



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 unexplained headaches?
3. Do you suffer from low energy?
4. Do you suffer from chronic joint and/or muscle pain?
5. Do you have a distorted sense of smell or taste?
6. Do you suffer from gastrointestinal or digestive symptoms?
7. Have you had a virus that you feel that you have never quite recovered from?
8. Do you suffer from anxiety or panic attacks?
9. Do you have short-term memory problems?
10. Do you worry a lot?
11. Do you often feel depressed?
12. Do you have sleep-related issues?
13. Are you limited in what you can do physically due to your health issues?
14. Have your health conditions affected your relationships with your friends and family?
15. Have your health conditions affected your job?
16. Do you experience sensitivities to food, touch, light, sound or electromagnetic frequencies?
17. Do you find yourself constantly 'body checking' for symptoms of pain or discomfort?
18. 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?
19. Do you get noticeably irritable, anxious, or upset when around specific scents?

Continued on next page.



Dynamic Neural Retraining System™

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

Yes No

20. Have you had your home, office, or other space renovated recently?
21. Do you purposely avoid going to specific places or doing specific things because of your health condition or because of the potential health risks?
22. Do you find yourself talking about symptoms of illness when someone asks, "How are you"?
23. Are you unable to take prescribed medications or supplements?
24. Do you have problems accessing medical care due to your sensitivities?
25. Have you been to see a number of practitioners that were unable to diagnosis your condition or effectively treat it?
26. Do you dwell on past negative events?
27. Do you find yourself expecting negative outcomes?
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.