

Acidity Self Test

- Make a mark next to any of the below listed symptoms if you have them.
- Count the total number of symptoms in each category.
- Note: The more symptoms you have 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 | <input type="checkbox"/> Muscular pain |
| <input type="checkbox"/> Cold hands & feet | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Low energy |
| <input type="checkbox"/> Joint pains that travel | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Chemical sensitivities to odor, gas, heat |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Pre-menstrual & menstrual cramping |
| <input type="checkbox"/> Pre-menstrual anxiety & depression | <input type="checkbox"/> Lack of sex drive | <input type="checkbox"/> Bloating |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Hot urine | <input type="checkbox"/> Strong smelling urine | <input type="checkbox"/> Mild headaches |
| <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 mucus (stiffness) |
| <input type="checkbox"/> Metallic taste in mouth | | |

Intermediate Symptoms

- | | | |
|--|---|--|
| <input type="checkbox"/> Cold sores (Herpes I & II) | <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 albicans, 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 |
| <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Numbness & tingling |
| <input type="checkbox"/> Sinusitis | | |

Advanced Symptoms

- | | | |
|--|---|---|
| <input type="checkbox"/> Crohn's disease | <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Learning disabled |
| <input type="checkbox"/> Hodgkin's disease | <input type="checkbox"/> Systemic lupus erythematosus | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Sarcoidosis | <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Myasthenia gravis |
| <input type="checkbox"/> Scleroderma | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> All other forms of cancer | | |