



A - FATIGUE AND MOOD DISORDERS

- I feel tired
- Trouble keeping myself motivated
- I have sleeping problems
- I have trouble concentrating
- I have memory problems
- I feel anxious
- I feel anguished - I feel depressed

0 1 2 3

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Total A score=

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 B score=

C - OSTEO-ARTICULAR AND DEGENERATIVE DISORDERS

- I have pain in my back and neck
- I have painful joints (wrist, elbow, shoulder, knee, hip,...)
- My muscles and tendons ache
- When I practise sport, I get injured easily
- I have rheumatism
- I have eye problems (cataract, dry eyes...)

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Total C score=

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 D score=

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 E score=

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 F score=

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

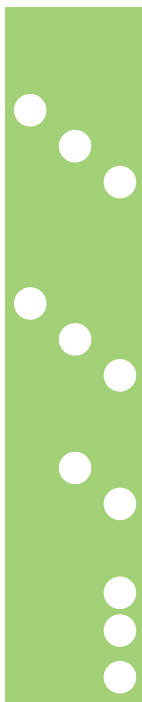
Contraception

Oral (pill) = 3

IUD (Intra-Uterine device) = 3

Blood donor = 3

1 2 3



Total G score =



Overall score

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



ADDITIONAL INFORMATION

Surname:

First name :

Tel : E-mail :

Date of birth :

Height :

Weight :

Profession :

No. of hours of physical exercise per week :

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YDDMANGLAIS-RV01

Work out your M.D. score...

Screening for Micronutritional Deficiency (M.D.)



Please answer
the questions using the following
scoring system :

0 = I never experience this symptom.

1 = I periodically experience this symptom...
but it is not a major 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

