

# Body Type Quiz

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**DIRECTIONS:** Circle *one* letter (A, B, C or D) in each question below. If there is more than one symptom that you are experiencing within a question, circle the one that is most prominent. **If you are male, skip the female questions.**

1. Do you...	A. crave sweets, breads and pasta? B. crave salt (pretzels, cheese puffs or salty peanuts) or chocolate? C. crave deep-fried foods or potato chips? D. Crave ice cream, cream cheese, sour cream or milk?	a. Thyroid b. Adrenal c. Liver d. Ovary
2. Are you...	A. often depressed or feeling hopeless? B. a worrier or often anxious and nervous? C. irritable, moody, grouchy, in the morning? D. moody or irritable at certain times of the month?	a. Thyroid b. Adrenal c. Liver d. Ovary
3. Do you...	A. feel better on fruits and berries? B. need coffee or stimulants to wake up? C. experience a tight feeling over your right, lower stomach area or rib cage? D. experience constipation during menstruation?	a. Thyroid b. Adrenal c. Liver d. Ovary
4. Do you have...	A. brittle nails with vertical ridges? B. facial hair (for females)? C. pain/tightness in right shoulder area? D. pain in right or left lower back/hip area?	a. Thyroid b. Adrenal c. Liver d. Ovary
5. Do you have...	A. a weight problem more evenly distributed? B. a pendulous abdomen, meaning hanging, sagging and loose? C. a protruding abdomen (potbelly) D. excess fat on thighs and hips (saddlebags) and a lower bulge?	a. Thyroid b. Adrenal c. Liver d. Ovary
6. Do you have...	A. dry skin, especially hands and around elbows? B. swollen ankles, and do socks leave creases on ankles? C. flaky skin or dandruff in eyebrows and scalp? D. menstrual cyclic hair loss?	a. Thyroid b. Adrenal c. Liver d. Ovary
7. Do you have...	A. indentations on both sides of your tongue where the tongue meets the teeth? B. atrophy (shrinkage) of the thigh muscles with difficulty getting up from a seated position? C. dark yellow urine? D. hot flashes or history of bad menstruation?	a. Thyroid b. Adrenal c. Liver d. Ovary
8. Do you have...	A. a loss of hair on the outer third of the eyebrows? B. dizziness when getting up too quickly? C. hot or swollen feet? D. menstrual cyclic brain fog?	a. Thyroid b. Adrenal c. Liver d. Ovary

9. Do you...	A. to sleep with socks at night because your feet are cold?	a. Thyroid
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have...	B. chronic inflammation in the body? C. headaches or head feels heavy in the morning? D. excessive menstrual bleeding?	b. Adrenal c. Liver d. Ovary
10. Do you have...	A. puffiness around the eyes? B. an unusual feeling of being “out of breath” while climbing stairs? C. skin problems (psoriasis, eczema, brown spots)? D. low sex drive?	a. Thyroid b. Adrenal c. Liver d. Ovary
11. Do you have... Are you...	A. excessive skin sagging under arms? B. twitching under or on top of left eyelid? C. not a morning person, yet feel more awake at night? D. weight gain one week before menstrual period?	a. Thyroid b. Adrenal c. Liver d. Ovary
12. Do you...	A. have dry hair and hair loss? B. wake up in the middle of the night (2:00 – 4:00 a.m.)? C. have a deep crevice (deep crease appearance) down center of the tongue? D. have an upper body which is thinner than your lower body?	a. Thyroid b. Adrenal c. Liver d. Ovary
13. Do you experience...	A. not being able to maintain curls in your hair after using a curling iron? B. cramps in the calves at night? C. more itching at night? D. water retention at certain times of the month?	a. Thyroid b. Adrenal c. Liver d. Ovary
14. Do you...	A. become excessively tired in the early evening (7:00 – 8:00 p.m.) and more awake in the early morning? B. have a more active bladder at night than during the day? C. have a yellow tint in the whites of your eyes? D. have a history of ovarian or breast cysts?	a. Thyroid b. Adrenal c. Liver d. Ovary
15. Do you have...	A. a lack or get-up-and-go (vitality)? B. calcium issues or deposits – bursitis, tendonitis, kidney stones, heel spurs, early cataracts? C. major moodiness if you skip a meal? D. difficulty losing weight after pregnancy?	a. Thyroid b. Adrenal c. Liver d. Ovary
16. Do you have...	A. a history of being on low-calorie diets? B. low tolerance for stressful situations, get easily irritable and on edge? C. stiffness and pain more in the right shoulder and right side of neck? D. pain and tightness in one knee, worse during menstrual cycle?	a. Thyroid b. Adrenal c. Liver d. Ovary

**Count up the total of each:**

**Total a. Thyroid** \_\_\_\_\_  
**Total c. Liver** + \_\_\_\_\_  
= \_\_\_\_\_

**Total b. Adrenal** \_\_\_\_\_  
**Total d. Ovary** + \_\_\_\_\_  
= \_\_\_\_\_