



Body Chemistry Audit



A modern day alchemist
Creating good body chemistry through education
One-on-one health conversations • Keynotes • Workshops

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The body chemistry audit is a comprehensive worksheet.

The first part of the assessment aims to get an overview of your body chemistry, based on how you're currently "feeling". How you "feel" is a window into your chemistry and can help pin-point chemical imbalances, since upset chemistry is the root of all dis-ease.

The second part of the assessment brain storms your current behaviours.

Your "behaviours" are more than whether you eat McDonald's for dinner every night and sit on the couch – it is pretty much everything you do.

So it includes

- your sleep patterns,
- your relationships,
- your hygiene habits,
- your stress levels,
- your attitude to life, the universe, your boss etc.
- the neighbourhood in which you live,
- which chemicals you consume and how much, (NB. food is just a collection of chemicals).

These "behaviours" turn genes on and off, ultimately determining your body chemistry.

Do your best to answer the questions as honestly as you can.

This is not an exam, there is no right or wrong answer.

The information is just between you and me i.e. it is strictly confidential.

The questions are designed to give a little insight into your body chemistry & help me identify the little changes you can make to improve it, so you walk away with

BETTER BODY CHEMISTRY

Disclaimer : The information and solutions offered are intended to serve as guidelines to help achieve Better Body Chemistry. Spoonful of Science makes no representations or warranties that any individual will achieve a particular result.

Overview of body chemistry

The numbers.....

Gender : _____ Age : _____

Weight : _____ Height : _____

Waist circumference : _____ Blood pressure : _____

Cholesterol status : _____ Sugar levels : _____

Thyroid status : _____ Insulin status : _____

Iron status : _____ HIV status : _____ Vit D status : _____

For ladies only : Pregnant ? Y/N Going through menopause : Y / N Postmenopausal : Y/N

Are you a Mom ? Y/N Any significant "problems" during / after pregnancy ? Describe _____

Most of these numbers are routinely tested by your doctor, if you know the number, fill in the exact number or indicate whether the last time it was measured the value was – normal, high, low etc. If you have no idea, then just leave it blank. If you have recent blood work, please scan and send it, with this document.

The official problems.....

Has your doctor diagnosed you with any of these conditions now or in the past. Give the diagnosis, along with any other info you feel is relevant.

Cardiovascular disease Diagnosis of.....
E.g. high blood pressure, stroke _____

Endocrine disease Diagnosis of.....
E.g. diabetes, Hashimoto's _____

Cancer Diagnosis of.....

Respiratory problem(s) Diagnosis of
E.g. Asthma, COPD _____

GIT problem(s) Diagnosis of
E.g. Irritable bowel syndrome _____

"Head" problem(s) Diagnosis of
E.g. Depression, schizophrenia _____

Musculoskeletal problem(s) Diagnosis of
E.g. arthritis, fibromyalgia _____

Other : _____

The unofficial problems

Rank the unofficial "health" problems..... these are the little things which you're currently experiencing, that are contributing to you not feeling AT YOUR BEST. A score of 5, means it is a big problem for me negatively impacting my wellbeing, a score of 1, means it is not a problem at all, got this one totally under control.

NOTE : When two options exist, cross out the option that is not relevant.

I often have low energy / feel fatigued :

1	2	3	4	5
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Details :

I have difficulty falling/staying asleep :

1	2	3	4	5
---	---	---	---	---

Details :

I don't feel refreshed when I wake up / I require excessive amounts of sleep :

1	2	3	4	5
---	---	---	---	---

Details :

I seem to catch everything that is going round :

1	2	3	4	5
---	---	---	---	---

Details :

I have unintentionally gained/lost weight this last year and am having trouble losing weight/maintaining my weight :

1	2	3	4	5
---	---	---	---	---

Details :

I am depressed or often in a poor mood :

1	2	3	4	5
---	---	---	---	---

Details :

I have trouble focusing/concentrating / remembering things :

1	2	3	4	5
---	---	---	---	---

Details :

I frequently have hard stools that are difficult to pass / I have more frequent bowel movements than usual :

1	2	3	4	5
---	---	---	---	---

Details :

I have thinning hair :

1	2	3	4	5
---	---	---	---	---

Details :

The outer thirds of my eyebrows are thin :

1	2	3	4	5
---	---	---	---	---

I have dry skin/ scalp :

1	2	3	4	5
---	---	---	---	---

Details :

My libido is low / I have trouble performing in the bedroom:

1	2	3	4	5
---	---	---	---	---

Details :

I often have cold hands and feet, when others are warm / I am warm, when other feel the temperature is fine:

1	2	3	4	5
---	---	---	---	---

Details :

I sweat excessively :

1	2	3	4	5
---	---	---	---	---

Details :

I frequently feel anxious :

1	2	3	4	5
---	---	---	---	---

Details :

I have increased appetite or I have no appetite :

1	2	3	4	5
---	---	---	---	---

Details :

I often have a fast heartbeat or heart palpitations :

1	2	3	4	5
---	---	---	---	---

Details :

I frequently experience bloating / indigestion / nausea

1	2	3	4	5
---	---	---	---	---

Details :

I crave sweet / salty / savoury foods

1	2	3	4	5
---	---	---	---	---

Details :

I have problems with my menstrual cycle i.e. it is very irregular/it is very heavy/lots of pain

1	2	3	4	5
---	---	---	---	---

Details :

I have aches and pains all over/in my joints/ in my muscles/ in my head i.e. headaches/ elsewhere

1	2	3	4	5
---	---	---	---	---

Details :

Dietary habits

Describe a typical day in terms of meals and timing

E.g. breakfast at 6.30, skip lunch, mid-afternoon snack, eat dinner at 8 pm etc.

Describe a typical breakfast, lunch, dinner

On a weekday

On a weekend

Breakfast :

<hr/> <hr/>	<hr/> <hr/>
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Lunch :

<hr/> <hr/>	<hr/> <hr/>
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Dinner :

<hr/> <hr/>	<hr/> <hr/>
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Snacks. Describe typical snacks and indicate your reason for snacking.

to enjoy a special occasion

because food was there

to gain energy

to reward yourself

to cope with negative emotions

because of social pressure

Chemical habits

List the prescription medications you are currently taking..... if you are a lady, don't forget the oral contraceptive.

Name of medication	Dose and duration	Prescribed for ?

NB. Ensure you spell the name correctly, many drugs have very similar names. Where possible include the dose and approximately how long you have been taking the drug.

Describe your use of

Caffeine

How many cups of coffee / tea / Red bull do you drink on an average day.

What time do you have your last cup of the day ?

Alcohol

How many times a week/month do you drink alcohol ?

When you drink, how many drinks do you typically consume in one sitting ?

What type of alcoholic drink do you prefer ? Beer / wine / scotch on the rocks / cocktails

Nicotine

How many cigarettes do you smoke per day ?

How long have you smoked ?

List any illicit drugs i.e. drugs not typically purchased at the "Dischem" and are not considered legal e.g. cocaine, dagga, ecstasy etc. you use.

Name of drug	Dose and duration	How often do you take them

List any supplements you take. Remember to include

- vitamin & mineral supplements e.g. vitamin C, iron, calcium, chromium
- other nutrients such as omega-3 and omega-6, carnitine, flaxseed oil
- herbs e.g. cinnamon and ginger
- herbal teas and
- botanicals such as cinnamon, aloe etc.
- aromatherapy oils

Include the name, how much of the product you take and how often, for how long you have been taking the supplement and why you are taking it.

Name of supplement	Dose and duration	Why ?

Exercise habits

Describe your exercise routine. Don't worry if you don't have one.
Include details about type of exercise, duration, intensity and timing.

Sleep habits

Describe your normal sleeping routine
Include details about duration i.e. time you typically go to bed and wake up on weekdays and on weekends, and quality i.e. struggle to sleep, sleep like a log, struggle to get up etc.

On weekdays/workdays I go to bed at : _____ On weekdays/workdays I wake up at : _____

On weekends/free days I go to bed at : _____ On weekdays/workdays I wake up at : _____

Quality of sleep ? _____

Do you snore ? Y/N _____ Do you "pee" in the night ? Y/N _____

“Stress” habits

Identify your major psychological stressors and the nature of the stress they’re causing.

E.g. Mother-in-law causes my stress level to rise off the charts she is always criticizing, financial concerns

Do you experience any kind of environmental stress ?

For example, you’re working in an office with someone who smokes or you’re living in a house on a major intersection breathing in noxious fumes from the traffic, you sleep in a room that has light.

Noise pollution :

Air pollution :

Light pollution :

Other :

Your early life

Please share the details around your birth and early life and your Mom’s pregnancy experience, if you know them

natural birth (thru vagina) C-section planned / emergency was labour induced

Your birth weight ? _____ Were you early/on time/late ? _____

Were there any “problems” during the pregnancy ? _____

Were you breast fed ? Y/N If yes, for how long ? _____

Were you given antibiotics ? Never/a little/a lot

You experienced adverse events during your early childhood ? Y/N

Parent died, physical/sexual abuse, hunger

Suntanning habits

Comment on how much time you spend outdoors in the sun.

E.g. Sun – I never see it because I work indoors / am allergic to being outside

I spend the weekend playing golf but I make sure I cover up with layers of sun block (factor 50)

Finally....

If you would like me to help with a specific problem e.g. weight loss, migraines etc. tell me a little more about the problem, especially the history.

When did the problem begin ?

Did it start as a child, at puberty, after your third child, when you got a cat, you changed jobs, you had a terrible case of food poisoning, you moved house. You get the picture, WE are looking for a possible trigger.

Does the problem show a temporal pattern i.e. is it sometimes worse or sometimes better ?

Maybe it's worse when you are stressed or it is "that" time of the month or is it worse in summer or when you go to the coast, when you exercise, when you don't exercise. Again, WE are looking for triggers.

What have you tried to date ?

Have there been things that helped ? Things that made it worse ?

If you have more to say..... keep going, I promise I will read it. As you think about it, you might discover the answer(s), you have been looking for. Sometimes the very act of having to think things through and put them on paper, let's you "see" things, you haven't "seen" before.