



# NATURAL SOLUTIONS

Clinical Kinesiology, Acupuncture, & (w)Holistic Healthcare

Susan L. Levy, D.C., DABCO, FACA

Author of *Your Body Can Talk* & *Your AGING Body Can Talk*

[www.YourBodyCanTalk.com](http://www.YourBodyCanTalk.com)

[YourBodyCanTalk2@Gmail.com](mailto:YourBodyCanTalk2@Gmail.com)

## Neuro Emotional Questionnaire

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Yes No

1. Have you had a traumatic emotional experience within the past three years?  Yes  No
2. Have you injured your physical body within the last three years?  Yes  No
3. Did your health problem begin after a traumatic emotional or physical event?  Yes  No

DO YOU FEEL	Past 6 Months	Now	In an average week, What % of the time do you feel this way?
<b>1. DISGUST (Stomach)</b>			
Expanded Importance of Self	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Obsession	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Egotistic	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Despair	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
<b>2. LOW SELF-ESTEEM (Spleen/Pancreas)</b>			
Lives Through Others	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Over-Concern	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Hopelessness	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Lack of Control Over Events	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Over-Sympathetic to Another	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
<b>3. GRIEF (Lungs)</b>			
Sadness	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Yearning	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Cloudy Thinking	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Anguish	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
<b>4. DOGMATICALLY POSITIONED (Large Intestine)</b>			
Crying	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Compelled to Neatness	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Defensive	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Emotionally Stuck	<input type="checkbox"/>	<input type="checkbox"/>	0% _____



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DO YOU FEEL	Past 6 Months	Now	In an average week, What % of the time do you feel this way?
<b>5. FEAR (Kidney)</b>			
Dread	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Bad Memory	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Paralyzed Will	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Contemplated	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Terror	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
<b>6. MIFFED (Bladder)</b>			
Timid	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Inefficient	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Wishy-Washy	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
<i>Comme Ci Comme Ca</i> (lackluster, tolerable, meh)	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
<b>7. RESENTMENT (Gall Bladder)</b>			
Galled	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Stubborn	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Emotionally Repressed	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Indecisive	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
<b>8. ANGER (Liver)</b>			
Irrational	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Rage	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
<b>9. FRIGHTFULLY OVERJOYED (Heart)</b>			
Abnormal (inappropriate) Laughing	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Lack of Emotion	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Rapid Mannerisms and Speech	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Lack of Joy	<input type="checkbox"/>	<input type="checkbox"/>	0% _____



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DO YOU FEEL	Past 6 Months	Now	In an average week, What % of the time do you feel this way?
<b>10. LOST / VULNERABLE (Small Intestine)</b>			
Abandoned	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Deserted	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Absent-Minded	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Insecure	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Profoundly Deep Unrequited Love	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
<b>11. MUDDLED INSTABILITY (Triple Warmer)</b>			
Paranoia	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Muddled Thinking	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Emotionally Unstable	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Feeling Up and Down	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Indecisive	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Confusion	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
<b>12. MALE non-thinking, non-emotive (Pericardium)</b>			
Depleted	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Suppressed	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Sluggish Memory	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Vivid Dreaming	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Non-Emotive, Unresponsive	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
<b>13. FEMALE non-thinking, non-emotive (Pericardium)</b>			
Depleted	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Suppressed	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Sluggish Memory	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Vivid Dreaming	<input type="checkbox"/>	<input type="checkbox"/>	0% _____
Non-Emotive, Unresponsive	<input type="checkbox"/>	<input type="checkbox"/>	0% _____