FEED LIFE
DR ALI

MY OWN TESTING

Answer the questions in MOT (My Own Testing) and discover your health status. The MOT is designed to evaluate your general health and well-being. Poor health can lead to illness over a period of time. So please take your time to think and make a honest assessment of the symptoms given below.

ENERGY

	Yes	Sometimes	No
Do you have chronic (long term) fatigue?	☐	☐	☐
When do you feel most tired?			
When waking up	☐	☐	☐
After lunch	☐	☐	☐
After work	☐	☐	☐
Do you suffer from a "jet lag" type of fatigue?			
Tired during the day	☐	☐	☐
Awake at night	☐	☐	☐
Do you feel tired in crowded and stuffy places or when you smell wet paint or petrol fumes?	☐	☐	☐
Do you get a postnasal drip down your throat? Do you get pain in your forehead or cheeks?	☐	☐	☐
Are you sensitive to strong light ? Do the eyelids feel heavy, indicating you are tired? *Note: these are common symptoms of fatigue due to congested sinuses, which often cause eye fatigue and drowsiness*	☐	☐	☐
Are you anemic?	☐	☐	☐
Are you a vegan or strict vegetarian and do not eat any protein of animal origin? (e.g. egg, meat)	☐	☐	☐
Do you feel tired immediately after eating?	☐	☐	☐
Do you feel tired an hour after eating bread, pizza or other yeast containing products?	☐	☐	☐
Do you feel tired shortly after drinking white wine or champagne or beer?	☐	☐	☐
Do you feel tired when you haven't drunk much water?	☐	☐	☐

ACHES & PAINS

Do you get general body ache?	☐	☐	☐
Do you get pain in other parts of the body?			
In the neck and shoulder area	☐	☐	☐
In the lower back	☐	☐	☐
In the joints (if yes)			
Hands	☐	☐	☐
Knees	☐	☐	☐
Shoulders	☐	☐	☐
Feet	☐	☐	☐
Do you get headache? *(Has it been diagnosed as migraine i.e. one sided, periodic, severe in nature accompanied by nausea, sensitivity to sound or light, often around the time of periods)*	☐	☐	☐
Do you get acidity or indigestion?	☐	☐	☐
Do you have bloating especially after a meal?	☐	☐	☐
Do you get flatulence?	☐	☐	☐
Do you get constipation?	☐	☐	☐
Do you get alternating diarrhea and constipation?	☐	☐	☐
Do you burp a lot?	☐	☐	☐
Do you get abdominal cramps?	☐	☐	☐
Do you get pain in the upper part of the abdomen shortly after eating?	☐	☐	☐
Do you get frequent mouth ulcers?	☐	☐	☐
Do you eat fast?	☐	☐	☐

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SLEEP

Do you wake up at 3 or 4 am sharp?	☐	☐	☐
Do you wake up 2-3 hours after falling sleep?	☐	☐	☐
Do you have sleeplessness over 3 days per week?	☐	☐	☐
Does your daytime performance (concentration, memory, power of decision making, physical stamina) get affected by lack of sleep?	☐	☐	☐

PSYCHOLOGICAL STATE

Do you suffer from depression?	☐	☐	☐
Do you suffer from anxiety or panic attacks?	☐	☐	☐
Do you have memory problems?	☐	☐	☐
Do you have any eating disorder?	☐	☐	☐

SKIN CONDITION

Do you suffer from any skin rash?	☐	☐	☐
Do you get red cheeks or rash on either side of the nose?	☐	☐	☐
Do you get fungal toes or athletes foot or alopecia?	☐	☐	☐
Do you itch when you are resting?	☐	☐	☐
Do you get dry skin?	☐	☐	☐
Do your feet or soles crack?	☐	☐	☐
Do you get dark patches around your forehead or cheeks?	☐	☐	☐
Do you suffer from acne?	☐	☐	☐
Do you have patches on the face where beard is missing or growing poorly? (for men)	☐	☐	☐
Do you get thick facial hair? (for women)	☐	☐	☐

WOMEN'S HEALTH

Are you in reproduction age (13-50 years)?	☐	☐	☐
Do you get regular periods?	☐	☐	☐
Do you have shorter or longer periods?	☐	☐	☐
Do you get severe period pains?	☐	☐	☐
Do you get periods for more than 7 days and heavy?	☐	☐	☐
If in menopause, do you get hot flushes?	☐	☐	☐
Are you infertile?	☐	☐	☐

GENERAL HEALTH

Are you over weight?	☐	☐	☐
Do you get fat / cellulite in your upper arm or thighs or below the belly bottom? (for women)	☐	☐	☐
Do you sweat a lot?	☐	☐	☐
Do you get swollen fingers and feet?	☐	☐	☐
Do you carve for sugar?	☐	☐	☐
Do you snore loudly?	☐	☐	☐
Do you have problems with libido?	☐	☐	☐

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GENERAL HEALTH (following)

Do you get frequent (over 6 times a year) colds or coughs?	☐	☐	☐
Do you drink less than 4 glasses or 1 liter of water (including tea) per day?	☐	☐	☐
Do you drink alcohol more than 4 times a week?	☐	☐	☐
Do you drink more than 3 glasses of wine or 1 liter of beer at a time?	☐	☐	☐
Do you eat a lot of cheese or mushrooms?	☐	☐	☐
Do you drink a lot of coffee (more than 3 cups a day)?	☐	☐	☐
Do you eat a lot of yeast containing food stuffs like bread, pizza, yeast spread, etc.	☐	☐	☐
Do you eat a lot of chilly (hot food) or nuts?	☐	☐	☐
Do you pray or meditate?	☐	☐	☐
Do you spend time in nature or fresh air for less than twice a week?	☐	☐	☐
Do you have a lot of gadgets in your bedroom (computers, music system, TV, etc.)?	☐	☐	☐
Do you get enough sunshine (more than one day per week) during the year?	☐	☐	☐
Do you travel frequently on planes (more than once a fortnight)?	☐	☐	☐
Do you feel stressed?	☐	☐	☐
Do you suffer from raised blood pressure?	☐	☐	☐
Do you have diabetes?	☐	☐	☐
Do you get cold hands and feet?	☐	☐	☐
Do you get hot and red cheeks in a warm environment?	☐	☐	☐
Do you take a lot of supplements (more than 6 per day) or prescription / medication (more than 3) per day?	☐	☐	☐
Do you exercise more than thrice a week?	☐	☐	☐
Do you have frequent mood swings?	☐	☐	☐

TOTAL* ☐

* 2 points for all the “yes” answers, 1 for “sometimes” answers and 0 for “No” answers.

- Below 80 You don’t need to worry. You are overall healthy.

- 80-120 You are in the borderline health category. Its strongly advised to follow Dr Ali’s Lifestyle Program.

- Over 120 It is recommended than you consult an Integrated Medical Physician or your doctor immediately and have blood tests, physical examinations etc.

NB These are only guidelines to assess the state of your health. It is not an evaluation of a concrete ailment. You will need full medical assessment by a doctor to confirm your health status. You can carry out the MOT from time to time and record the scores which will help you to analyse the dynamics of your health.