

THE QUEST



WORKSHEET

**Pre-Quest Personal
Assessment**

NONA

The Foundational Years (0–3 Years Old)

Were you born via C-Section? Yes / No

Were you breastfed exclusively, or nearly exclusively for the first 6 months of your life? Yes / No

Were you exposed to antibiotics in the first 3 years of your life? Yes / No

If so, did you do any post-antibiotic treatment to re-establish homeostasis in your gut and body?

Has your mother and/or father had any autoimmune issues, Mother / Father
or other digestive issues?

If so, please list for your personal reference.

Beyond "The Foundational Years"

Have you been administered antibiotics at any Yes / No
point beyond 3 years of age?

If so, list how many times, age(s), and for what, if possible.

If so, did you do any post-antibiotic probiotic treatment?

Please be as specific as possible.

How many times per week do you eat packaged, boxed, processed, and non-organic fruits and vegetables?

This helps paint the picture of how often your gut is exposed to inflammatory foods, gluten, and glyphosates.

Are you dealing with any of the following:

Do you get sick unusually often? (More than 1-2 times per year) Yes / No

Do you have issues kicking an illness once you have it? (More than 4-5 days typically) Yes / No

Do you deal with anxiety issues? Yes / No

If so, is the anxiety getting progressively worse and more difficult to manage? Yes / No

Do you, or have you suffered from depression? Yes / No

Do you have issues with bloating, especially after meals? Yes / No

Any issues with constipation? Yes / No

Loose stools on a regular or semi-regular basis? Yes / No

Feel thirsty despite drinking water? Yes / No

Have difficulties losing weight, even when focused and trying to? Yes / No

Deal with brain fog or difficulties focusing? Yes / No

Do you crash or get fatigued by mid-day/mid-afternoon? Yes / No

Any dizzy or lightheadedness? Yes / No

Do you have difficulties getting quality sleep? Yes / No

Excessive muscle soreness or fatigue? Yes / No

Unexplained joint pain? (Not from a specific injury) Yes / No

Pre-Quest Personal Assessment

**THE
QUEST**

Do you have excessively chapped lips, dry eyes, dry mouth, or dry throat?

Yes / No

Finally, are there any specific issues, diseases, or illness conditions you want to specifically address? If so, what?

Yes / No

Has anything traumatic, such as a majorly stressful life event, death of a loved one, et cetera happened around the same time as the onset of above conditions or illnesses you're looking to address?

Yes / No

Have you ever stuck to an intermittent fasting or extended fasting protocol?
If so, for how long, and at what age.

Yes / No

Have you focused on adding probiotics to your diet on a consistent, daily basis at any point in your life, such as through supplementation and the consumption of fermented foods?

Yes / No

If so, for how long, at what age, and describe the daily consumption protocol.

Additional Notes / Thoughts

**THE
QUEST**