

Fat Is Not Your Fault

Fat Loss Resistance Assessment Form

Answer the following questions on a scale of "0" (least/never) to "3" (often/always). Take your time and be honest with the answers; the more accurate you the better you will understand which systems are a priority for you.

Category A

Feeling that bowels do not empty completely	0 1 2 3
Lower abdominal pain relief by passing stool or gas	0 1 2 3
Alternating constipation and diarrhea	0 1 2 3
Diarrhea	0 1 2 3
Constipation	0 1 2 3
Hard dry or small stool	0 1 2 3
Coated tongue or "fuzzy" debris on tongue	0 1 2 3
Pass large amount of foul smelling gas	0 1 2 3
More than three bowel movements daily	0 1 2 3
Do you use laxatives frequently?	0 1 2 3

Total _____

Category B

Excessive belching or burping	0 1 2 3
Gas immediately following a meal	0 1 2 3
Offensive breath	0 1 2 3
Difficult bowel movement	0 1 2 3
Sense of fullness during and after meals	0 1 2 3
Difficulty digesting fruits and vegetables	0 1 2 3
Undigested foods found in stool	0 1 2 3
Pass large amount of foul smelling gas	0 1 2 3
More than three bowel movements daily	0 1 2 3
Do you use laxatives frequently?	0 1 2 3

Total _____

Category C

Stomach pain, burning or aching 1-4 hours after eating	0 1 2 3
Frequent use of antacids	0 1 2 3
Feeling hungry an hour or two after eating	0 1 2 3
Heartburn when lying down or bending forward	0 1 2 3
Temporary relief from antacids, food, milk, carbonation	0 1 2 3
Digestive problems subside with rest and relaxation	0 1 2 3
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol and caffeine	0 1 2 3

Total _____

Category D

Roughage and fiber cause constipation	0 1 2 3
Indigestion and fullness lasts 2-4 hours after eating	0 1 2 3
Pain, tenderness, soreness on left side under rib cage	0 1 2 3
Excessive passage of gas	0 1 2 3
Nausea and/or vomiting	0 1 2 3
Stool undigested, foul smelling, mucous-like greasy or poorly formed	0 1 2 3
Frequent urination	0 1 2 3
Increased thirst and appetite	0 1 2 3
Difficulty losing weight	0 1 2 3

Total _____

Category E

Greasy or high fat foods cause distress	0 1 2 3
Lower bowel or gas or bloating several hours after eating	0 1 2 3
Bitter, metallic taste in mouth, especially in the morning	0 1 2 3
Unexplained itchy skin	0 1 2 3
Yellowing cast to eyes	0 1 2 3
Stool color alternates from clay colored to normal brown	0 1 2 3
Reddened skin, especially palms	0 1 2 3
Pass large amount of foul smelling gas	0 1 2 3
More than three bowel movements daily	0 1 2 3
Do you use laxatives frequently?	0 1 2 3
Dry or flaky skin and/or hair	0 1 2 3
History of gallbladder attacks or stones	0 1 2 3
Have you had your gall bladder removed	Yes(3) No(0)

Total _____

Category F

Crave sweets during the day	0 1 2 3
Irritable if meals are missed	0 1 2 3
Depend on coffee to keep yourself going or get started	0 1 2 3
Get lightheaded if meals are missed	0 1 2 3
Eating relieves fatigue	0 1 2 3
Feel shaky, jittery, tremors	0 1 2 3
Agitated, easily upset, nervous	0 1 2 3
Poor memory, forgetful	0 1 2 3
Blurred vision	0 1 2 3

Total _____

Category G

Fatigue after meals	0 1 2 3
Craves sweets during the day	0 1 2 3
Eating sweets does not relieve cravings for sugar	0 1 2 3
Must have sweets after meals	0 1 2 3
Waist girth is equal or larger than hip girth	0 1 2 3
Frequent urination	0 1 2 3
Increased thirst and appetite	0 1 2 3
Difficulty losing weight	0 1 2 3

Total _____

Category H

Cannot stay asleep	0 1 2 3
Crave salt	0 1 2 3
Slow starter in the morning	0 1 2 3
Afternoon fatigue	0 1 2 3
Dizziness when standing up quickly	0 1 2 3
Headaches with exertion or stress	0 1 2 3
Weak nails	0 1 2 3

Total _____

Category I

Cannot fall asleep	0	1	2	3
Perspire easily	0	1	2	3
Under high amounts of stress	0	1	2	3
Weight gain when under stress	0	1	2	3
Wake up tired even after six or more hours of sleep	0	1	2	3
Excessive perspiration or perspiration with little activity	0	1	2	3

Total _____**Category J**

Tired, sluggish	0	1	2	3
Feel cold – hands, feet, all over	0	1	2	3
Require excessive amount of sleep to function properly	0	1	2	3
Increase in weight gain even with low-calorie diet	0	1	2	3
Gain weight easily	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3
Depression, lack of motivation	0	1	2	3
Morning headaches that wear off as the day progresses	0	1	2	3
Outer third of eyebrow thins	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3
Mental sluggishness	0	1	2	3
Thinning of hair on scalp, face or genitals, or excessive falling hair	0	1	2	3

Total _____**Category K**

Heart palpitation	0	1	2	3
Inward trembling	0	1	2	3
Increased pulse even at rest	0	1	2	3
Nervous and emotional	0	1	2	3
Insomnia	0	1	2	3
Night sweats	0	1	2	3
Difficulty gaining weight	0	1	2	3

Total _____**Category L**

Diminished sex drive	0	1	2	3
Menstrual disorders or lack of menstruation	0	1	2	3
Increased ability to eat sugars without symptoms	0	1	2	3

Total _____**Category M**

Increased sex drive	0	1	2	3
Reduced tolerance to sugars	0	1	2	3
“Splitting” type headaches	0	1	2	3

Total _____**Category N (Men)**

Urination difficulty or dribbling	0	1	2	3
Frequent urination	0	1	2	3
Pain inside legs or heels	0	1	2	3
Feeling of incomplete bowel evacuation	0	1	2	3
Leg nervousness at night	0	1	2	3

Total _____**Category O (Men)**

Decrease in libido	0	1	2	3
Decrease in spontaneous morning erections	0	1	2	3
Decrease in fullness of erections	0	1	2	3
Difficulty in maintaining morning erections	0	1	2	3
Spells of mental fatigue	0	1	2	3
Inability to concentrate	0	1	2	3
Episodes of depression	0	1	2	3
Muscle soreness	0	1	2	3
Decrease in physical stamina	0	1	2	3
Unexplained weight gain	0	1	2	3
Increased in fat distribution around chest and hips	0	1	2	3
Sweating attacks	0	1	2	3
More emotional than in the past	0	1	2	3

Total _____**Category P (Women – still menstruating)**

Are you perimenopausal	Yes(3)	No(0)		
Alternating menstrual cycle lengths	Yes(3)	No(0)		
Extended menstrual cycle, greater than 32 days	Yes(3)	No(0)		
Shortened menses, less than every 24 days	Yes(3)	No(0)		
Pain and cramping during periods	0	1	2	3
Scanty blood flow	0	1	2	3
Heavy blood flow	0	1	2	3
Breast pain and swelling during menses	0	1	2	3
Pelvic pain during menses	0	1	2	3
Irritable and depressed during menses	0	1	2	3
Acne breakouts	0	1	2	3
Facial hair growth	0	1	2	3
Hair loss/thinning	0	1	2	3

Total _____**Category Q (Women – Menopausal)**

Since menopause, do you ever have uterine bleeding	0	1	2	3
Hot flashes	0	1	2	3
Mental fogginess	0	1	2	3
Disinterest in sex	0	1	2	3
Mood swings	0	1	2	3
Depression	0	1	2	3
Painful intercourse	0	1	2	3
Shrinking breasts	0	1	2	3
Facial hair growth	0	1	2	3
Acne	0	1	2	3
Increased vaginal pain, dryness or itching	0	1	2	3

Total _____**Category R**

Is your memory noticeably declining?	0	1	2	3
Are you having a hard time remembering names and phone numbers?	0	1	2	3
Is your ability to focus noticeably declining?	0	1	2	3
Has it become harder for you to learn things	0	1	2	3
Do you have a hard time remembering appointments?	0	1	2	3
Is your temperament getting worse in general?	0	1	2	3
Are you losing your attention span endurance?	0	1	2	3
Are you feeling down or sad more than normal?	0	1	2	3

Category R (con't)

Do you fatigue when reading sooner than in the past?	0	1	2	3
Do you fatigue sooner when driving than in the past?	0	1	2	3
Do you walk into rooms and forget why?	0	1	2	3
Do you pick up your cell phone and forget why?	0	1	2	3

Total _____**Category S**

Are you losing your pleasure in hobbies and interests?	0	1	2	3
Do you feel overwhelmed with ideas to manage?	0	1	2	3
Do you have feelings of inner rage (anger)?	0	1	2	3
Do you have feelings of paranoia?	0	1	2	3
Do you feel sad or down for no reason?	0	1	2	3
In general, do you feel like you are not enjoying life?	0	1	2	3
Do you feel you lack artistic expression?	0	1	2	3
Do you feel depressed in overcast weather?	0	1	2	3
Are you losing your enthusiasm for your favorite activities?	0	1	2	3
Are you losing enjoyment for your favorite foods?	0	1	2	3
Are you losing your enjoyment of friendships and relationships?	0	1	2	3
Do you have difficulty falling into deep restful sleep?	0	1	2	3
Do you have feeling of dependency on others?	0	1	2	3
Do you feel more susceptible to pain?	0	1	2	3
Do you have feelings of unprovoked anger?	0	1	2	3
Are you losing interest in life?	0	1	2	3

Total _____**Category T**

Do you have feelings of hopelessness?	0	1	2	3
Do you have self-destructive thoughts?	0	1	2	3
Do you have an inability to handle stress?	0	1	2	3
Do you have anger and aggression while under stress?	0	1	2	3
Do you feel you are not rested even after long sleep?	0	1	2	3
Do you prefer to isolate yourself from others?	0	1	2	3
Do you have unexplained lack of concern for family and friends?	0	1	2	3
Are you distracted easily?	0	1	2	3
Do you have an inability to finish tasks?	0	1	2	3
Do you feel your libido has been decreased?	0	1	2	3
Do you feel the need to consume caffeine to stay alert?	0	1	2	3
Do you lose your temper for minor reasons?	0	1	2	3
Do you have feelings of worthlessness?	0	1	2	3

Total _____**Category U**

Do you feel anxious or panic for no reason?	0	1	2	3
Do you have feelings of dread, or pending gloom?	0	1	2	3
Do you feel knots in your stomach?	0	1	2	3
Do you have feelings of being overwhelmed for no reason?	0	1	2	3
Do you have feelings of guilt about everyday decisions?	0	1	2	3
Does your mind feel restless?	0	1	2	3
Is it difficult to turn off your mind when you want to relax?	0	1	2	3
Do you have disorganized attention?	0	1	2	3
Do you now worry about things you were not worried about before?	0	1	2	3

Category U (con't)

Do you have feelings of inner tension and inner excitability?	0	1	2	3
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Total _____**Category V**

Do you feel your visual memory (shapes & images) is decreased?	0	1	2	3
Do you feel your verbal memory is decreased?	0	1	2	3
Do you have memory lapses?	0	1	2	3
Has your creativity been decreased?	0	1	2	3
Has your comprehension been diminished?	0	1	2	3
DO you have difficulty calculating numbers?	0	1	2	3
Do you have difficulty recognizing objects and faces?	0	1	2	3
Do you feel like your opinion about yourself is changed?	0	1	2	3
Are you experiencing excessive urination?	0	1	2	3
Are you experiencing slower mental response?	0	1	2	3

Total _____**Category W**

Does your skin look pale?	0	1	2	3
Do you feel tired or fatigued?	0	1	2	3
Do you feel weak?	0	1	2	3
Do you get short of breath?	0	1	2	3
Do you get dizzy?	0	1	2	3
Have you experienced a rapid heart rate?	0	1	2	3
Do you have numbness/coldness in your hands or feet?	0	1	2	3
Are you irritable?	0	1	2	3
Do you feel sad and depressed?	0	1	2	3

Total _____**Category X**

Pain or aches in joints	0	1	2	3
Pain, aches in muscles	0	1	2	3
Itchy ears	0	1	2	3
Belching, passing gas	0	1	2	3
Dark circles under eyes	0	1	2	3
Gagging, frequent need to clear throat	0	1	2	3
Swollen or discolored tongue	0	1	2	3
Headaches	0	1	2	3
Stuffy nose	0	1	2	3
Water retention	0	1	2	3
Craving certain foods	0	1	2	3
Excessive mucous	0	1	2	3
Frequent illness	0	1	2	3

Total _____

Go to the "Fat Loss Resistance Assessment Guide" to fill in the totals in the appropriate column of each category.

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Fat Loss Resistance Assessment Guide

	Gastrointestinal				L/GB	Glucose		Adrenal		Thyroid		Pituitary		Male		Female		Brain					Ane	Tox
	A. Colon	B. Stomach	C. Stomach	D. Small Int.		E. Liver/GB	F. Glucose - L	G. Glucose - H	H. Adrenal - L	I. Adrenal - H	J. Thyroid - L	K. Thyroid - H	L. Pituitary - L	M. Pituitary - H	N. Prostate	O. Hormones	P. Hormones	Q. Hormones	R. Health	S. Serotonin	T. Dopamine	U. GABA		
High Priority	30	21	27	27	39	27	24	21	18	36	21	9	9	15	39	39	33	36	48	39	30	30	27	39
	28	28	19	24	38	24	22	19	16	20	19	8	8	14	38	38	30	32	44	38	28	28	24	38
	26	26	17	21	34	20	20	17	14	16	17	7	7	13	34	34	28	28	40	34	26	26	21	34
	24	24	17	21	30	21	18	14	14	16	15	7	7	12	30	30	26	24	28	30	24	24	21	30
Medium Priority	22	22	15	15	26	18	16	14	12	24	14	6	6	10	26	26	22	24	32	26	20	20	18	26
	18	18	12	15	21	15	14	12	10	20	12	5	5	9	21	21	19	20	28	18	16	15	18	21
	16	16	10	12	17	12	12	10	8	16	10	4	4	8	17	17	17	16	24	16	14	12	15	21
	14	14	8	12	17	12	10	8	8	16	8	4	4	7	17	15	15	16	20	14	14	12	12	17
Low Priority	10	10	7	9	13	9	8	7	6	12	7	3	3	5	13	13	11	12	16	13	10	10	9	13
	8	8	4	6	8	6	6	4	4	8	4	2	2	4	8	8	8	8	12	8	8	6	6	8
	6	6	4	3	8	4	4	4	2	4	4	1	1	3	8	6	6	4	8	6	4	4	3	8
	4	4	2	3	4	3	2	2	2	4	2	1	1	2	4	4	4	4	4	4	2	2	3	4
Total	0																							