyes, or dry mouth _____
3. Poor memory _____
4. Inability to relax, become serene or meditate _____
5. Frequent sore throat, or sores on tongue or in mouth _____
6. Tendency for swollen glands _____
7. Cold or canker sores _____

subtotal

Group 7

1. History of thyroid gland disorders or medication _____
2. Fast heartbeat, i.e. racing heart _____
3. Swollen or painful breasts _____
4. Moist warm skin, i.e. sweat easily _____
5. Neck, shoulder, arm or hand pain _____

subtotal

subtotal



BODY BY DESIGN • A LFH QUESTIONNAIRE

Group 8

1. History of frequent canker sores, cold blisters or boils _____
2. Muscle and tendon weakness, pain in low back and buttocks _____
3. Slow morning starter, writer's cramp or stiffness after sitting _____
4. Dry skin, dandruff, hair falling out _____
5. Painful ribs, pleurisy, pain on inhalation, or sharp chest or shoulder pain _____

subtotal

Group 9

1. History of heart disease, taking medications, etc. _____
2. Irregular heartbeat or skipped beats _____
3. Dryness of skin and hair, itching due to dryness _____
4. Have varicose veins and/or hemorrhoids _____
5. Shoulder or chest pain on exertion _____

subtotal

Group 10

1. History of asthma, emphysema, bronchitis or pneumonia _____
2. Difficulty breathing, shortness of breath _____
3. Frequent cough, dry or productive _____
4. Wheezing or difficulty breathing when lying on back _____
5. Shoulder pain or bursitis _____

subtotal

Group 11

1. History of gall bladder stones or surgery _____
2. Loss of appetite, especially for meat _____
3. Frequent sour taste in mouth, intolerance of fats and spicy foods _____
4. Have frequent constipation with light colored stools _____
5. Discomfort or soreness under the right rib cage after eating _____

subtotal



BODY BY DESIGN • A LFH QUESTIONNAIRE

Group 12

1. History of ulcers or gastritis _____
2. Frequent heartburn or indigestion with nausea and pain _____
3. Acid reflux after eating _____
4. Frequent use of antacids _____
5. Pain or burning in the stomach that is relieved by eating _____

Group 13

1. History of low blood pressure problems _____
2. Awake after a few hours of rest and cannot go back to sleep _____
3. Suffer from frequent periods of depression or inability to think clearly _____
4. Become light-headed when meals are missed _____
5. Suffer from frequent nightmares or panic attacks _____
6. Periods of exhaustion after stress _____

subtotal

Group 14

1. History of lactose intolerance or gluten intolerance _____
2. Craving or thirst for cold liquids or foods _____
3. Intolerance of dairy products, grains or sugar _____
4. Sensitive to air pollutants, such as perfumes, smoke, etc. _____
5. Discomfort or soreness under the left rib cage after eating _____
6. Heartburn after eating _____

subtotal

Group 15

1. History of anemia or other blood disorder, or taking medication _____
2. Fatigue, tired most of the time _____
3. Pale skin, lips and nails _____
4. Low resistance (frequent colds and infections) _____
5. Getting sleepy after eating _____
6. FEMALES: undue fatigue after menstrual flow _____

subtotal

subtotal



BODY BY DESIGN • A LFH QUESTIONNAIRE

Group 16

1. History of hepatitis, jaundice or other liver disorder _____
2. History of high blood pressure and/or medication _____
3. Water retention, swelling of hands and feet _____
4. Varicose veins and/or hemorrhoids _____
5. Shoulder and neck stiffness and/or soreness _____

Group 17

1. History of chronic or frequent yeast infections _____
2. Foul odor to stool and urine _____
3. Unusually large appetite, i.e. cannot control the urge to eat _____
4. Frequent or prolonged use of antibiotics _____
5. Constipation with hard, dry stool _____
6. Athlete's foot, crumbly toenails _____

subtotal

Group 18

1. History of reactive hypoglycemia _____
2. Suffer from airborne allergies _____
3. Dark circles under the eyes _____
4. Nausea or vomiting type of indigestion or morning sickness _____
5. Muscular low back pain _____

subtotal

Group 19

1. History of skin disorders, such as acne _____
2. Dermatitis, eczema or psoriasis _____
3. Have many warts and moles _____
4. Frequent episodes of hives due to food allergies _____
5. Excessive perspiration or lack of perspiration _____

subtotal

subtotal



BODY BY DESIGN • A LFH QUESTIONNAIRE

Group 20

1. History of constipation with infrequent bowel movements _____
2. Frequent use of laxatives or enemas _____
3. Hard, painful stools _____
4. Lower abdominal gas _____
5. Less than one bowel movement a day _____
6. Pain in right lower abdomen _____

subtotal

Group 21

1. History of colitis or other disease of the large intestine _____
2. Diarrhea with mucous or blood in stool _____
3. Frequent or soft bowel movements _____
4. Lower left bowel pain _____
5. Painful bowel movements _____

subtotal

Group 22

1. History of prostate disorders or medication _____
2. Frequent night urination _____
3. Dribbling _____
4. Loss of sexual urge _____
5. Pain radiating into the groin or testes _____

subtotal

Group 23

1. History of hysterectomy or estrogen replacement therapy _____
2. Vaginal discharge _____
3. Excessive menstrual flow _____
4. Lack of menstruation, scanty flow or irregular period _____
5. Painful periods and/or symptoms of PMS _____

subtotal

Group 24

1. History of frequent bladder infections _____
2. Frequent urination, urgency or loss of control _____
3. Pass small amounts of urine at each voiding _____
4. Dry skin, flaking and dandruff _____
5. Pain or discomfort over the bladder _____

subtotal



BODY BY DESIGN • A LFH QUESTIONNAIRE

Group 25

1. History of bone disorders, spurs, osteoporosis, etc. _____
2. Muscle soreness and weakness _____
3. Painful or loose teeth or poor fitting dentures _____
4. Hyperirritability, insomnia, and/or restlessness _____
5. Low back pain, weak joints or ligaments, fallen arches _____
6. Weak, ridged or split fingernails _____

Group 26

1. History of injury to the tailbone _____
2. Restlessness or insomnia _____
3. Inability to concentrate, frequent day-dreaming or nightmares _____
4. Unresolved health problems _____
5. Painful tailbone, i.e. hurts to sit down _____
6. History of sexual, physical or emotional abuse _____

_____ subtotal

Group 27

1. History of muscle soreness and pain after exercise _____
2. Inability to tolerate potassium-rich foods such as molasses or olives _____
3. Frequent writer's cramp or stiffness especially after rest _____
4. Muscle soreness and pain resulting from exercise _____
5. Loss of joint range of motion, painful stretching _____
6. Allergies, hay fever, hives _____
7. Rashes, psoriasis, eczema or other skin problems _____

_____ subtotal

Group 28

1. History of deep bone or joint pain, painful weak teeth _____
2. Frequent anxiety, use of tranquilizers _____
3. Frequent infections, need for antibiotics _____
4. Symptoms of edema, such as swelling of feet and ankles _____
5. Recent acute traumatic incidents or accidents _____

_____ subtotal

_____ subtotal



BODY BY DESIGN • A LFH QUESTIONNAIRE

Group 29

1. Always tired, i.e. unable to meet daily requirements _____
2. Loss of appetite or feel better if you don't eat _____
3. Restless sleep, gnawing of teeth _____
4. Thin and have difficulty gaining weight _____
5. Itching around rectum and groin _____

Group 30

1. History of chronic indigestion _____
2. Unusual fullness after eating _____
3. Lower bowel gas _____
4. Undigested food, capsules or tablets found in the stool _____
5. Frequent abdominal cramping after eating _____

_____ subtotal

Group 31

1. Generalized malaise, i.e. lackadaisical attitude _____
2. Frequent lack of motivation, unable to get started _____
3. Fatigued, easily tire _____
4. Failure to meet ordinary requirements of daily activities _____
5. Failure to respond to specific nutritional schedules _____

_____ subtotal

Group 32

1. History of pernicious anemia _____
2. Loss of taste for meat _____
3. Strong desire to eat when not hungry _____
4. Indigestion, particularly 2 to 3 hours after eating _____
5. Flatulence, lower bowel gas _____

_____ subtotal

Group 33

1. History of diabetes in your family _____
2. Blood sugar problems, either hypoglycemia or diabetes _____
3. Unable to control appetite _____
4. Desire to lose weight _____
5. Need a meal replacement _____

_____ Subtotal

_____ subtotal



BODY BY DESIGN • A LFH QUESTIONNAIRE

Group 34

- 1. Painful gas _____
- 2. Bloating after eating dairy _____
- 3. Diarrhea after eating dairy _____

Group 35

- 1. History of osteoarthritis or gout _____
- 2. Musculoskeletal pain, difficulty walking, etc. _____
- 3. Bone and joint pain in spine, hips, knees, feet or hands _____
- 4. Inflammation, i.e. fever, redness, swelling and/or pain _____
- 5. Stiff joints, sore muscles or diagnosed with fibromyalgia _____

_____ subtotal

Group 36

- 1. History of chronic herpes-type skin eruptions, such as frequent canker sores, cold blisters and boils _____
- 2. Raised and red skin eruptions such as hives, strong reaction to food or chemicals _____
- 3. Strong reactions to mosquito or insect bites _____
- 4. Frequent histamine reactions, such as sneezing attacks, etc. _____
- 5. Painful skin irritations such as sunburn, diaper rash or chapped lips _____

_____ subtotal

_____ subtotal

REMEMBER

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