



Kinks in Your Body Questionnaire

Take a few minutes and look through this list of signs & symptoms and check off anything you're currently experiencing on a regular basis (meaning 1 or more times a week); if you only experience one of these signs/symptoms once every two weeks or once every month, don't check them. Be honest and really reflect - just because some of these symptoms are common doesn't mean they're normal. Many of these symptoms are indicators of excess inflammation and possible autoimmunity in your body. Again, don't stress too much as the diet laid out in this book will help you manage excess inflammation and possible autoimmunity.

Check in once every week and track your continued progress.

- | | |
|--|--|
| <input type="checkbox"/> Acne | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Intense PMS |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Itchy ears |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Itchy, watery eyes |
| <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Joint pain |
| <input type="checkbox"/> Bloating | <input type="checkbox"/> Joint stiffness |
| <input type="checkbox"/> Body rashes | <input type="checkbox"/> Joint swelling |
| <input type="checkbox"/> Brain fog | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Bruise easily | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Chest congestion | <input type="checkbox"/> Multiple miscarriages without a live birth in between |
| <input type="checkbox"/> Colds (get them every time they go around the office) | <input type="checkbox"/> Muscle pain |
| <input type="checkbox"/> Cold hands and/or feet | <input type="checkbox"/> Muscle stiffness |
| <input type="checkbox"/> Cold sores | <input type="checkbox"/> Nasal congestion |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Dark circles under your eyes | <input type="checkbox"/> Peeling nails |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Persistent cough |
| <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Psoriasis |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Red bumps on face |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Red flaky skin |
| <input type="checkbox"/> Difficulty getting to or staying asleep | <input type="checkbox"/> Reflux |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Retaining water |
| <input type="checkbox"/> Dry hair | <input type="checkbox"/> Rosacea |
| <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Dry, brittle nails | <input type="checkbox"/> Shiny skin on hands & forearms |
| <input type="checkbox"/> Dry skin | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Easy weight changes (up or down) | <input type="checkbox"/> Sneezing frequently |
| <input type="checkbox"/> Eating compulsively | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Speech issues (slurring or stuttering) |
| <input type="checkbox"/> Excessive nasal mucus | <input type="checkbox"/> Sweat easily |
| <input type="checkbox"/> Faintness | <input type="checkbox"/> Swollen ankles |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Swollen eyes |
| <input type="checkbox"/> Feeling groggy after a full night's sleep | <input type="checkbox"/> Swollen lips |
| <input type="checkbox"/> Floaters in the eye | <input type="checkbox"/> Thick, red, scaly patches on skin |
| <input type="checkbox"/> Frequent throat clearing | <input type="checkbox"/> Thirsty, excessively |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Thyroid issues (previously diagnosed) |
| <input type="checkbox"/> General feeling of malaise or weakness | <input type="checkbox"/> Trouble breathing |
| <input type="checkbox"/> Hair thinning | <input type="checkbox"/> Trouble remembering things |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Trouble with balance and coordination |
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Yellowing on the skin and/or whites of the eyes |
| <input type="checkbox"/> Hives | |
| <input type="checkbox"/> Hot flashes | |