

## ARE YOU STRESSED OUT?

Use our check-list to find out! Total your points and check the point value to see your stress level.

- |   |  |
|---|--|
| <input type="checkbox"/> death of spouse: <b>100</b>                      | <input type="checkbox"/> son or daughter leaving home: <b>29</b>     |
| <input type="checkbox"/> divorce: <b>73</b>                               | <input type="checkbox"/> trouble with in-laws: <b>29</b>             |
| <input type="checkbox"/> marital separation: <b>65</b>                    | <input type="checkbox"/> outstanding personal achievement: <b>28</b> |
| <input type="checkbox"/> jail term: <b>63</b>                             | <input type="checkbox"/> starting or finishing school: <b>26</b>     |
| <input type="checkbox"/> death of close family member: <b>63</b>          | <input type="checkbox"/> change in living conditions: <b>25</b>      |
| <input type="checkbox"/> personal injury or stress: <b>53</b>             | <input type="checkbox"/> revision of personal habits: <b>24</b>      |
| <input type="checkbox"/> marriage: <b>50</b>                              | <input type="checkbox"/> trouble with boss: <b>24</b>                |
| <input type="checkbox"/> fired from work: <b>47</b>                       | <input type="checkbox"/> change in work hours, conditions: <b>20</b> |
| <input type="checkbox"/> marital reconciliation: <b>45</b>                | <input type="checkbox"/> change in residence: <b>20</b>              |
| <input type="checkbox"/> retirement: <b>45</b>                            | <input type="checkbox"/> change in schools: <b>20</b>                |
| <input type="checkbox"/> change in family member's health: <b>44</b>      | <input type="checkbox"/> change in recreational habits: <b>19</b>    |
| <input type="checkbox"/> pregnancy: <b>40</b>                             | <input type="checkbox"/> change in church activities: <b>19</b>      |
| <input type="checkbox"/> sex difficulties: <b>39</b>                      | <input type="checkbox"/> mortgage or loan under \$10,000: <b>17</b>  |
| <input type="checkbox"/> addition to family: <b>39</b>                    | <input type="checkbox"/> change in sleeping habits: <b>16</b>        |
| <input type="checkbox"/> business readjustment: <b>39</b>                 | <input type="checkbox"/> change in # of family gatherings: <b>15</b> |
| <input type="checkbox"/> change in financial status: <b>38</b>            | <input type="checkbox"/> change in eating habits: <b>15</b>          |
| <input type="checkbox"/> death of a close friend: <b>37</b>               | <input type="checkbox"/> vacation: <b>13</b>                         |
| <input type="checkbox"/> change to a different line of work: <b>36</b>    | <input type="checkbox"/> Christmas season: <b>12</b>                 |
| <input type="checkbox"/> change in number of marital arguments: <b>35</b> | <input type="checkbox"/> minor violation of the law: <b>11</b>       |
| <input type="checkbox"/> mortgage or loan over \$10,000: <b>31</b>        |  |
| <input type="checkbox"/> foreclosure of mortgage or loan: <b>30</b>       |  |
| <input type="checkbox"/> change in work responsibilities: <b>29</b>       |  |

**Total:** \_\_\_\_\_

### POINT VALUE MEANINGS:

- **Less than 150:** Your chance of becoming ill in the next 2 years: **1 to 3.**
- **151 - 299:** Your chance of becoming ill in the next 2 years: **50-50.**
- **300+:** Developing a serious malady in the next 2 years: **80%.**

## CAROTENOIDS

- Pasty white color to the skin
- Macular degeneration
- Risk of cancer
- Sun burn easily (photosensitivity)
- Weak immune system
- Heart disease
- Cataracts
- Nerve problems
- Mental Problems

## FLAVONOIDS

- Risk of cancer
- Weak bones
- Weak immune system
- Heart disease
- Risk of stomach cancer
- Consume food with nitrates or nitrites

## CRUCIFEROUS

- Risk of hormone related or other cancers
- Exposure to toxic substances
- Elevated cholesterol
- Reduced immune function

## FULL MOTION

- Osteoarthritis
- Painful joints

# STRESS AND HEALTH INDICATOR



### Questionnaire

Thank-you for completing our questionnaire on nutritional stress and health indicators.

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

## ALLERGY

- |  |   |
|--|---|
| <input type="checkbox"/> Allergy                                   | <input type="checkbox"/> Food cravings                    |
| <input type="checkbox"/> Swelling, pain or gas in stomach          | <input type="checkbox"/> Anxiety                          |
| <input type="checkbox"/> Persistent sinus drip                     | <input type="checkbox"/> Nightmares                       |
| <input type="checkbox"/> Increase in pulse rate after eating       | <input type="checkbox"/> Sudden weight gains              |
| <input type="checkbox"/> Fuzzy minded after eat or smell chemicals | <input type="checkbox"/> Foul smelling feces              |
| <input type="checkbox"/> Recurring cough                           | <input type="checkbox"/> Irritability                     |
| <input type="checkbox"/> Repeated infections                       | <input type="checkbox"/> Headache                         |
| <input type="checkbox"/> Puffy under eye, red eyes                 | <input type="checkbox"/> Bruxism (grinding teeth)         |
| <input type="checkbox"/> Mucous                                    | <input type="checkbox"/> Learning disabilities            |
| <input type="checkbox"/> Joint stiffness                           | <input type="checkbox"/> Schizophrenia                    |
| <input type="checkbox"/> Water retention                           | <input type="checkbox"/> Bulimia                          |
| <input type="checkbox"/> Metallic taste in mouth or throat         | <input type="checkbox"/> Hair trigger temper              |
| <input type="checkbox"/> Ringing in the ears                       | <input type="checkbox"/> Celiac and Crohn's disease       |
| <input type="checkbox"/> Gas (flatulence)                          | <input type="checkbox"/> Colic or ear infections as child |
| <input type="checkbox"/> Depression                                | <input type="checkbox"/> Hypoglycemia or Diabetes         |
| <input type="checkbox"/> Racing pulse (esp. over 84)               | <input type="checkbox"/> Dark circle under eye(s)         |
|  | <input type="checkbox"/> Suicidal                         |

GNLD Products: Salmon Oil, Betagest, Enzyme Digestive Aid, Acidophilus Complex, Formula IV

## ENVIRONMENT

- |  |  |
|--|--|
| <input type="checkbox"/> Gas heating of home or gas stove                      | <input type="checkbox"/> home (esp. under kitchen sink)              |
| <input type="checkbox"/> New rugs or drapes                                    | <input type="checkbox"/> Live close to busy road or drive frequently |
| <input type="checkbox"/> Newly painted home products                           | <input type="checkbox"/> Use perfumes, deodorants, perfumed soaps    |
| <input type="checkbox"/> Work with oil products                                | <input type="checkbox"/> Exposed to herbicides                       |
| <input type="checkbox"/> Electric blanket                                      | <input type="checkbox"/> Little exposure to sun                      |
| <input type="checkbox"/> Spray home with pesticides                            |  |
| <input type="checkbox"/> Store gasoline, ammonia, clorox or other chemicals in |  |

Note to Reader: GNLD neither endorses nor rejects the opinions and statements contained in either the attached nutritional publication or others distributed by it from time to time on request. Some persons considered experts may disagree with one or more of the statements it contains. Statements in such other publications may also disagree. In any event, no statement in the attached publication shall be construed as a claim or representation that any GNLD product constitutes a specific cure, palliative or ameliorative for any condition mentioned therein. The nutritional purposes for which GNLD products are offered are outlined only in its product labels and sales literature.

Instructions: Review each section and check categories where you recognize a problem.

This questionnaire is not offered as a diagnosis or cure for any disease. It is an educational tool to help you associate better with health and nutrition.

## BEVERAGE HABITS

- |  |   |
|--|---|
| <input type="checkbox"/> Drink diet sodas  | <input type="checkbox"/> Drink unpurified tap water                   |
| <input type="checkbox"/> Drink regular sodas   | <input type="checkbox"/> Drink purified water from plastic containers |
| <input type="checkbox"/> Consume more than 1 cup of coffee, chocolate, or tea a day (caffeine) | <input type="checkbox"/> Water is heavily chlorinated                 |
| <input type="checkbox"/> Drink 4 oz. or more of fruit juice a day                              | <input type="checkbox"/> Heavy milk drinker                           |
| <input type="checkbox"/> Drink iced beverages with meals                                       | <input type="checkbox"/> Drink artificial fruit punches               |
| <input type="checkbox"/> Drink carbonated water  | <input type="checkbox"/> Drink herbal teas                            |
|  | <input type="checkbox"/> Drink alcohol                                |
|  | <input type="checkbox"/> Don't drink much water                       |

GNLD Product: Water Dome

## DIGESTIVE ANALYSIS

- |   |   |
|---|---|
| <input type="checkbox"/> Indigestion  | <input type="checkbox"/> Don't feel well after eating                   |
| <input type="checkbox"/> Heartburn  | <input type="checkbox"/> Physical changes after eating                  |
| <input type="checkbox"/> Regurgitation  | <input type="checkbox"/> Recurrent diarrhea or dumping syndrome         |
| <input type="checkbox"/> Belching   | <input type="checkbox"/> Bowel cancer                                   |
| <input type="checkbox"/> Gas, bloating  | <input type="checkbox"/> Hiatus hernia                                  |
| <input type="checkbox"/> Bad breath   | <input type="checkbox"/> Diverticulosis                                 |
| <input type="checkbox"/> Don't feel well when eating fatty foods                  | <input type="checkbox"/> Obesity  |
| <input type="checkbox"/> Often hungry after eating. Sometimes leads to binging    | <input type="checkbox"/> Hemorrhoids                                    |
| <input type="checkbox"/> Considerable fluid retention (puffy around eyes, ankles) | <input type="checkbox"/> Varicose veins                                 |
| <input type="checkbox"/> Tired after eating a meal                                | <input type="checkbox"/> Constipation                                   |
| <input type="checkbox"/> Food allergies   | <input type="checkbox"/> Stool does not float                           |
| <input type="checkbox"/> Emotional changes  | <input type="checkbox"/> Suffer from Candida albicans (yeast infection) |
|   | <input type="checkbox"/> Frequent use of antibiotics                    |

GNLD Products: Betagest, Enzyme Digestive Aid, Fiber Concentrate, Fiber Powder, Acidophilus Complex

## DIETARY HABITS

- |  |   |
|--|---|
| <input type="checkbox"/> Skip breakfast  | <input type="checkbox"/> Don't feel well after eating         |
| <input type="checkbox"/> Eat late at night   | <input type="checkbox"/> Don't like vegetables                |
| <input type="checkbox"/> Eat fatty foods (sausage, bacon, luncheon meats, fried foods)           | <input type="checkbox"/> Don't eat meat                       |
| <input type="checkbox"/> Craving for sugary foods (candy, pie, cake) more often than once a week | <input type="checkbox"/> Don't eat whole grain cereals        |
| <input type="checkbox"/> Eat fast food more than once a week                                     | <input type="checkbox"/> Frequent canker sores and cold sores |
| <input type="checkbox"/> Eat ice cream more than once a week                                     | <input type="checkbox"/> Eat little raw food                  |
| <input type="checkbox"/> Go on eating binges   | <input type="checkbox"/> Craving for salty food               |
| <input type="checkbox"/> Increase in pulse rate after eating                                     | <input type="checkbox"/> Eat fish on a regular basis          |
|  | <input type="checkbox"/> Sick when you don't eat              |

## ESSENTIAL OILS

- |   |   |
|---|---|
| <input type="checkbox"/> Use margarine                    | <input type="checkbox"/> Dry eyes   |
| <input type="checkbox"/> High Cholesterol or triglyceride | <input type="checkbox"/> Infertility  |
| <input type="checkbox"/> Joint stiffness                  | <input type="checkbox"/> Irritable bowel problems                                       |
| <input type="checkbox"/> Inflammation                     | <input type="checkbox"/> Diabetes   |
| <input type="checkbox"/> Migraine headache                | <input type="checkbox"/> Breast disease   |
| <input type="checkbox"/> Dry skin                         | <b>Adrenal</b>  |
| <input type="checkbox"/> Frequent ear infections          | <input type="checkbox"/> Dizzy when suddenly arise                                      |
| <input type="checkbox"/> Back pain                        | <input type="checkbox"/> Allergies  |
| <input type="checkbox"/> PMS                              | <input type="checkbox"/> Eyes sensitive to bright light                                 |
| <input type="checkbox"/> Hormone irregularities           | <input type="checkbox"/> Hypertension (High blood pressure)                             |
| <input type="checkbox"/> Frequently ill                   | <input type="checkbox"/> Chronic fatigue  |
| <input type="checkbox"/> Low thyroid                      | <input type="checkbox"/> Arthritis  |
| <input type="checkbox"/> Depression (esp. winter)         | <input type="checkbox"/> White shows under one or both eyes when looking straight ahead |
| <input type="checkbox"/> Cold hands, feet                 | <input type="checkbox"/> Craving for salt or sugar                                      |
| <input type="checkbox"/> Schizophrenia                    | <input type="checkbox"/> Alcoholic  |
| <input type="checkbox"/> Alcohol problems                 | <input type="checkbox"/> Feel stressed out all the time                                 |
| <input type="checkbox"/> Heart disease                    |   |
| <input type="checkbox"/> Migraine headache                |   |
| <input type="checkbox"/> No ear wax (or dark)             |   |
| <input type="checkbox"/> Swelling of ankles               |   |
| <input type="checkbox"/> Cancer                           |   |

GNLD Products: Formula IV, Formula IV Plus, Salmon Oil, Salmon Oil Plus, Omega III, Cod Liver Oil

## VITAMINS

### Vitamin A-Zinc

- |  |  |
|--|--|
| <input type="checkbox"/> Poor night vision                 | <input type="checkbox"/> Fatigue                           |
| <input type="checkbox"/> Dry Skin                          | <input type="checkbox"/> Lack of appetite                  |
| <input type="checkbox"/> Acne                              | <input type="checkbox"/> Blotchy, scaly skin               |
| <input type="checkbox"/> Bumps on back of arm or calf      | <input type="checkbox"/> Heavy callousing                  |
| <input type="checkbox"/> Ear infections                    | <input type="checkbox"/> Pregnancy nausea                  |
| <input type="checkbox"/> Bladder infections                | <input type="checkbox"/> Carpal Tunnel Syndrome            |
| <input type="checkbox"/> Sinus infections                  | <input type="checkbox"/> Cracks at the corner of the mouth |
| <input type="checkbox"/> Lung congestion                   |  |
| <input type="checkbox"/> Weak immune system                | <b>Vitamin C Complex</b>                                   |
| <input type="checkbox"/> Colitis, ileitis, Crohn's disease | <input type="checkbox"/> Bruise easily                     |
| <input type="checkbox"/> Ulcers                            | <input type="checkbox"/> Bleeding gums                     |
| <input type="checkbox"/> Cancer                            | <input type="checkbox"/> Loose teeth                       |
| <input type="checkbox"/> Lack of sparkle to eyes           | <input type="checkbox"/> Slow wound healing                |

### Vitamin B Complex

- |  |   |
|--|---|
| <input type="checkbox"/> Numbness of hands or feet, tingling extremities, burning feet | <input type="checkbox"/> Accident prone                   |
| <input type="checkbox"/> Nervousness   | <input type="checkbox"/> Frequent colds, flu              |
| <input type="checkbox"/> Oily skin with enlarged pores                                 | <input type="checkbox"/> Weak immune system               |
| <input type="checkbox"/> Inability to remember dreams                                  | <input type="checkbox"/> Varicose veins                   |
| <input type="checkbox"/> Mental dullness   | <input type="checkbox"/> Nose bleeds                      |
| <input type="checkbox"/> Irregular heartbeat   | <input type="checkbox"/> Smoker                           |
| <input type="checkbox"/> Electric shock sensation when the neck is bent                | <input type="checkbox"/> Active viral infection           |
| <input type="checkbox"/> Burning tongue or lips  | <input type="checkbox"/> Immunization                     |
| <input type="checkbox"/> Hyperexcitable  | <input type="checkbox"/> Swollen or painful joints        |
| <input type="checkbox"/> Low back pain   |   |
| <input type="checkbox"/> Tongue sore/ sensitive to hot drinks                          | <b>Vitamin E</b>  |
| <input type="checkbox"/> Geographic tongue (cracks) or tongue is reddish, no small     | <input type="checkbox"/> Shortness of breath              |
|  | <input type="checkbox"/> Poor circulation                 |
|  | <input type="checkbox"/> Angina Pain                      |
|  | <input type="checkbox"/> Heart Disease                    |
|  | <input type="checkbox"/> Respiration problems (emphysema) |
|  | <input type="checkbox"/> Brown aging spots                |
|  | <input type="checkbox"/> Bulky scar tissue                |
|  | <input type="checkbox"/> Leg cramps when exercise         |

GNLD Products: Active 40+, Sports 30, Vitamin A, Vitamin B Complex, Threshold B, All-C, Threshold Control C, Vitamin E

## MINERALS

### Zinc-Copper-Iodine

- |  |   |
|--|---|
| <input type="checkbox"/> Body odor                                 | <input type="checkbox"/> High blood pressure                  |
| <input type="checkbox"/> Loss of appetite                          | <input type="checkbox"/> Osteoporosis                         |
| <input type="checkbox"/> Food tastes funny                         | <input type="checkbox"/> Crowding of teeth in mouth           |
| <input type="checkbox"/> Craving for salt                          | <input type="checkbox"/> Narrow face                          |
| <input type="checkbox"/> Prostate problems                         |   |
| <input type="checkbox"/> Slow-heal wounds                          | <b>Iron</b>   |
| <input type="checkbox"/> White clouds or small bands on fingernail | <input type="checkbox"/> Pale                                 |
| <input type="checkbox"/> Acne                                      | <input type="checkbox"/> Digestive problems                   |
| <input type="checkbox"/> Warts                                     | <input type="checkbox"/> Heavy menstrual flow                 |
| <input type="checkbox"/> Neck or throat tenderness                 | <input type="checkbox"/> Fatigue                              |
| <input type="checkbox"/> Arthritis, Anorexia                       | <input type="checkbox"/> Urine pink or red after eating beets |
|  | <input type="checkbox"/> Crave eating ice                     |
|  | <input type="checkbox"/> Spoon shaped nail                    |

### Calcium-Magnesium-Vitamin D

- |   |   |
|---|---|
| <input type="checkbox"/> Leg or foot cramps (especially at night) | <b>Iodine</b>   |
| <input type="checkbox"/> Tight shoulders                          | <input type="checkbox"/> Goiter   |
| <input type="checkbox"/> Stiff neck                               | <input type="checkbox"/> Breast lumps   |
| <input type="checkbox"/> Calcium deposits                         | <input type="checkbox"/> Poor recovery from mononucleosis (with essential oils) |
| <input type="checkbox"/> Backache                                 | <b>Magnesium-Copper</b>   |
| <input type="checkbox"/> Menstrual cramps                         | <input type="checkbox"/> Poor immune function                                   |
| <input type="checkbox"/> Menstrual irritable                      | <input type="checkbox"/> Porous bones   |
| <input type="checkbox"/> Leg aches                                |   |
| <input type="checkbox"/> Insomnia                                 |   |

GNLD Products: Active 40+, Sports 30, Chelated Multi-mineral, Chelated Cal-Mag

## PROTEIN

### Protein-Essential Oils

- |   |   |
|---|---|
| <input type="checkbox"/> Chronic fatigue            | <input type="checkbox"/> Infections                       |
| <input type="checkbox"/> Low blood sugar            | <input type="checkbox"/> Slow healing                     |
| <input type="checkbox"/> Craving for sweets         | <input type="checkbox"/> Swollen ankles                   |
| <input type="checkbox"/> Crave alcohol/ drugs       | <input type="checkbox"/> Brittle nails                    |
| <input type="checkbox"/> Toxemia (Pregnancy)        | <input type="checkbox"/> Lack lustre hair                 |
| <input type="checkbox"/> Flabbiness                 | <input type="checkbox"/> Digestive problems               |
| <input type="checkbox"/> Underweight                | <input type="checkbox"/> Hormone imbalances               |
| <input type="checkbox"/> Overweight                 | <input type="checkbox"/> Poor recovery time from exercise |
| <input type="checkbox"/> Thinning hair or hair loss | <input type="checkbox"/> Heavy meat eater                 |
|   | <input type="checkbox"/> Vegan                            |

GNLD Products: Nourishake, Super Ease, Vegetarian, Premium, GR2 Protein Shakes