

# *Digestion Perfection*



## **SYMPTOM ASSESSMENT**

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**Dear Health Seeker,**

**Welcome to my Digestion Perfection Symptom Assessment Service!** I look forward to helping you to completely resolve your symptoms and develop perfect digestive and bowel health.

Disease *and* health are caused, mainly by our dietary habits. When we identify and discontinue the causes of our ills, and replace them with a new natural health-promoting diet following correct eating practices, symptoms cease, we heal and are able to build vibrant health. Millions have overcome their gastrointestinal dis-eases and achieved perfect digestive wellness by embracing our natural biological diet as part of a naturally healthful lifestyle. Health freedom is in our hands!

This Service is designed to give you the clear insight into the causes of your dis-ease symptoms and how to proceed with a healthful dietary healing and lifestyle program which resolves your symptoms and brings you vibrant wellness. The scope of this Service entails:

1. E-mail delivery of my *Digestion Perfection with the Vegan Healing Diet Plan* e-book upon my receipt of the \$59.95 fee.

2. Review of your health survey.

3. E-mail delivery of your **Digestion Perfection Symptom Assessment Report** within 3 business days of receipt of your faxed or e-mailed survey form submittal and payment. It will contain:

A. Identification of the causes of your digestive and bowel dis-ease symptoms.  
B. Explanations of the physiological nature of your digestive and bowel dis-ease conditions.  
C. My top recommended self-healing plan and other options for resolving your symptoms and conditions and establishing perfect digestion and bowel health. The top recommendation will generally be selected from among these options:

a. Study *Digestion Perfection with the Vegan Healing Diet Plan* and implement the Vegan Healing Diet Plan on your own at home. (No extra fee.)

b. Order and study *Self Healing Colitis & Crohn's* and implement the Vegan Healing Diet Plan on your own at home.

c. Study *Digestion Perfection with the Vegan Healing Diet Plan* and implement the Vegan Healing Diet Plan at home with phone or Skype and e-mail guidance by myself. (Please refer to my Counseling page for fee rates: [www.digestionperfection.com/consult.html](http://www.digestionperfection.com/consult.html).)

d. Study *Self Healing Colitis & Crohn's* and implement the Vegan Healing Diet Plan at home with phone or Skype and e-mail guidance by myself. (Please refer to my Counseling page for fee rates: [www.digestionperfection.com/consult.html](http://www.digestionperfection.com/consult.html).)

e. Study *Self Healing Colitis & Crohn's* and implement the Vegan Healing Diet Plan at home with guidance by myself and one of my medical doctor associates. (We have separate counseling fee rates.)

f. Study *Self Healing Colitis & Crohn's* and implement the Vegan Healing Diet Plan at a lodge (bed & breakfast, hotel or retreat) of your choice near my office on Maui with guidance by myself. (Lodging and counseling fees are billed separately.)

g. Study *Self Healing Colitis & Crohn's* and implement the Vegan Healing Diet Plan at TrueNorth Health Center in Santa Rosa, California ([www.truenorthhealth.com](http://www.truenorthhealth.com)) with guidance by myself and one or two of my medical doctor associates. (Lodging, healthcare and counseling fees are billed separately.)

If you have any questions about my Service and would like to discuss a personalized **Vegan Healing Diet Plan**, please feel free to contact me by e-mail or phone at any time.

Let's get you well so that you can thoroughly enjoy eating and live the life of your dreams in a dis-ease body which functions perfectly well—naturally!

**Yours for perfect digestive & bowel health!**

**David Klein, Ph.D., Naturorthopathic Doctor**

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### **Confidentiality Statement**

All of the information submitted to Dr. Klein by the Client and the entirety of his Client files, including all contact information and correspondence, is kept strictly confidential and will not be used or shared with other parties for any reasons, except if requested by the Client in writing.

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### **Non-diagnosis – Non-medical – Natural Practice Advisement**

Dr. Klein is not a medical doctor, he does not practice medicine, he does not diagnose medical conditions, he does not recommend or prescribe medical therapies, remedies, treatments, procedures or medications. Dr. Klein can review medical and blood test reports and work in concert with the Client's advising medical doctors; however, he cannot recommend medical care or treatment. It is the client's and his or her advising medical doctors' responsibility to determine and make decisions as to whether medical care or treatment is needed, and to take appropriate action. As a Hygienic Doctor and HygioPhysician, Dr. Klein's practice is limited to health assessment, education and counseling within the realm of natural healing and health-promoting practices, including natural, whole-foods diet. The basic program Dr. Klein normally advises, his Vegan Healing Diet Plan, is presented in his two books: *Self Healing Colitis & Crohn's 4th edition* and *Digestion Perfection with the Vegan Healing Diet Plan*. The Vegan Healing Diet Plan is based upon the biological and physiological principles of human health science, as taught in the natural self-healthcare lifestyle program called "Natural Hygiene." For further information about Dr. Klein's services and program, please visit his websites and contact him.



# *Digestion Perfection*

## SYMPTOM ASSESSMENT SURVEY

**PLEASE CIRCLE OR PLACE AN "X" NEXT TO  
MULTIPLE CHOICE ITEMS**

Name:

Date:

E-mail address:

Skype I.D.:

Phone number:

Street address or P.O. Box:

City:

State or province:

Country:

Zip or mail code:

How did you find the Digestion Perfection website?

Whom may I thank for the referral?

Age:

Birth date:

Male       Female

Please attach a recent photo of yourself.

Occupation:

How many hours do you work or study and attend classes per day?

Height: Feet                  Inches

Weight in pounds:

Have you recently lost a lot of weight?  No  Yes If yes, how many pounds?

Have you recently gained a lot of weight?  No  Yes If yes, how many pounds?

What is your target or optimum weight?

On a scale of 1 (lowest) to 5 (highest) describe your energy levels during the

Morning: 1 2 3 4 5

Day: 1 2 3 4 5

Evening: 1 2 3 4 5

How many hours of sleep do you normally get? 4 5 6 7 8 9 10 12

Do you take rests and naps during the day?  Yes  No

Are you under any social or family stress?  Yes  No

Are you under any work or school stress?  Yes  No

Are you under any financial stress?  Yes  No

Do you monitor your blood pressure?  Yes  No If yes, please provide a recent reading:

If you are a female are you pregnant?  Yes  No If yes, how many months?

How many months and/or years have you been experiencing digestive or bowel health problems?

Please indicate if you have experienced any of these symptoms:

- Abdominal Pain - Under Ribs  Now  Within the last 12 months  More than a year ago
- Abdominal Pain - Navel Area  Now  Within the last 12 months  More than a year ago
- Abdominal Pain - Below the Navel  Now  Within the last 12 months  More than a year ago
- Abdominal Pain - Groin  Now  Within the last 12 months  More than a year ago
- Abdominal Pain - Above Right Hip  Now  Within the last 12 months  More than a year ago
- Abdominal Pain - Above Left Hip  Now  Within the last 12 months  More than a year ago
- Abdominal Pain - Anal Area  Now  Within the last 12 months  More than a year ago
- Abscesses - Colon  Now  Within the last 12 months  More than a year ago
- Abscesses - Rectum  Now  Within the last 12 months  More than a year ago
- Abscesses - Small Intestine  Now  Within the last 12 months  More than a year ago
- Abscesses - Stomach  Now  Within the last 12 months  More than a year ago
- Adhesions  Now  Within the last 12 months  More than a year ago
- Acid Reflux  Now  Within the last 12 months  More than a year ago
- Anorexia  Now  Within the last 12 months  More than a year ago
- Appendicitis  Now  Within the last 12 months  More than a year ago
- B12 Malabsorption  Now  Within the last 12 months  More than a year ago
- Belching  Now  Within the last 12 months  More than a year ago
- Bleeding - Bladder  Now  Within the last 12 months  More than a year ago
- Bleeding - Colon  Now  Within the last 12 months  More than a year ago
- Bleeding - Gums  Now  Within the last 12 months  More than a year ago
- Bleeding - Excessive Menstrual  Now  Within the last 12 months  More than a year ago
- Bleeding - Small Intestine  Now  Within the last 12 months  More than a year ago
- Bleeding - Rectum  Now  Within the last 12 months  More than a year ago
- Bleeding - Vaginal  Now  Within the last 12 months  More than a year ago
- Blockages  Now  Within the last 12 months  More than a year ago
- Body Odors  Now  Within the last 12 months  More than a year ago
- Bowel Atrophy  Now  Within the last 12 months  More than a year ago
- Bowel Bloating  Now  Within the last 12 months  More than a year ago
- Bowel Odors  Now  Within the last 12 months  More than a year ago
- Cancer - Colon  Now  Within the last 12 months  More than a year ago
- Cancer - Prostate  Now  Within the last 12 months  More than a year ago
- Cancer - Liver  Now  Within the last 12 months  More than a year ago
- Cholangitis - Sclerosing  Now  Within the last 12 months  More than a year ago
- Colitis - Lymphocytic  Now  Within the last 12 months  More than a year ago
- Cancer - Ovarian  Now  Within the last 12 months  More than a year ago
- Cancer - Small Intestine  Now  Within the last 12 months  More than a year ago
- Cancer - Stomach  Now  Within the last 12 months  More than a year ago
- Cancer - Pancreas  Now  Within the last 12 months  More than a year ago
- Cancer - Mouth  Now  Within the last 12 months  More than a year ago
- Cancer - Rectum  Now  Within the last 12 months  More than a year ago
- Cancer - Throat  Now  Within the last 12 months  More than a year ago
- Candida (Candidiasis)  Now  Within the last 12 months  More than a year ago



Celiac Disease  Now  Within the last 12 months  More than a year ago  
Cholesystitis  Now  Within the last 12 months  More than a year ago  
Clostridium Difficile Bacterial Infection  Now  Within the last 12 months  More than a year ago  
Colic  Now  Within the last 12 months  More than a year ago  
Colitis  Now  Within the last 12 months  More than a year ago  
Colitis - Collagenous  Now  Within the last 12 months  More than a year ago  
Cancer - Microscopic  Now  Within the last 12 months  More than a year ago  
Colitis - Pan  Now  Within the last 12 months  More than a year ago  
Colitis - Ulcerative  Now  Within the last 12 months  More than a year ago  
Constipation  Now  Within the last 12 months  More than a year ago  
Cramps - intestinal  Now  Within the last 12 months  More than a year ago  
Cramps - menstrual  Now  Every cycle  More than a year ago  
Crohn's Colitis  Now  Within the last 12 months  More than a year ago  
Crohn's Disease  Now  Within the last 12 months  More than a year ago  
Diabetes - Type 1  Now  Within the last 12 months  More than a year ago  
Diabetes - Type 2  Now  
Diarrhea  Now  Within the last 12 months  More than a year ago  
Digestive Enzyme Under-secretion  Now  Within the last 12 months  More than a year ago  
Diverticulitis  Now  Within the last 12 months  More than a year ago  
Duodenal Ulcers  Now  Within the last 12 months  More than a year ago  
Dysentery  Now  Within the last 12 months  More than a year ago  
Dyspepsia  Now  Within the last 12 months  More than a year ago  
Eating Disorder - Bingeing & Purging  Now  Within the last 12 months  More than a year ago  
Eating Disorder - Bingeing on Candy  Now  Within the last 12 months  More than a year ago  
Eating Disorder - Bingeing on Fatty Foods  Now  Within the last 12 months  More than a year ago  
Eating Disorder - Bingeing on Hot & Spicy Foods  Now  Within the last 12 months  More than a year ago  
Eating Disorder - Bingeing on Starchy Foods  Now  Within the last 12 months  More than a year ago  
Eating Disorder - Diet Seesawing  Now  Within the last 12 months  More than a year ago  
Eating Disorder - Under Eating (Anorexia)  Now  Within the last 12 months  More than a year ago  
Esophagitis  Now  Within the last 12 months  More than a year ago  
Fatigue - Chronic  Now  Within the last 12 months  More than a year ago  
Fissures - Colon  Now  Within the last 12 months  More than a year ago  
Fissures - Rectal  Now  Within the last 12 months  More than a year ago  
Fissures - Vaginal  Now  Within the last 12 months  More than a year ago  
Flatulence/Gas  Now  Within the last 12 months  More than a year ago  
Flora Imbalances  Now  Within the last 12 months  More than a year ago  
Gallstones  Now  Within the last 12 months  More than a year ago  
Gastric Ulcers  Now  Within the last 12 months  More than a year ago  
Gastritis  Now  Within the last 12 months  More than a year ago  
Gastroesophageal Reflux (GERD)  Now  Within the last 12 months  More than a year ago  
Gastroparesis (delayed stomach emptying)  Now  Within the last 12 months  More than a year ago  
Giardiasis  Now  Within the last 12 months  More than a year ago  
Halitosis  Now  Within the last 12 months  More than a year ago  
Heartburn  Now  Within the last 12 months  More than a year ago  
Hemorrhoids  Now  Within the last 12 months  More than a year ago  
Hepatitis A  Now  Within the last 12 months  More than a year ago  
Hepatitis B  Now  Within the last 12 months  More than a year ago  
Hepatitis C  Now  Within the last 12 months  More than a year ago  
Hepatitis D  Now  Within the last 12 months  More than a year ago  
Hepatitis E  Now  Within the last 12 months  More than a year ago  
Hernia - Hiatal  Now  Within the last 12 months  More than a year ago  
Hernia - Intestinal  Now  Within the last 12 months  More than a year ago  
Hernia - Stomach  Now  Within the last 12 months  More than a year ago  
Herpes - Oral  Now  Within the last 12 months  More than a year ago  
Herpes - Genital  Now  Within the last 12 months  More than a year ago  
Hyperacidity  Now  Within the last 12 months  More than a year ago  
Hypothyroid  Now  Within the last 12 months  More than a year ago  
Ileocolitis  Now  Within the last 12 months  More than a year ago  
Ileitis  Now  Within the last 12 months  More than a year ago  
Incontinence - Bowel  Now  Within the last 12 months  More than a year ago  
Incontinence - Urinary  Now  Within the last 12 months  More than a year ago

- Indigestion  Now  Within the last 12 months  More than a year ago
- Irritable Bowel Syndrome (IBS)  Now  Within the last 12 months  More than a year ago
- Leaky Gut  Now  Within the last 12 months  More than a year ago
- Liver Enzyme Disorder  Now  Within the last 12 months  More than a year ago
- Malabsorption  Now  Within the last 12 months  More than a year ago
- Mouth Sores  Now  Within the last 12 months  More than a year ago
- Pancreatitis  Now  Within the last 12 months  More than a year ago
- Parasites  Now  Within the last 12 months  More than a year ago
- Peptic Ulcers  Now  Within the last 12 months  More than a year ago
- Peristaltic Weakness/Dysfunction  Now  Within the last 12 months  More than a year ago
- Peritonitis  Now  Within the last 12 months  More than a year ago
- Polyps  Now  Within the last 12 months  More than a year ago
- Primary Biliary Cirrhosis  Now  Within the last 12 months  More than a year ago
- Primary Sclerosing Cholangitis (PSC)  Now  Within the last 12 months  More than a year ago
- Proctitis  Now  Within the last 12 months  More than a year ago
- Prolapsed or Twisted Colon  Now  Within the last 12 months  More than a year ago
- Prolapsed or Twisted Small Intestine  Now  Within the last 12 months  More than a year ago
- Rapid Gastric Emptying  Now  Within the last 12 months  More than a year ago
- Scarring - Mouth  Now  Within the last 12 months  More than a year ago
- Septic Bowel  Now  Within the last 12 months  More than a year ago
- Sour Stomach  Now  Within the last 12 months  More than a year ago
- Spastic Colon  Now  Within the last 12 months  More than a year ago
- Strictures  Now  Within the last 12 months  More than a year ago
- Thrush  Now  Within the last 12 months  More than a year ago
- Vomiting  Now  Within the last 12 months  More than a year ago
- Yeast Infection  Now  Within the last 12 months  More than a year ago

Please list any physical and mental disabilities:

Please indicate if you have any of these medical procedures:

- Appendectomy  Colon Resection  Colectomy  Cholecystectomy (gallbladder removal)
- Colon Resection  Colostomy  Dental Implants  Hernia Surgery
- J-pouch  Polyp Removal  Small Intestine Resection  Stomach Stapling

Do you have a fever now, or have you had a fever recently?

- Yes  No If yes, what was the highest temperature and what is it now?

How many bowel movements have you had in the last 24 hours?

0 1 2 3 4 5 6 7 8 9 10 11-15 16+

How many daily bowel movements have you averaged over the last week?

0 1 2 3 4 5 6 7 8 9 10 11-15 16+

How many daily bowel movements did you average 4 weeks ago?

0 1 2 3 4 5 6 7 8 9 10 11-15 16+

Describe your current bowel movement stool form, difficulties and frequency:

- Bleeding  Diarrhea  Gassy  Loose  Mucus  Pains  Spasms
- Straining  Stuffed/plugged up  Thin stools  Urgency

Are you currently experiencing bloody stools?

- A little blood  A lot of blood  Blood with every stool

Do you have inflammation now?  Yes  No

Describe your digestion and elimination:

- Bloating  Constipated/Stuffed up  Cramping  Dull pains  Gagging  Gassy
- Irritable  Sharp pains  Turmoil  Urgency to defecate  Urgency to urinate  Weak

Are you now under medical care?  Yes  No  
 Gastroenterology  General Practitioner  Other Please describe:

Have you recently taken or are you currently taking any of the following medications or herbal treatments?

<input type="checkbox"/> Acid blockers	Type:	Dosage:	When last taken?
<input type="checkbox"/> Antacids	Type:	Dosage:	When last taken?
<input type="checkbox"/> Anti-anxiety	Type:	Dosage:	When last taken?
<input type="checkbox"/> Anti-biotic	Type:	Dosage:	When last taken?
<input type="checkbox"/> Anti-depressant	Type:	Dosage:	When last taken?
<input type="checkbox"/> Anti-diarrhea	Type:	Dosage:	When last taken?
<input type="checkbox"/> Anti-fungal	Type:	Dosage:	When last taken?
<input type="checkbox"/> Anti-gas	Type:	Dosage:	When last taken?
<input type="checkbox"/> Anti-inflammatories	Type:	Dosage:	When last taken?
<input type="checkbox"/> Anti-spasmodic	Type:	Dosage:	When last taken?
<input type="checkbox"/> Appetite suppressant	Type:	Dosage:	When last taken?
<input type="checkbox"/> Beta-blockers	Type:	Dosage:	When last taken?
<input type="checkbox"/> Birth control	Type:	Dosage:	When last taken?
<input type="checkbox"/> Hormones	Type:	Dosage:	When last taken?
<input type="checkbox"/> Immunosuppressants	Type:	Dosage:	When last taken?
<input type="checkbox"/> Laxatives	Type:	Dosage:	When last taken?
<input type="checkbox"/> Pain killers	Type:	Dosage:	When last taken?
<input type="checkbox"/> Parasite killers	Type:	Dosage:	When last taken?
<input type="checkbox"/> Sleep aids	Type:	Dosage:	When last taken?

Have you had any surgeries?

Heart  Stomach  Small intestine  Colon  Gallbladder  
 Kidney  Oral  Other

What was the date of your most recent blood tests?

If your blood tests revealed any abnormalities (deficiencies, excesses, etc.), please describe them:

Do you have any metal fillings with mercury?  Yes  No

Do you wear dentures?  Yes  No

What kind of tooth paste do you use?

Is your toothpaste fluoridated?  Yes  No

Do you use mouthwash?  Yes  No If yes, what kind?

Do use a fluoridated mouth rinse?  Yes  No

Do you use a tooth whitener?  Yes  No

Do you have any difficulty with chewing?  Yes  No

Do you tend to swallow food without chewing?  Yes  No

Do you chew gum?  Yes  No If yes, how often?

Do you use chewing tobacco?  Yes  No If yes, how often?

Do you smoke?  Cigarettes  Cigars  Marijuana  Pipe

Do you take any recreational drugs?  Marijuana  Other Describe:

If you are a male, how often do you ejaculate:

Never  1-2 times per week.  3-7 times per week.  8+ times per week.



How is your appetite?  Poor  Fair  Good/Strong

Please list any known food allergies:

Please list any known non-food allergies:  Animal dander  Mold  Pollen  Other

Have you been monitoring your saliva and urine pH with pH test paper?

No  Yes If yes, please provide details:

Morning saliva pH: Mid-day saliva pH:

Evening saliva pH: Morning urine pH:

Mid-day urine pH: Evening urine pH:

Do you wake up hungry?  Yes  No

How many times do you normally eat per day?

Meals: 1 2 3 4 5 6 7 8

Snacks: 0 1 2 3 4 5 6 7 8

At what time do you normally eat breakfast?

What do you typically eat for breakfast?

At what time do you normally eat lunch?

What do you typically eat for lunch?

At what time do you normally eat dinner?

What do you typically eat for dinner?

Do you ever eat after 7:00 PM?  Yes  No If yes, what is the latest time you eat:

How often do you eat after 7:00 PM?  Never  Occasionally  Often

How often do you eat after 10:00 PM?  Never  Occasionally  Often

Please describe your general diet:

- |  |  |
|--|--|
| <input type="checkbox"/> Alkaline vegan                          | <input type="checkbox"/> Alkaline vegetarian                 |
| <input type="checkbox"/> Atkins                                  | <input type="checkbox"/> Omnivore - meat & snacks daily      |
| <input type="checkbox"/> Omnivore - vegetarian some days         | <input type="checkbox"/> Fruitarian - 100% raw fruit         |
| <input type="checkbox"/> Fruitarian - 90% raw fruit              | <input type="checkbox"/> High-carbohydrate, cooked with meat |
| <input type="checkbox"/> High-protein, cooked with meat          | <input type="checkbox"/> High-fat, cooked with meat          |
| <input type="checkbox"/> Juicarian                               | <input type="checkbox"/> Lacto-ovo vegetarian                |
| <input type="checkbox"/> Living foods (Wigmore)                  | <input type="checkbox"/> Macrobiotic                         |
| <input type="checkbox"/> Natural Hygiene - vegan                 | <input type="checkbox"/> Paleo                               |
| <input type="checkbox"/> Vegetarian - no food combining          | <input type="checkbox"/> Vegetarian - food combining         |
| <input type="checkbox"/> Vegan - no food combining               | <input type="checkbox"/> Vegan - food combining              |
| <input type="checkbox"/> Raw vegan - no combining                | <input type="checkbox"/> Raw vegan - food combining          |
| <input type="checkbox"/> Raw vegan - fruit-based, food combining | <input type="checkbox"/> Raw vegan - superfoods              |
| <input type="checkbox"/> South Beach                             |  |

Which books have most greatly influenced your dietary practice?

Which teachers/authors have most greatly influenced your dietary practice?

Do you like fresh raw fruits?  No  Yes Favorites:

Do you like fresh raw vegetables?  No  Yes Favorites:

What is the approximate percentage of fresh raw food in your diet?

0%  25%  50%  75%  95%  100%

What is the approximate percentage of fresh raw fruit in your diet?

0%  25%  50%  75%  95%  100%

Do you eat any raw fish or other raw meat?

Never  Occasionally  Often Describe:

How many fresh raw vegetable salads do you eat per day? 0 1 2 3 4 5

How many times do you drink the following items per day?

Non-alcoholic Beverages:

- Carbonated soft drinks / soda 1 2 3 4 5
- Coconut water - fresh 1 2 3 4 5
- Coconut water - bottled, canned 1 2 3 4 5
- Coffee - decaffeinated 1 2 3 4 5
- Coffee - caffeinated 1 2 3 4 5
- Energy drinks - caffeinated 1 2 3 4 5
- Fruit juice - acid, bottled, canned 1 2 3 4 5
- Fruit juice - acid, fresh 1 2 3 4 5
- Fruit juice - non-acid, bottled, canned 1 2 3 4 5
- Fruit juice - non-acid, fresh 1 2 3 4 5
- Fruit smoothies 1 2 3 4 5
- Fruit-vegetable (green) smoothies 1 2 3 4 5
- Fruit-vegetable juice - bottled 1 2 3 4 5
- Fruit-vegetable juice - fresh 1 2 3 4 5
- Kombucha 1 2 3 4 5
- Rejuvelac 1 2 3 4 5
- Sports drinks 1 2 3 4 5
- Sugar cane juice 1 2 3 4 5
- Tea - Black with caffeine 1 2 3 4 5
- Tea - Herbal 1 2 3 4 5
- Vegetable juice - fresh 1 2 3 4 5
- Vegetable juice - bottled 1 2 3 4 5
- Vegetable juice - canned 1 2 3 4 5
- Wheatgrass juice 1 2 3 4 5

How many times do you drink the following items per day?

Alcoholic Beverages:  Beer 1 2 3 4 5  Liquor 1 2 3 4 5  Wine 1 2 3 4 5

How many ounces of coffee do you drink per day? 0 4 8 12 16+

How many ounces of tea do you drink per day? 0 4 8 12 16 +

How many ounces of citrus juice (orange, tangerine, grapefruit, lemon, lime) do you drink per day? 0 4 8 12 16+

What kind of water do you drink, and how much per day?

- Alkalized  1-2 ounces  2 -6 ounces  6-12 ounces  12+ ounces
- Bottled without minerals  1-2 ounces  2 -6 ounces  6-12 ounces  12+ ounces
- Bottled without minerals  1-2 ounces  2 -6 ounces  6-12 ounces  12+ ounces
- City - chlorinated  1-2 ounces  2 -6 ounces  6-12 ounces  12+ ounces
- City - chlorinated & fluoridated  1-2 ounces  2 -6 ounces  6-12 ounces  12+ ounces
- Distilled  1-2 ounces  2 -6 ounces  6-12 ounces  12+ ounces
- Filtered  1-2 ounces  2 -6 ounces  6-12 ounces  12+ ounces
- Mineral Water  1-2 ounces  2 -6 ounces  6-12 ounces  12+ ounces
- Reverse Osmosis  1-2 ounces  2 -6 ounces  6-12 ounces  12+ ounces
- Vitamin Water  1-2 ounces  2 -6 ounces  6-12 ounces  12+ ounces

Do you drink more than 2 ounces of water or any beverage just before, during or right after meals?

No  Yes If yes, what quantity if liquid do you drink with around or with meals?

3 oz.  6 oz.  8 oz.  10+ oz.

Do you add lemon to your water?  No  Yes If yes, how often?

How many times per day do you eat the following items?

Fermented:

Cultured Vegetables 1 2 3 4 5

Kefir 1 2 3 4 5

Kimchi 1 2 3 4 5

Rejuvelac 1 2 3 4 5

Sauerkraut 1 2 3 4 5

How many times per day do you eat the following items?

Grain Products:

Amaranth 1 2 3 4 5

Bagels 1 2 3 4 5

Biscuits 1 2 3 4 5

Breads - baked 1 2 3 4 5

Breads - sprouted 1 2 3 4 5

Cereals 1 2 3 4 5

Corn 1 2 3 4 5

Couscous 1 2 3 4 5

Crackers 1 2 3 4 5

Granola 1 2 3 4 5

Hominy grits 1 2 3 4 5

Matzoh 1 2 3 4 5

Meusli 1 2 3 4 5

Millet 1 2 3 4 5

Oatmeal/Porridge 1 2 3 4 5

Pancakes 1 2 3 4 5

Pastas 1 2 3 4 5

Popcorn 1 2 3 4 5

Pretzels 1 2 3 4 5

Quinoa 1 2 3 4 5

Rice - white 1 2 3 4 5

Rice - whole grain 1 2 3 4 5

Rolls 1 2 3 4 5

Rye 1 2 3 4 5

Tabouli 1 2 3 4 5

Toast 1 2 3 4 5

Wafers 1 2 3 4 5

Waffles 1 2 3 4 5

Wheat - coarsely ground 1 2 3 4 5

Wheat - flour 1 2 3 4 5

How many times per day do you eat the following items?

Soups:

Bean 1 2 3 4 5

Beet 1 2 3 4 5

Fish - canned 1 2 3 4 5

Fish - chowder 1 2 3 4 5

Fish - fresh 1 2 3 4 5

Meat - canned 1 2 3 4 5

Meat - fresh 1 2 3 4 5

Miso 1 2 3 4 5

Noodle 1 2 3 4 5

Onion 1 2 3 4 5

Pea 1 2 3 4 5

Vegetable - canned 1 2 3 4 5

Vegetable - fresh 1 2 3 4 5

How many times per day do you eat the following items?

Tubers:

Jerusalem artichoke (Sunchoke) 1 2 3 4 5

Jicama 1 2 3 4 5

Potatoes - white 1 2 3 4 5

Potatoes - sweet 1 2 3 4 5

Taro 1 2 3 4 5

Yacon 1 2 3 4 5

Yams 1 2 3 4 5

How many times per day do you eat the following items?

Miscellaneous:

Bean sprouts 1 2 3 4 5

Beans/legumes 1 2 3 4 5

Buckwheat sprouts 1 2 3 4 5

Cooked fruit 1 2 3 4 5

Cooked vegetables 1 2 3 4 5

Enchiladas 1 2 3 4 5

Fajitas 1 2 3 4 5

Fresh/raw fruit 1 2 3 4 5

Fresh/raw vegetables 1 2 3 4 5

Frozen dinners - with meat

Frozen dinners - without meat

Hummus 1 2 3 4 5

Jams, Jellies, Marmalades 1 2 3 4 5

Macaroni & cheese 1 2 3 4 5

Mushrooms 1 2 3 4 5

Pita sandwiches 1 2 3 4 5

Poi 1 2 3 4 5

Pizza 1 2 3 4 5

Raw nuts and seeds 1 2 3 4 5

Roasted or fried nuts and seeds 1 2 3 4 5

Sandwiches - with meat 1 2 3 4 5

Sandwiches - non-meat 1 2 3 4 5

Sea vegetables (dulse, kelp, nori, etc.) 1 2 3 4 5

Squashes (acorn, butternut, pumpkin, winter, zucchini, etc.) 1 2 3 4 5

Subs 1 2 3 4 5

Tabouli 1 2 3 4 5

Tacos 1 2 3 4 5

Tofu 1 2 3 4 5

How many times per day do you eat the following items?

Snacks:

Salty snacks (chips, pickles pretzels, nuts, seeds,) 1 2 3 4 5

Sweet snacks - processed (cakes, candies, chocolate, cookies, donuts, eclairs, ice cream, pastries, sorbet, sherbet)

1 2 3 4 5

How many times per day do you eat the following items?

Sweeteners:

Aspartame 1 2 3 4 5

Honey 1 2 3 4 5

Saccharin 1 2 3 4 5

Sorbitol 1 2 3 4 5

Stevia 1 2 3 4 5

White sugar 1 2 3 4 5

Whole sugar (brown sugar cane, coconut, date) 1 2 3 4 5

Xylitol 1 2 3 4 5

How many times per day do you eat the following items?

Bitter or Sharp Herbs:

- Arugula 1 2 3 4 5
- Chicory 1 2 3 4 5
- Dandelion 1 2 3 4 5
- Escarole 1 2 3 4 5
- Mustard greens 1 2 3 4 5
- Nettles 1 2 3 4 5
- Oregano 1 2 3 4 5
- Parsley 1 2 3 4 5

How many times per day do you eat the following items?

Animal:

- Broth 1 2 3 4 5
- Coldcuts 1 2 3 4 5
- Crustaceans (crab, lobster, shrimp, etc.) 1 2 3 4 5
- Fish - shell 1 2 3 4 5
- Fish - vertebrate 1 2 3 4 5
- Fowl (chicken, turkey, etc.) 1 2 3 4 5
- Gravy 1 2 3 4 5
- Jerky 1 2 3 4 5
- Lard 1 2 3 4
- Pork 1 2 3 4 5
- Red meat (beef, organs, veal, venison, etc.) 1 2 3 4 5
- Stew 1 2 3 4 5

How many times per day do you eat the following items?

Dairy:

- Butter 1 2 3 4 5
- Cheese 1 2 3 4 5
- Cow milk 1 2 3 4 5
- Cream 1 2 3 4 5
- Eggs 1 2 3 4 5
- Goat milk 1 2 3 4 5
- Ice cream 1 2 3 4 5
- Milk shake 1 2 3 4 5
- Yogurt 1 2 3 4

How many times per day do you eat the following items?

Vegan:

- Avocado 1 2 3 4
- Buckwheat 1 2 3 4 5
- Crisco 1 2 3 4 5
- Margerine 1 2 3 4
- Mayonnaise 1 2 3 4
- Nut bars - raw 1 2 3 4
- Nut butter - raw 1 2 3 4
- Nut butter - roasted 1 2 3 4
- Nuts - raw 1 2 3 4
- Nuts - roasted, salted 1 2 3 4
- Nuts - roasted, un-salted 1 2 3 4
- Nuts - sprouted 1 2 3 4
- Oil - straight 1 2 3 4
- Oil - bottled dressing 1 2 3 4
- Olives - salted 1 2 3 4
- Olives - unsalted 1 2 3 4
- Peanut butter 1 2 3 4
- Peanuts 1 2 3 4
- Seed butter - raw 1 2 3 4
- Seed butter - roasted 1 2 3 4
- Seeds - raw 1 2 3 4

- Seeds - roasted, salted 1 2 3 4
- Seeds - roasted, un-salted 1 2 3 4
- Seeds - sprouted 1 2 3 4
- Soy nuts 1 2 3 4

How often do you eat sprouted seed and/or nut cheeses, porridges, etc.?

- Never  Occasionally  Often

How often do you eat fried foods?

- Fried meat:  Never  Occasionally  Often
- Fried fish:  Never  Occasionally  Often
- Fried grains/bread:  Never  Occasionally  Often
- Fried potatoes/chips:  Never  Occasionally  Often
- Fried fruit:  Never  Occasionally  Often
- Fried vegetables:  Never  Occasionally  Often
- Fried beans:  Never  Occasionally  Often

Do you use bottled oils?  No  Yes If yes, how often?

Do you use bottled salad dressings?  No  Yes If yes, how often?

With how many meals per day do you include a fatty food or dressing (meat, butter, milk, eggs, nuts, seeds, avocado, oil, yogurt, mayonnaise)? 0 1 2 3 4 5

Do you eat a fatty food with your breakfast?  Never  Sometimes  Often  Every day

If you eat meat, do you believe you can or cannot give it up?  No  Yes

Do knowingly eat any of these genetically-modified (GM) foods?

- Canola oil  Corn  Milk (from cows fed RGBH recombinant bovine growth hormone)
- Papayas - Hawaiian  Soy beans and related products  Tomatoes

Please indicate use of these spices, seasonings and herbs:

- Arugula  Never  Occasionally  Often
- Barbecue sauce  Never  Occasionally  Often
- Basil  Never  Occasionally  Often
- Cacao nibs  Never  Occasionally  Often
- Cardamom  Never  Occasionally  Often
- Carob powder  Never  Occasionally  Often
- Catsup (Ketchup)  Never  Occasionally  Often
- Chili pepper  Never  Occasionally  Often
- Cinnamon  Never  Occasionally  Often
- Cocoa powder  Never  Occasionally  Often
- Curry powder  Never  Occasionally  Often
- Dulse flakes  Never  Occasionally  Often
- Fish sauce  Never  Occasionally  Often
- Garlic  Never  Occasionally  Often
- Hot sauce  Never  Occasionally  Often
- Kelp flakes  Never  Occasionally  Often
- Kimchi  Never  Occasionally  Often
- Leek  Never  Occasionally  Often
- Liquid aminos  Never  Occasionally  Often
- Mayonnaise  Never  Occasionally  Often
- Miso  Never  Occasionally  Often
- MSG (Monosodium glutamate)  Never  Occasionally  Often
- Mustard  Never  Occasionally  Often
- Namu shoyu  Never  Occasionally  Often
- Nutmeg  Never  Occasionally  Often
- Oil - avocado  Never  Occasionally  Often
- Oil - fish  Never  Occasionally  Often
- Oil - nut  Never  Occasionally  Often



- Oil - seed  Never  Occasionally  Often
- Oil - vegetable  Never  Occasionally  Often
- Onion  Never  Occasionally  Often
- Oregano  Never  Occasionally  Often
- Paprika  Never  Occasionally  Often
- Pepper - black  Never  Occasionally  Often
- Pepper - cayenne  Never  Occasionally  Often
- Pepper - white  Never  Occasionally  Often
- Pesto  Never  Occasionally  Often
- Radish  Never  Occasionally  Often
- Relish - corn  Never  Occasionally  Often
- Relish - pickle  Never  Occasionally  Often
- Salt - herbal  Never  Occasionally  Often
- Salt - table  Never  Occasionally  Often
- Salt - Himalayan  Never  Occasionally  Often
- Salt - sea  Never  Occasionally  Often
- Shallot  Never  Occasionally  Often
- Sweet & sour sauce  Never  Occasionally  Often
- Tabasco sauce  Never  Occasionally  Often
- Tamari  Never  Never  Occasionally  Often
- Turmeric  Never  Never  Occasionally  Often
- Vegemite  Never  Occasionally  Often
- Vinaigrette  Never  Occasionally  Often
- Vinegar  Never  Occasionally  Often
- Worcestershire sauce  Never  Occasionally  Often

Please list any supplements/vitamins/remedies you take:

- Bee pollen  Never  Occasionally  Often
- Blue-green algae  Never  Occasionally  Often
- Dehydrated food powders  Never  Occasionally  Often
- Energy drinks  Never  Occasionally  Often
- Enzymes  Never  Occasionally  Often Describe:
- Ginseng  Never  Occasionally  Often
- Herbs  Never  Occasionally  Often Describe:
- Homeopathic remedies  Never  Occasionally  Often Describe:
- Honey  Never  Occasionally  Often
- Mineral - multi  Never  Occasionally  Often Describe:
- Mineral - singular  Never  Occasionally  Often Describe:
- Mineral drops  Never  Occasionally  Often Describe:
- Probiotics  Never  Occasionally  Often Describe:
- Propolis  Never  Occasionally  Often
- Protein powder  Never  Occasionally  Often
- "Superfood" powder  Never  Occasionally  Often Describe:
- Tonics  Never  Occasionally  Often Describe:
- Vitamin - multi  Never  Occasionally  Often Describe:
- Vitamin - singular  Never  Occasionally  Often Describe:
- Yeast  Never  Occasionally  Often
- Other:

Do you eat dehydrated snacks (cookies, crackers, leathers, etc.)?  Never  Occasionally  Often

Do you eat dehydrated breads?  Never  Occasionally  Often

How often do you include "superfood" supplements in your diet?  
 Never  Occasionally  Often If yes, please describe:

Do you practice food combining?  Never  Occasionally  Often  All the time

Do you practice food sequencing?  Never  Occasionally  Often  All the time

Do you eat any of the following food combinations?

- |   |   |
|---|---|
| <input type="checkbox"/> Avocado with sweet, non-acid fruit | <input type="checkbox"/> Beans and bread                              |
| <input type="checkbox"/> Beans with molasses or sugar       | <input type="checkbox"/> Beans and potatoes                           |
| <input type="checkbox"/> Beans and rice                     | <input type="checkbox"/> Bread or toast with butter with meat         |
| <input type="checkbox"/> Bread with meat                    | <input type="checkbox"/> Bread with peanut butter                     |
| <input type="checkbox"/> Cereal with milk                   | <input type="checkbox"/> Eggs with bread                              |
| <input type="checkbox"/> Fruit with milk                    | <input type="checkbox"/> Fruit with nuts, seeds or nut or seed butter |
| <input type="checkbox"/> Meat with bread                    | <input type="checkbox"/> Meat with potatoes                           |
| <input type="checkbox"/> Milk with bread                    | <input type="checkbox"/> Nut or seed butter with bread                |
| <input type="checkbox"/> Pasta with cheese                  | <input type="checkbox"/> Pasta with meat                              |
| <input type="checkbox"/> Peanut butter, jelly and bread     | <input type="checkbox"/> Potatoes with butter                         |
| <input type="checkbox"/> Potatoes with gravy                | <input type="checkbox"/> Potatoes with milk                           |
| <input type="checkbox"/> Seeds or seed butter with fruit    | <input type="checkbox"/> Toast with butter                            |
| <input type="checkbox"/> Toast with jelly or jam            | <input type="checkbox"/> Yogurt with fruit                            |

Do you eat sweet desserts or fruit after meals?  Never  Occasionally  Often

Do you have a fruit/vegetable juicer?  No  Yes If yes, how often do you use it?

Do you have a citrus juicer?  No  Yes If yes, how often do you use it?

Do you drink beverages with ice?  Never  Occasionally  Often

Do you have a blender?  No  Yes What type? If yes, how often do you use it?

Do you have a food processor?  No  Yes If yes, how often do you use it?

Do you have a food dehydrator?  No  Yes If yes, how often do you use it?

Do you have a steamer?

No  Yes If yes, what percentage of your cooking is done this way?  25%  50%  75%  100%

Do you have a wok?

No  Yes If yes, what percentage of your cooking is done this way?  25%  50%  75%  100%

Do you cook with any aluminum pots and pans?

No  Yes If yes, what percentage of your cooking is done this way?  25%  50%  75%  100%

Do you cook with any Teflon or other non-stick coated pans?

No  Yes If yes, what percentage of your cooking is done this way?  25%  50%  75%  100%

Do you cook with a microwave oven?

No  Yes If yes, what percentage of your cooking is done this way?  25%  50%  75%  100%

Do you cook in an oven?

No  Yes If yes, what percentage of your cooking is done this way?  25%  50%  75%  100%

Do you stir-fry with oil?

No  Yes If yes, what percentage of your cooking is done this way?  25%  50%  75%  100%

Do you barbecue?

No  Yes If yes, what percentage of your cooking is done this way?  25%  50%  75%  100%

Do you pan or skillet fry?

No  Yes If yes, what percentage of your cooking is done this way?  25%  50%  75%  100%

Do you use a deep fryer or frying pot?

No  Yes If yes, what percentage of your cooking is done this way?  25%  50%  75%  100%

Do you use a slow-cooker pot?

No  Yes If yes, what percentage of your cooking is done this way?  25%  50%  75%  100%

Are you able to exercise?  No  Yes

How often do you exercise?  Never  Seldom  Often

Which exercises and sports do you partake in:

Ball sports  Calisthenics  Contact  Jogging  Pilates  Running  Swimming  Tennis  Weight training - light  Weight training - heavy  Yoga  Other:  How many hours per week?  Skiing  Soccer

Do you swim in chlorinated pools?  No  Yes If yes, how often?

Do you bathe in or with chlorinated water?  No  Yes

Do you swim in ozonated pools?  No  Yes If yes, how often?

Do you get massages?  Never  Occasionally  Often  
If you get massages, is oil or lotion used?  No  Yes

Do you take hot tub baths?  No  Yes If yes, how often?

Do you take sauna baths?  No  Yes If yes, how often?

Do you get infrared tanning bed treatments?  No  Yes If yes, how often?

Do you get or take any of the following therapies?

Acupuncture	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Aromatherapy	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Blood chelation	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Blood transfusions	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Blood treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Chiropractic	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Colon implants	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Colonics	Never <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Enemas	Never <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Essential Oils	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Flower essence	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Herbology	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Homeopathy	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Magnetism	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Massage	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:
Urine	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, how often?	Date of last one:

Have you ever done any of the following?

Water fasting  Juice cleansing  High-protein diet  High-fat diet with meat  
 High-carbohydrate vegetarian diet  Low-fat vegan diet  High-fat vegan diet  
 Low-fat raw vegan diet  High-fat raw vegan diet  Low-fat vegetarian diet  High-fat vegetarian diet

Which of the following describes why you eat:

For pleasure  For emotional comfort  To satisfy true hunger  To raise your energy  
 To gain weight  To lose weight  To satisfy many different cravings  
 To satisfy fat cravings  To satisfy sugar cravings  To satisfy salt cravings  
 To get the nutrients you need, regardless of whether you are hungry

What is your ultimate health goal?

Do you have any fears, shame and worries that may be affecting your digestive and bowel health?  
 No  Yes

Do you have any physical and/or psychological obstructions or limitations which you surely know to be permanently impairing your digestive and bowel health?  No  Yes If yes, please describe:

Do you believe in and trust your self-healing body to get you well?  Yes  Somewhat  No

Have you read Dr. Klein's *Digestion Perfection with the Vegan Healing Diet Plan* book?  No  Yes

Have you read Dr. Klein's *Self Healing Colitis & Crohn's* book?  No  Yes

If you have read one of Dr. Klein's books, have you implemented any of its dietary recommendations?

No  Some  Most  All

If you have not read one of Dr. Klein's books, do you plan to do so?  No  Yes

What would you like to learn more about?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Emotional Eating Resolution                            | <input type="checkbox"/> Food Combining    | <input type="checkbox"/> Fruitarian Diet                     |
| <input type="checkbox"/> Healing & health retreats                              | <input type="checkbox"/> Healthful cooking | <input type="checkbox"/> Juice cleansing                     |
| <input type="checkbox"/> Meal Sequencing  | <input type="checkbox"/> Natural Hygiene   | <input type="checkbox"/> Personal coaching                   |
| <input type="checkbox"/> Nutritional science education - for personal knowledge |  |  |
| <input type="checkbox"/> Nutritional science education - for career             |  |  |
| <input type="checkbox"/> Rawfood recipe preparation                             | <input type="checkbox"/> Self-healing      | <input type="checkbox"/> Healing leaky gut                   |
| <input type="checkbox"/> Healing strictures                                     | <input type="checkbox"/> Support groups    | <input type="checkbox"/> Vegan diet                          |
| <input type="checkbox"/> Vegetarian diet  | <input type="checkbox"/> Water fasting     | <input type="checkbox"/> Yoga for digestive health promotion |
| <input type="checkbox"/> Other:   |  |  |

Would you like to join Dr. Klein's Vibrance eDigest e-mail list?

No  Yes If yes, please send an e-mail to [vibrancehealth@aweber.com](mailto:vibrancehealth@aweber.com)

Would you like counseling and coaching support from Dr. Klein?

Not sure yet  No

Yes If you are interested, please visit Dr. Klein's counseling web page: [www.colitis-crohns.com/counseling.html](http://www.colitis-crohns.com/counseling.html)

\* \* \*

Thank you for taking the time to complete this survey! Please send the document to me and I will e-mail or postal mail you your **Digestion Perfection Symptom Assessment Report** within 3 business days of receipt of the document and the \$59.95 fee. All information will be held strictly confidential.

Until then, please browse my webstore at [www.vibranthealthandwealth.com/bookstore/](http://www.vibranthealthandwealth.com/bookstore/) and my counseling page at [www.digestionperfection.com/consult.html](http://www.digestionperfection.com/consult.html).

Wishing you perfect digestive & bowel health!

David Klein, Ph.D.



**PLEASE FAX TO DR. KLEIN AT 1-240-414-5341  
OR SCAN AND E-MAIL TO DAVE@DIGESTIONPERFECTION.COM  
OR MAIL TO DR. DAVID KLEIN, P.O. BOX 791241 PAIA, HI 96779 USA**