



Dynamic Neural Retraining System™

Retrain Your Brain, Transform Your Health, Reclaim Your Life.

Self Assessment Questionnaire:

Yes No

1. Do you experience brain fog, or an inability to concentrate or focus?
2. Do you suffer from low energy?
3. Do you suffer from chronic joint and/or muscle pain?
4. Do you find yourself constantly 'body checking' for symptoms of pain or discomfort?
5. Do you have a heightened sense of smell or taste?
6. Do you have other heightened sensory perceptions, such as light, sound or electromagnetic sensitivities?
7. Do perfumes or other chemical products (e.g. household cleaners, personal hygiene products, paint, adhesives, new textiles or carpets, etc.) give you headaches or make you feel nauseous or lightheaded?
8. Do you get noticeably irritable, anxious, or upset when around specific scents?
9. Have you had your home, office, or other space renovated recently?
10. Do you suffer from anxiety or panic attacks?
11. Do you purposely avoid going to specific places or doing specific things because of your health condition or because of the potential health risks?
12. Do you find yourself talking about symptoms of illness when someone asks, "How are you"?
13. Do you have sleep-related issues?
14. Are you limited in what you can do physically due to your health issues?
15. Do you have a number of food sensitivities?
16. Are you unable to take prescribed medications?
17. Have your health conditions affected your job?
18. Have your health conditions affected your relationships with your friends and family?
19. Do you have problems accessing medical care due to your sensitivities?

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Yes No

20. Have you been to see a number of practitioners that were unable to diagnosis your condition or effectively treat it?
21. Do you experience pronounced mood swings?
22. Do you suffer from unexplained headaches?
23. Do you dwell on past negative events?
24. Do you find yourself expecting negative outcomes?
25. Do you have short-term memory problems?
26. Do you worry a lot?
27. Do you often feel depressed?
28. Do you still experience symptoms of illness despite the fact that you live in a healthy home?
29. Have you tried detoxification treatments and nutritional supplements yet still find that you are symptomatic?

You answered Yes to ____ of these questions.

If you answered 'yes' to more than 5 of these questions, it is likely that you are experiencing a limbic system impairment. If this is the case, you would likely benefit from 'rewiring' your limbic system.