General Health Survey

Please mark to what degree the following statements apply to you (1=0% and 5=100%)

	0%	25%	50%	75%	100%
1. I tend to feel obstruction/ blockages in the body. *(Constipation, congestion/heaviness in the head area, blocked nose, general feeling of non-clarity, or other)*	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑
2. When I wake up in the morning, I do not feel clear; it takes me quite some times to feel really awake.	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑
3. I tend to feel tired or exhausted mentally and physically.	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑
4. I get common colds or similar ailments several times a year.	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑
5. I tend to feel heaviness in the body.	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑
6. I tend to feel that something is not functioning properly in the body. *(breathing, digestion, elimination, or other)*	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑
7. I tend to be lazy, e.g., the capacity to work is there, but there is no inclination.	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑
8. I often suffer from indigestion.	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑
9. I tend to have to spit repeatedly.	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑
10. Often I have no taste for food and no real appetite.	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑
11. My tongue is often coated especially in the morning.	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑