

ACIDITY SELF TEST

Use this checklist to get a sense of how acidic you may be. Determining your acidity levels isn't an exact science but this self test can help you get a better idea of **how urgently** you need to begin alkalizing your body.

The more symptoms, the more acidic you may be, and the more urgent it is for you to begin an alkalizing program.

BEGINNING SYMPTOMS

<input type="checkbox"/> Acne <input type="checkbox"/> Agitation, anxiety <input type="checkbox"/> Muscular Pain <input type="checkbox"/> Cold hand and feet <input type="checkbox"/> Dizziness <input type="checkbox"/> Low energy <input type="checkbox"/> Muscular and joint pains <input type="checkbox"/> Food allergies <input type="checkbox"/> Chemical sensitivities to Odours, gas, heat <input type="checkbox"/> Constipation	<input type="checkbox"/> Hyperactivity <input type="checkbox"/> Panic attacks <input type="checkbox"/> Pre-menstrual and Menstrual cramping <input type="checkbox"/> Pre-menstrual anxiety and depression <input type="checkbox"/> Lack of sex drive <input type="checkbox"/> Bloating <input type="checkbox"/> Heartburn <input type="checkbox"/> Diarrhea <input type="checkbox"/> Hot urine	<input type="checkbox"/> Strong smelling urine <input type="checkbox"/> Mild headache <input type="checkbox"/> Rapid panting breath <input type="checkbox"/> Rapid heartbeat <input type="checkbox"/> Irregular heartbeat <input type="checkbox"/> White coated tongue <input type="checkbox"/> Hard to get up in the morning <input type="checkbox"/> Excess head mucous (Stuffiness) <input type="checkbox"/> Metallic taste in mouth <input type="checkbox"/> Indigestion <p style="text-align: right;">TOTAL _____</p>
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INTERMEDIATE SYMPTOMS

<input type="checkbox"/> Cold sores <input type="checkbox"/> Depression <input type="checkbox"/> Loss of memory <input type="checkbox"/> Loss of concentration <input type="checkbox"/> Migraine headaches <input type="checkbox"/> Insomnia <input type="checkbox"/> Disturbance in smell, taste vision, hearing <input type="checkbox"/> Asthma <input type="checkbox"/> Bronchitis <input type="checkbox"/> Hay fever	<input type="checkbox"/> Ear aches <input type="checkbox"/> Hives <input type="checkbox"/> Swelling <input type="checkbox"/> Viral infections (cold, flu) <input type="checkbox"/> Bacterial infections (staph., strep) <input type="checkbox"/> Fungal infections (Candida, athlete's foot, vaginal) <input type="checkbox"/> Impotence <input type="checkbox"/> Urethritis	<input type="checkbox"/> Cystitis <input type="checkbox"/> Urinary infection <input type="checkbox"/> Gastritis <input type="checkbox"/> Colitis <input type="checkbox"/> Excessive falling hair <input type="checkbox"/> Psoriasis, eczema <input type="checkbox"/> Endometriosis <input type="checkbox"/> Numbness and swelling <input type="checkbox"/> Sinusitis <input type="checkbox"/> Dark circles under eyes <p style="text-align: right;">TOTAL _____</p>
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ANVANCED SYMPTOMS

<input type="checkbox"/> Chrohn's disease <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Learning disabled <input type="checkbox"/> Hodgkin's disease <input type="checkbox"/> Systemic Lupus <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Chronic digestive problems	<input type="checkbox"/> Erythematosis <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Sarcoidosis <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Myasthenia gravis <input type="checkbox"/> Heart & circulatory disease <input type="checkbox"/> Eye diseases	<input type="checkbox"/> Scleroderma <input type="checkbox"/> Leukemia <input type="checkbox"/> Tuberculosis <input type="checkbox"/> All forms of cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney diseases and stones in the liver or gall bladder <p style="text-align: right;">TOTAL _____</p>
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