

## What Vitamins Do You Need?

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- ☐ Do you have chronic fatigue?
- ☐ Do you have PMS?
- ☐ Do you try to avoid driving after dark (night blindness)?
- ☐ Do you have pimply areas or rough skin on the back of your upper arms?
- ☐ Do you have frequent sinus infections?
- ☐ Do you work under fluorescent lights?
- ☐ Do you suffer from heavy menstrual flow?
- ☐ Do you take birth control pills?
- ☐ Do you have sugar cravings?
- ☐ Are you easily irritated or overly emotional?
- ☐ Do you suffer from confusion or forgetfulness?
- ☐ Do you suffer from asthma?
- ☐ Do you suffer from an inability to bend your fingers flat to the palm of your hand at the second joint?
- ☐ Do the joints in your fingers hurt when you bump or squeeze them?
- ☐ Do you suffer from itchy, flaky skin?

- ☐ Do you have sore and/or stiff joints, muscles or tendons?
- ☐ Do your legs have small dime-size bruises?
- ☐ Do you bruise easily?
- ☐ Do you smoke?
- ☐ Are you exposed to chemicals at work or home?
- ☐ Do you have cramps in your calves at night?
- ☐ Do your fingernails have whites spots?
- ☐ Do you crave eating ice?
- ☐ Do you cramp up?
- ☐ Do you have menstrual cramps?
- ☐ Do you get bloated or gassy after eating?
- ☐ Do you get frequent yeast infections?
- ☐ Do you consume chlorinated water or alcohol?
- ☐ Do you take antibiotics?

*These questions are adapted from various sources, including one of my favorite books. Nutraerobics, Dr Jeffrey Bland, Ph.D.*

*This survey is intended to be educational and is not intended as a prescription or a replacement for medical advice and/or treatment. Consult your doctor before making any changes to your diet or dietary supplements.*