

Express test on Medical Condition

Step 1. Please complete analytical table below. You can only answer Yes/No. If you answer is "Yes" – please cross ALL the white squares in this particular line. If you answer is "No" – do not cross anything and go to the next question. For example, if you are getting sick often (Line 2), you should cross columns 1, 2, 4, 5, 8

Step 2. Get your results. Answer all the questions, count total positive answers (crossed squares) in each column. Do not count any black squares. Write down the results at the very bottom of the table (Total Balance by Column)

No	Symptoms	Body Systems										
		1	2	3	4	5	6	7	8	9	10	11
1	Do you feel lack of energy or fatigue											
2	Often getting sick (more than 2 times a year), pain, illness											
3	Unpleasant body/breath smell											
4	Poor absorption of some products (defecation)											
5	Excess meat intake (more than 3 times a week)											
6	Painful, heavy periods (Female)											
7	Frequent use of antibiotics and other drugs											
8	Excess alcohol consumption											
9	Any allergy reactions											
10	Dark spots under eyes											
11	Smoking											
12	Distraction, difficulties with memory/attention											
13	Low resistance to colds (> 3 times a year)											
14	Eructation, rumbling, gases, fast food, overeating											
15	Stressful environment											
16	Skin disorders (acne, black/dark spots, scaly, papilloma)											
17	Sugar intake: cakes, Coke, sweets											
18	Lack of fermented milk products (less than 200g a day)											
19	Insomnia, lack of sleep (less than 7 hours)											
20	Rhythm disturbance (periodicity) menstrual cycle (Female)											
21	Bladder disturbances (little, difficulties, pain, sand etc)											
22	Hair loss, prematurely greying hair											
23	Joint pain, extremity pain											
24	Overweight (BMI range)											
25	Rapid fatigability, dyspnoea with minimal exertion											
26	Lack of protein in food, vitamins, minerals, Omega											_
27	Slow recovery											
28	Irregular defecation (less than once a day)											
29	Abnormal appetite											
30	Hypoactive sexual desire disorder (> 7 days)											



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No	Symptoms			Body Systems										
		1	2	3	4	5	6	7	8	9	10	11		
31	Nail breaking and nail brittleness													
32	Dry, dull, fragile hair													
33	Excess intake of fatty food													
34	Fear and stress anxiety		0											
35	Little fiber in food (greens, fruits, cereals, vegetables)													
36	Muscle cramps													
37	Excess coffee, tea, Coke intake	_												
38	Mood swing, emotional fatigue	_												
39	Living in unfavourable ecological environment; city													
40	Hypersensitivity to food, household chemicals													
41	Irritability, anger													
42	Fungal diseases													
43	Loss of self-control (emotions you regret later)													
44	Weakness of musculoskeletal system	-												
45	Constant feeling of anxiety, no joy													
46	Depression, no goals, nothing you want to do													
47	Small physical activity (less than 10,000 steps a day)						_							
48	Edemas, excessive defluvium													
49	High/Low Blood pressure													
50	Cough, throat irritation													
51	Pathological climax (early, late, tides etc)													
	Total balance by column													

Express Test Results on Medical Condition

Systems	Digestive (Intestinal canal)	Digestive (Liver, stomach etc)	Cardiovascular	Central nervous system	lmmune	Respiratory	Urinary track (male)	Lymphatic	Musculoskeletal	Female reproductive system	Endocrine system
Columns	1	2	3	4	5	6	7	8	9	10	11
Your Result											
Excellent	0-3	0-3	0-2	0-3	0-3	0-1	0-1	0-3	0-2	0-1	0-2
Good	4-6	4-6	3-5	4-6	4-6	2-3	2-3	4-6	3-4	2-3	3-5
Not so											
Good	7-11	7-11	6-10	7-11	7-10	4-6	4-6	7-10	5-9	4-6	6-10
Bad	12+	12+	11+	12+	11+	7+	7+	11+	10+	7+	11+



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"Excellent" Congratulation! Your current lifestyle is beneficial to your health condition.

"Good" You strive to lead a healthy lifestyle; however, you should try to change something to feel better.

"Not so Good" We recommend reviewing your lifestyle and diet.

"Bad" We strongly recommend that you urgently review your lifestyle and diet, you should begin to take care of your health now.

Data _____

Signature_____

This test can also be done after one month, six months and one year from the moment you started taking the products.