



A - FATIGUE AND MOOD DISORDERS

I feel tired

I have difficulty in motivating myself

I have sleeping problems

I have difficulty in concentrating

I have memory problems

I feel anxious

I feel anguished - I feel depressed

0 1 2 3

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Total score A =

B - GASTRO-INTESTINAL PROBLEMS

I have burning sensation in my stomach

I have acid regurgitation

I feel nauseous

I have diarrhoea

I am constipated

I experience alternating bouts of diarrhoea and constipation

I experience flatulence after eating

I have attacks of colitis

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Total score B =

C - OSTEO-ARTICULAR AND DEGENERATIVE DISORDERS

I have pain in my back and neck

I have painful joints (wrist, elbow, shoulder, ankle, knee, hip)

I have pain in my muscles and tendons

When I practise sport, I get injured easily

I have rheumatism

I have eye problems (cataract, dry eyes...)

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Total score C =

D - INFECTIOUS DISORDERS

I regularly suffer from the following :

- Sore throat, pharyngitis, cold, sinusitis, otitis
- Bronchitis, lung infections

I regularly suffer from urinary infections

I regularly suffer from genital infections

I regularly suffer from gastro-intestinal infections

I regularly suffer from skin infections

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Total score D =

E - SKIN DISORDERS

I have dry skin

I regularly suffer from eczema

I have acne

I often have herpes on my face

I am losing my hair ; it is brittle and lifeless

My nails break : they split easily

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Total score E =

F - CIRCULATORY DISORDERS

I have heavy legs

I suffer from oedema (ankles, hands, fingers...)

My hands and feet are often cold

I have pins and needles in my hands and feet

I have pre-menstrual problems (tender breasts, pain, fatigue, depression)

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Total score F =

G - REGULAR HABITS

Smoking

Less than 5 cigarettes a day = 1

5 to 15 cigarettes a day = 2

Over 15 cigarettes a day = 3

Alcohol intake

More than 3 glasses and less than 75 cl of wine a day = 1

Between 75 and 150 cl of wine a day = 2

More than 150 cl a day = 3

Medication

Regular consumption = 2

Every day = 3

Contraception

Oral (pill) = 3

IUD (Intra-Uterine device) = 3

Blood donor = 3

1 2 3

Vertical bar with 12 circles for scoring. The top 3 circles are filled with white, corresponding to the '1 2 3' labels above. The remaining 9 circles are empty.

ADDITIONAL INFORMATION

Name :

First name :

Tel : E-mail :

Date of birth :

Height :

Weight :

Profession :

No. of hours of physical exercise per week :

.....

Total score G =

Circle for total score G.

Overall score
A+B+C+D+E+F+G =

Circle for overall score.

Work out
your score...

M. D.

Screening for Micronutritional Deficiency (M.D.)



Answer all these questions
using the following scoring system :

0 = I never experience this symptom.

1 = I periodically experience this symptom...
but it **does not pose a problem.**

2 = I repeatedly experience this symptom...
This symptom is rather troublesome ;
I would like to get rid of it.

3 = I experience this symptom all the time...
It causes me a lot of problems
and I cannot get rid of it.

then, give your M. D. to your Micronutritionist

