

Body Type Analysis Questionnaire

Find Out Your Body Type and What You Require

What can really give you the energy and optimal weight that you deserve?



The Doctor-Directed Weight Loss Solution Special Offer

As our thank you for watching the introductory video, American Wellness Care offers you a free personal review of your body type analysis questionnaire. (a \$75.00 value)

Call our office at 845-221-1201 to set up your Initial Consultation, then send your completed Body Type Questionnaire to info@americanwellnesscare or fax 845-221-0289.

Your results will be reviewed and you will be given a food plan designed especially for your body type and for your desired weight.

Circle at least one choice in each section. This will give you the main body type for you. Body typing determines your personalized weight loss and food plan.

Do you...

- A. crave sweets, breads and pasta?
- B. crave salt (pretzels, potato chips, cheese puffs or salty peanuts)
- C. crave deep-fried foods?
- D. crave ice cream, cream cheese, sour cream or milk?

Are you...

- A. often depressed or feeling hopeless?
- B. a worrier or often anxious and nervous?
- C. irritable, moody, grouchy, in the morning?
- D. moody or irritable at certain times of the month?

Do you...

- A. feel better on fruits and berries?
- B. need coffee or stimulants to wake up?
- C. experience a tight feeling over your right, lower stomach area or rib cage?
- D. experience constipation during menstruation?

Do you have...

- A. brittle nails with pronounced vertical (up and down) ridges?
- B. facial hair as a female?
- C. pain/tightness in right shoulder area?
- D. pain in right or left lower back/hip area, especially during menstruation?

Do you have...

- A. a weight problem more evenly distributed?
- B. a pendulous abdomen, meaning hanging and sagging?
- C. a protruding abdomen (potbelly)?
- D. excess fat on thighs and hips (saddlebags) and a lower stomach bulge?

Do you have...

- A. dry skin, especially hands and around elbows?
- B. swollen ankles; socks leave creases on ankles?
- C. flaky skin or dandruff in eyebrows and scalp?
- D. menstrual cyclic hair loss?

Do you have...

- A. indentations on both sides of your tongue where the tongue meets the teeth?
- B. atrophy (shrinkage) of the thigh muscles with difficulty getting up from a seated position?
- C. dark yellow urine?
- D. hot flashes or history of bad menstruation?

Do you have...

- A. a loss of hair on the outer third of the eyebrows?
- B. dizziness when getting up too quickly?
- C. hot or swollen feet?
- D. menstrual cyclic brain fog?

Do you have...

- A. to sleep with socks at night because of feeling cold?
- B. chronic inflammation in body?
- C. headaches or head feels heavy in morning?
- D. excessive menstrual bleeding?

Do you have...

- A. puffiness around eyes?
- B. an unusual feeling of being "out of breath" while climbing stairs?
- C. skin problems (psoriasis, eczema, brown spots)?
- D. low sex drive?

Do you have... Are you... Do you have...

- A. excessive skin sagging under upper arms?
- B. twitching under or on top of left eyelid?
- C. not a morning person, yet feel more awake at night?
- D. weight gain one week before menstrual period?

Do you...

- A. have dry hair and hair loss?
- B. wake up in the middle of the night (2:00-4:00 a.m.)?
- C. have a white film on your tongue?
- D. have an upper body which is thinner than your lower body?

Do you experience...

- A. not being able to maintain curls after curling your hair?
- B. cramps in the calves at night?
- C. more itching at night?
- D. water retention at certain times of the month?

Do you...

- A. become excessively tired in the early evening (7:30-8:00 p.m.) and more awake in the early morning?
- B. have a more active bladder at night than during the day?
- C. have a yellow tint in the whites of your eyes?
- D. have a history of ovarian or breast cysts?

Do you have...

- A. a lack of get-up-and-go (vitality)?
- B. calcium issues or deposits-bursitis, tendonitis, kidney stones, heel spurs, early cataracts?
- C. major moodiness if you skip a meal.
- D. difficulty losing weight after pregnancy?

Do you have...

- A. history of being on low-calorie diets?
- B. low tolerance for stressful situations, get easily irritable and on edge?
- C. stiffness and pain more in the right shoulder and right side of neck?
- D. pain and tightness in one knee, worse during menstrual cycle?

Your Name: _____ Phone: _____ Date: _____

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During your consultation you will be given a food plan designed especially for your body type and for your desired weight, and the percent of your body composition and body age. You know your calendar age and now you can learn how your body is truly aging.

This Initial Consultation will qualify you for the Doctor-Directed Weight-Loss Solution Program and a personalized program designed for you will be offered.

American Wellness Care

1061 Route 82
Hopewell Jct. NY 12533
(845) 221-1201 Fax: (845) 221-0289
AmericanWellnessCare.com

Dr. Lynne E. Kavulich

Doctor of Chiropractic • Biocranial Therapy
Diplomate of American Clinical Board of Nutrition
Diplomate of American Board of Anti-Aging (A4M)