

Ultranutrition Institute

INCORPORATED

Important Note: The normal values represented in biochemical analyses are those established by the National Research Council and the National Science Foundation, as well as other research findings, and are approximate.

1825 NE 149 Street
Miami, Florida USA 33181

Results of tests are for use of licensed practitioners of the healing arts only as an aid in diagnosis and do not constitute a medical diagnosis in themselves.

Phone 305-945-2727

Since this is a unique long-range full-scale study and all data are to be compiled and stored anonymously (coded) in computer for current and future studies, please take the time to answer as accurately as possible. We would rather you not answer a question if there is not some semblance of accuracy.

UNI CONTROL NR.

ULTRANUTRITION PROFILE QUESTIONNAIRE

Please list approximate date you had your last UNI evaluation _____

Health Practitioner _____ Address _____

City _____ State _____ Zip _____ Phone _____

Subject's Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Place of Birth _____ Time of Birth _____ Sex _____

Height _____ Weight _____ Desired Weight _____ Race _____

Occupation _____ Type of Business _____

Hair Color (natural) _____ Hair Coloring (brand) _____

Shampoo (brand) _____ Conditioner (brand) _____

Hair location (for test) _____

Please indicate the nationality of the following relatives:

Mother's Mother _____ Mother's Father _____

Father's Mother _____ Father's Father _____

D = Daily W = Weekly M = Monthly
Y = Yes N = No U = Unknown/Does not apply

SECTION G:

- State of your health (How do you feel?)
 Excellent Good Fair Poor
- How many accidents, minor or otherwise, were you involved in within the last year? (e.g. cutting finger while preparing food.) _____
- How do you manifest anger most often?
 Verbally/orally Emotionally
 Physically Totally hold/restrain within
- How would you describe yourself when it comes to good feelings?
 More verbal More physical
 More emotional Restrained
- Where does psycholological tension/stress show or manifest itself in your body?

- Do you live in a city with a population greater than 250,000? **Y N U**
- List major cities you've lived in for last five years _____
- What prescription drugs are you presently taking? (include birth control, etc.) _____
- Which tranquilizers or relaxants do you use? _____

- What non-prescription (licit and/or illicit) drugs/medicines are you currently taking? (e.g. aspirin, antacids, cannabis) Please indicate frequency _____

- How often do you use any tranquilizer or relaxant? **D W M**
- How often do you find humor to the point of laughter?
- How often do you laugh to tears? **Y N U**
- Do you smoke cigarettes?
 Less than 20 daily More than 20
- What time of day do you eat your largest meal? _____ a.m. _____ p.m.
- Do you exercise at least 3 times per week to the point of sweating? **Y N U**
- Do you have a water filter on home faucet?
- Do you live within one mile of a major highway?
- Indicate whether you are North, South, East, or West of these highways _____ **N S E W**
- What is prevailing wind direction in your locale? _____ **N S E W**
- Do you work at a transportation terminal (airport, cab service, bus station, etc.) **Y N U**
- Drive time to work in minutes: (Circle one)
10 20 30 40 60 Over 60
- Average speed you travel to work: (Circle one)
20 mph/32kph 30 mph/48kph 40 mph/64 kph 60 mph/96kph

Do you do the majority of your cooking with:

24. Pyrex/glass?
25. Aluminum?
26. Iron?
27. Copper?
28. Stainless steel?

D W M

29. How often do you prepare foods by the following methods?

	Meats			Fish			Vegetables		
	D	W	M	D	W	M	D	W	M
Broil/Bake									
Pan fry									
Barbecue									
Roast									
Microwave									
Boil									
Steam/Poach									
PVC immersible bag									

30. How often do you drink freshly made juice?
31. How often do you use artificial sweetener?
32. How often do you drink decaffeinated coffee with artificial sweetener?
33. How often do you drink coffee with milk?
34. How often do you drink coffee with non-dairy creamer?
35. How often do you drink herbal tea?

Y N U

36. Do you eat sugared cereal and/or sugared granola?
37. Do you mostly use low calorie foods?
38. Do you use cold pressed oils?
39. Do you mostly eat roasted but unsalted nuts?
40. Do you mostly eat raw but unsalted nuts?
41. Do you drink acidophilous milk or take acidophilous supplements?
42. Do you practice meditation and/or self hypnosis?
43. Do you use any form of Biofeedback Device?
44. Do you wear glasses?
45. Do you wear contact lenses?
46. Do you have any physical handicaps?
If so, please list _____
47. Do you have any hereditary diseases?
If so, please list _____

48. Have you or anyone in your family had any of the following diseases?
If so, please indicate "self" or relationship to you beside each:
Cancer _____ Gout _____
Diabetes (circle adult/juvenile) _____
Hypoglycemia _____ Anemia _____
Parkinson's Disease _____ Arthritis _____
Cardio pulmonary disease _____
Diverticulosis (e.g. ileitis, colitis) _____
Glaucoma _____ Allergies _____
Kidney (renal) _____ Epilepsy _____
Hypertension --- Nerve problems (neurologic) _____
Mental illness _____
(please indicate type, schizophrenia, manic depressive, etc.)
Other _____

49. How many days last year (due to illness) could you not function normally? _____

SECTION T:

1. Were or are you a thumb or finger sucker?
2. Do you lisp?
3. Have you had orthodontics?
4. Do you have denture problems?
5. Have you had little success in conquering a speech defect?
6. Do you have a pain in your face?
7. Do you have a problem with intestinal distress, bloating, or extension of your stomach after eating?
8. Do you have loose teeth?
9. Do you have frequent headaches?
10. Do you have back pain?
11. Do you feel as though you have a big lump in your throat?
12. Are you a habitual mouth breather?
13. Do you have difficulty swallowing pills?
14. Do you have silver fillings?
15. Have you mastered body awareness?

Y N U

16. Do you find yourself experiencing frequent flatulence after eating?
17. Do you stifle the sneeze response?
18. Do you experience bloating/gas frequently after eating?
19. Do you belch frequently?
20. Has your occlusion changed after orthodontics?
21. Has your occlusion changed after you had your occlusion equilibrated?
22. Do you feel that your tongue is hitting your teeth?
23. Does your tongue feel too big for your mouth?

Y N U

SECTION H:

- Do you experience the following?
1. Abnormal craving for sweets
 2. Afternoon headaches
 3. Alcohol consumption
 4. Bad dreams
 5. Bleeding gums
 7. Blurred vision
 8. Bruise easily ("black and blue" spots)
 9. Can't start in A.M. before coffee
 10. Can't work under pressure
 11. Chronic fatigue
 12. Crave candy or coffee in afternoons
 13. Eat often or get hunger pains or faintness
 14. Eat when nervous
 15. Faintness if meals delayed
 16. Get "shaky" if hungry
 17. Highly emotional
 18. Insomnia
 19. Magnify insignificant events
 20. Poor memory
 21. Sleepy after meals
 22. Sleepy during day
 23. Worrier, feel insecure

Y N U

SECTION P:

The following questions are taken from the Hoffer-Osmor Diagnostic Test, with permission.

3. People's eyes seem very piercing and frightening T
5. People watch me all the time T
10. Sometimes I have visions of animals or scenes T
16. Often when I look at people they seem to be like someone else T
28. I sometimes feel that I have left my body T
33. I often hear or have heard voices T
34. I often hear or have heard voices talking about or to me T
35. I have often felt that there was another voice in my head T
37. I have heard voices coming from radio, television, or tape recorders talking about me T
68. There are some people trying to do me harm T
69. There is some plot against me T
121. I often hear my thoughts inside my head T
122. I often hear my own thoughts outside my head T
123. I hear my own thoughts as clearly as if they were a voice T
132. People are often envious of me T
136. People interfere with my mind to harm me T
141. I don't like meeting people — you can't trust anyone now T

Each individual is a biochemical entity, therefore individual value may differ many fold from the "normals."

I hereby acknowledge that the information submitted and derived from the tests to be performed is solely for research purpose. However, I may request suggestions for realigning my metabolic chemistry with "established norms" for optimum metabolic order. I further request a copy of all test results for my personal record.

Signature _____
 Date _____
 Parent or legal guardian _____

HEALTH FACTORS

SECTION B: Please answer the following questions **ONLY** if the answer is **YES**.

- | | |
|---|--|
| <p>Yes</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Do you regularly drink pasteurized, homogenized milk? 2. <input type="checkbox"/> Do you use salt that "pours when it rains"? 3. <input type="checkbox"/> Do you regularly salt your foods? 4. <input type="checkbox"/> Do you use iodized salt? 5. <input type="checkbox"/> Do you regularly drink "softened" water? 6. <input type="checkbox"/> Do you eat fried foods? 7. <input type="checkbox"/> Do you eat foods with preservatives, artificial colorings, or flavorings? 8. <input type="checkbox"/> Do you eat certain foods compulsively or as a matter of habit? 9. <input type="checkbox"/> Are you an ovo-lacto vegetarian? 10. <input type="checkbox"/> Are you a lacto vegetarian? 11. <input type="checkbox"/> Are you a vegan? 12. <input type="checkbox"/> Do you take birth control pills or female hormones? 13. <input type="checkbox"/> Do you take antibiotics (i.e. more than once a year)? 14. <input type="checkbox"/> Do you use water pills (diuretics)? | <p>Yes</p> <ol style="list-style-type: none"> 15. <input type="checkbox"/> Do you frequently use laxatives? 16. <input type="checkbox"/> Do you often use antacids? 17. <input type="checkbox"/> Are you often under tension? 18. <input type="checkbox"/> Do you live or work in a polluted air environment? 19. <input type="checkbox"/> Is there a history of diabetes or hypoglycemia in your family? 20. <input type="checkbox"/> Has there been heart disease in your family? 21. <input type="checkbox"/> Has there been cancer in your family? 22. <input type="checkbox"/> Do you smoke tobacco regularly? 23. <input type="checkbox"/> Do you often spend time in rooms with cigarette smokers? 24. <input type="checkbox"/> Do you get enough sleep (7-8 hrs.)? 25. <input type="checkbox"/> Do you often spend time outdoors? 26. <input type="checkbox"/> Are you on a weight loss diet now? 27. <input type="checkbox"/> Are you on any long term drug therapy (i.e. anti-convulsants, anti-diabetic, anti-arthritis)? 28. <input type="checkbox"/> Do you work long hours under fluorescent lights? |
|---|--|

PHYSICAL ACTIVITIES

SECTION C, PART 1: Using the activity table below, select those activities in which you currently participate (this season). Enter the activity number in the space provided and indicate the length of time in minutes per week to show how often you do that exercise. Be sure to list only the time you are actively participating. (e.g. for snowskiing, do not include the time you ride in a ski lift.)

EXAMPLE: If you jog 20 minutes a day, play racquet ball twice a week for 45 minutes, and snow ski twice a month for 4 hours per day, your answer would be:

Activity Number	Weekly Time in Minutes	Activity Number	Weekly Time in Minutes	Activity Number	Weekly Time in Minutes
x <u>23</u>	<u>140</u>	y <u>39</u>	<u>90</u>	z <u>35</u>	<u>120</u>

ACTIVITY TABLE

- | | | |
|---|---|---|
| <ol style="list-style-type: none"> 1. Archery 2. Badminton 3. Back Packing 4. Baseball 5. Basketball 6. Bicycling, fast 7. Bicycling, slow 8. Bowling 9. Billiards 10. Boxing 11. Calisthenics 12. Canoeing 13. Dancing, fast (ballet) | <ol style="list-style-type: none"> 14. Dancing, slow 15. Football 16. Fencing 17. Golf 18. Gymnastics 19. Hockey 20. Horseback Riding 21. Horseshoes 22. Hunting 23. Jogging 24. Judo 25. Mountain Climbing 26. Motorcycling | <ol style="list-style-type: none"> 27. Parallel Bars 28. Polo, water 29. Rope Skipping 30. Rowing 31. Running (long dist.) 32. Sailing 33. Skating 34. Skiing, cross country 35. Skiing, snow 36. Skiing, water 37. Skin Diving 38. Soccer (Rugby) 39. Squash, Racquetball 40. Shuffleboard |
| <ol style="list-style-type: none"> 41. Swimming, competitive 42. Swimming, recreational 43. Table Tennis 44. Tai Chi 45. Tennis 46. Volleyball 47. Weight Lifting 48. Wrestling 49. Working out in Gym 50. Yoga 51. Walking, fast 52. Walking, moderate 53. Walking, slow 54. Other | | |

CURRENT ACTIVITIES

Activity Number	Weekly Time in Minutes	Activity Number	Weekly Time in Minutes	Activity Number	Weekly Time in Minutes
A _____	_____	D _____	_____	G _____	_____
B _____	_____	E _____	_____	H _____	_____
C _____	_____	F _____	_____	I _____	_____

SECTION C, PART 2: For optimization of your health and/or weight control using the activity table again, select those activities you would be willing to **add** to your exercise program and indicate how often you would like to do them. If you would like to increase the length of time of an exercise you currently do, list only the amount of increase—do not include the amount you currently do.

Also, be sure the activity is in season, that you would enjoy doing the activity and could safely do it in your present state of health, and that it would be practical and convenient for your personal circumstances and environment.

ADDITIONAL ACTIVITIES

A _____	_____	C _____	_____	E _____	_____
B _____	_____	D _____	_____	F _____	_____

SUPPLEMENT HISTORY

SECTION D: Enter the amounts in the units shown for all supplements you currently use. For mineral supplements, use only the amount of mineral element provided, not the amount of the compound. For multi-nutrient supplements, list each nutrient in the appropriate place. Supplements listed other than those shown below cannot be processed.

EXAMPLE: A 1000 mg Vitamin C tablet plus a multivitamin containing 50 mg. one time a day equals 1050 mg/day.

NUTRIENT	UNITS/DAY	NUTRIENT	UNITS/DAY	NUTRIENT	UNITS/DAY	NUTRIENT	UNITS/DAY
Vitamin A	1 _____ IU.	Paba	9 _____ mg.	Vitamin B17	16 _____ mg.	Iron	23 _____ mg.
Vitamin D	2 _____ IU.	Biotin	10 _____ mcg.	Vitamin C	17 _____ mg.	Copper	24 _____ mg.
Vitamin E	3 _____ IU.	Folic Acid	11 _____ mcg.	Bioflavonoids	18 _____ mg.	Manganese	25 _____ mg.
Thiamin	4 _____ mg.	Vitamin B12	12 _____ mcg.	Calcium	19 _____ mg.	Zinc	26 _____ mg.
Riboflavin	5 _____ mg.	Choline	13 _____ mg.	Phosphorus	20 _____ mg.	Chromium	27 _____ mcg.
Niacin	6 _____ mg.	Inositol	14 _____ mg.	Magnesium	21 _____ mg.	Selenium	28 _____ mcg.
Pantothenic Acid	7 _____ mg.	Pangamic Acid	15 _____ mg.	Potassium	22 _____ mg.	Iodine	29 _____ mcg.
Pyridoxine B6	8 _____ mg.						

Ultranutrition Institute

INCORPORATED

1825 NE 149 Street
Miami, Florida USA 33181

Phone 305-945-2727

FOR OFFICE USE ONLY
ACCT./XACT.
BATCH/SPEC.

UNI CONTROL NR.

NUTRITIONAL EVALUATION BY COMPUTER ANALYSIS

INTRODUCTION

An increasing awareness in recent years of the importance of nutrition, exercise, lifestyle, and related factors in optimizing health has brought with it a need for an efficient system to help evaluate these areas as they apply personally to individuals.

In planning a personal health program, it is necessary to determine one's nutritional and physical status so that appropriate supportive and corrective measures can be taken. Determination of dietary adequacy, activity level, and lifestyle parameters is essential to this process.

This computerized Nutritional Evaluation is designed to provide information to aid you and your chosen health professional in developing a comprehensive health program. A detailed analysis of your DIETARY and SUPPLEMENTAL INTAKES of proteins, fats, carbohydrates, vitamins, minerals, fiber, etc. is given and compared to GOVERNMENT ESTABLISHED as well as SUGGESTED OPTIMUM REQUIREMENTS. The significance of these findings is discussed in a PERSONALIZED INTERPRETATION with suggestions for improvement given. In addition, a weight adjustment program is outlined for those concerned with a sensible, safe approach to losing (or gaining) weight.

To obtain the best results from this evaluation, be sure to follow the instructions below carefully and answer all questions as accurately as possible.

AGE	HEIGHT	WEIGHT	DESIRED WT.	FRAME SIZE 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input type="checkbox"/> LARGE	1. <input type="checkbox"/> PREGNANT? 2. <input type="checkbox"/> LACTATING?
WORK ACTIVITY LEVEL (PLEASE CHECK ONE)	1. <input type="checkbox"/> SEDENTARY (EG. OFFICE WORK)	2. <input type="checkbox"/> LIGHT WORK (EG. HOUSE WORK)	3. <input type="checkbox"/> MODERATELY HEAVY	4. <input type="checkbox"/> HEAVY WORK (EG. CONSTRUCTION)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

NOTE: THIS QUESTIONNAIRE CANNOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED

INSTRUCTIONS

SECTION A:

On the pages that follow, you will find lists of foods with serving sizes in parentheses. Please indicate how often you eat these foods according to the following instructions.

- Decide how often you eat the food listed by asking yourself if you consume it DAILY, WEEKLY, or MONTHLY (choose one **only**):
DAILY = consumed one or more times per day
WEEKLY = Consumed one or more but less than seven times per week.
MONTHLY = Consumed less than one time per week
- Next, ask yourself how much of that food you usually eat. If it is the same as the serving size given, then simply **enter the** number of times per DAY, WEEK, or MONTH it is eaten in the appropriate box (use whole numbers only).
- If you eat more or less than the amount specified, please make allowances by adjusting the frequency as **follows**:

EXAMPLE: If you drink only 1/2 cup of milk 4 times per week instead of 1 cup as listed, multiply 1/2 c. x 4 times/wk. = 2 times/wk.

- If you do not consume a food listed, leave it blank.

	DAILY	WEEKLY	MONTHLY
EXAMPLE 1: IF YOU EAT 2 APPLES PER DAY THE CORRECT ANSWER IS: APPLE (1 MED)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXAMPLE 2: IF YOU EAT 2 DOUGHNUTS ON MONDAYS AND 2 ON THURSDAYS, BUT NONE THE REST OF THE WEEK, THE ANSWER IS: DOUGHNUT (1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Be sure to include all snacks and beverages in addition to your regular meals. Also, list only those foods you are currently eating this season. **Do not attempt to show year-round consumption.**

Try to familiarize yourself with common serving sizes and their equivalents. You may even try measuring a cup or tablespoon of a food to get a better idea of the quantity.

1 cup = 8 fl. oz or 1/2 pint or 16 Tablespoons (Tbl.)
1 Tbl. = 3 level teaspoons (teas.)
2 Tbl. = 1 fl. oz. or 1/8 cup
1 pound = 16 ounces (oz.)

Lastly, try to fill out this questionnaire when you are not hungry to provide more objective answers. Remember, the accuracy of the results will only be as accurate and complete as the information you provide.

NOTE: Studies have shown that more accurate results are obtained when the 7 Day Food Diary is used to record food intake before filling out the questionnaire. Therefore, you may wish to use the 7 Day Food Diary as an aid in recording intake.

DIET SURVEY

SECTION A, Continued: Please use ink pen.

PREPARED/COMBINATION FOODS

	D	W	M
1. Hamburger (1)			
2. Hot Dog, plain (1)			
3. Taco, Enchilada, or Tamale (1)			
4. Pizza (1 slice)			
5. Macaroni & Cheese, refined noodles (1 cup)			
6. Macaroni & Cheese, whole grain noodles (1 cup)			
7. Spaghetti; Ravioli, refined noodles (1 cup)			

	D	W	M
8. Spaghetti; Ravioli, whole grain noodles (1 cup)			
9. Meatballs (2) or Meatloaf (1 slice)			
10. Beef & Vegetable Stew (1 cup)			
11. Chili (1 cup)			
12. Vegetable Soup (1 cup)			
13. Noodle or Rice Soup (1 cup)			
14. Cream Soup (1 cup)			
15. Split Pea or Bean Soup (1 cup)			

	D	W	M
16. Noodle or Rice Casserole (1 cup)			
17. Corned Beef Hash (1 cup)			
18. Chow Mein; Chop Suey (1 cup)			
19. Cheese Omelette (2 eggs)			
20. Cole Slaw (1 cup)			
21. Potato Salad (1 cup)			
22. Macaroni Salad (1 cup)			

MEATS AND POULTRY

	D	W	M
23. Ground Beef (3 oz. = 1 patty)			
24. Roast Beef; Veal (6 oz.)			
25. Sirloin Steak (6 oz.)			
26. Round or Flank Steak (6 oz.)			
27. Corned Beef (6 oz.)			
28. Dried Beef or Jerky (1 oz.)			

	D	W	M
29. Lamb (6 oz.)			
30. Bacon (2 med. slices)			
31. Pork: Ham (6 oz.)			
32. Sausage; Franks; Luncheon Meats (2 oz.)			
33. Beef Liver (3 oz.)			
34. Chicken Liver (1/2 cup)			

	D	W	M
35. Other Organ Meats (2 oz.)			
36. Chicken, fried (6 oz.)			
37. Chicken, baked or roasted (6 oz.)			
38. Chicken, in sauce (1 cup)			
39. Duck; Turkey; Goose (6 oz.)			
40. Other Meat or Poultry (6 oz.)			

FISH AND SHELLFISH

	D	W	M
41. Shrimp, fried (6 oz.)			
42. Crab; Lobster; Shrimp, Abalone (6 oz. = 1 cup)			
43. Oysters, raw (6 oz. = 12 oysters)			
44. Oysters, fried (6 oz.)			
45. Clams (8-10)			

	D	W	M
46. Scallops (6 oz.)			
47. Cod; Flounder; Bass; Snapper (6 oz.)			
48. Salmon; Tuna, canned (4 oz.)			
49. Trout, Mackerel, Salmon (6 oz.)			
50. Sardines (1/2 can)			

	D	W	M
51. Raw Fish (6 oz.)			
52. Smoked Fish (3 oz.)			
53. Fish Sticks (4-5)			
54. Other Fish (6 oz.)			

DAIRY PRODUCTS

	D	W	M
55. Whole Milk (1 cup)			
56. Raw, unpasteurized milk (1 cup)			
57. Skim Milk; or Low Fat; Buttermilk (1 cup)			
58. Hot Cocoa; Chocolate Milk (1 cup)			
59. Yogurt; Kefir, plain (1 cup)			

	D	W	M
60. Yogurt; Kefir, flavored (1 cup)			
61. Sour Cream (2 Tbl.)			
62. Whipping Cream, fluid (2 Tbl.)			
63. Cottage Cheese (1 cup)			
64. Cream Cheese (2 oz.)			

	D	W	M
65. Natural Cheese: Jack, Gouda, etc. (2 oz.)			
66. Processed Cheese: American, Cheese Spread (2 oz.)			
67. Eggs (1 med.)			
68. Other Dairy			

LEGUMES, NUTS, and SEEDS

	D	W	M
69. Mixed Salted Nuts (8-12 nuts)			
70. Almonds; Filberts (12-15 nuts)			
71. Brazil Nuts (6-8 nuts)			
72. Cashews; Cashew Butter (1/4 c. or 4 Tbl.)			
73. Coconut (2 Tbl.)			
74. Peanuts, salted (1/4 c. or 4 Tbl.)			

	D	W	M
75. Peanut Butter (2 Tbl.)			
76. Pecans; Walnuts (1/4 c. or 4 Tbl.)			
77. Pumpkin or Squash Seeds (1/4 c. or 4 Tbl.)			
78. Sesame Seeds (2 Tbl.)			
79. Sunflower Seeds (2 Tbl.)			
80. Beans, dry (cooked) (1 cup)			

	D	W	M
81. Lentils or Split Peas, cooked (1 cup)			
82. Soybeans, cooked (1 cup)			
83. Tofu (soybean cake) (1/2 cup)			
84. Textured Vegetable Protein (meat subs.) (3 oz.)			
85. Other Legume, etc.			

GRAINS and CEREAL PRODUCTS

Bread (1 slice); Rolls, Muffins or Bagel (1 each):	D	W	M
86. White or French			
87. Whole Wheat or Grain			
88. Rye			
89. Corn			
90. Crackers, Pretzels, refined flour (4)			
91. Crackers or Pretzels, whole grain (4)			
92. Tortilla (1)			
93. Pasta, refined (1 cup)			

	D	W	M
94. Pasta, whole grain (1 cup)			
95. Pancakes (2); Waffle (1), refined			
96. Pancakes (2); Waffle (1), whole grain			
97. Granola (1/2 cup)			
98. Cereal, sugared (1 cup)			
99. Cereal, dry (1 cup)			
100. Popcorn, buttered (1 cup)			
101. Barley (1/2 cup)			
102. Bran, coarse (2 Tbl.)			

	D	W	M
103. Buckwheat (1/2 cup)			
104. Millet (1/2 cup)			
105. Oats; Rolled Oats (1/2 cup)			
106. Rice, brown (1/2 cup)			
107. Rice, white (1/2 cup)			
108. Wheat, whole or cracked (1/2 cup)			
109. Wheat Germ (2 Tbl.)			
110. Other Grain Food (1/2 cup)			

FRUITS

	D	W	M
111. Apple (1 med.)			
112. Applesauce (1/2 cup)			
113. Apricots (3 med)			
114. Avocado (1/2 med); Avocado Dip (1/2 cup)			
115. Banana; Plantain (1 med)			
116. Strawberries (1 cup)			
117. Other Berries (1 cup)			
118. Cantaloupe (1/2 med)			
119. Cherries (1 cup)			

	D	W	M
120. Citrus Fruit (orange, grapefruit, etc.) (1 med)			
121. Citrus Juice (1 cup)			
122. Lemon or Lime Juice (1 Tbl.)			
123. Dates (10 dates)			
124. Grapes (1 cup)			
125. Juice (apple, pear, grape, cranberry) (1 cup)			
126. Melon (1 cup)			
127. Olives (10 ea)			
128. Pear, fresh (1 med)			

	C	W	M
129. Pears or Peaches, canned (1/2 cup)			
130. Peach; Nectarine (1 med)			
131. Pineapple, fresh (1/2 cup)			
132. Pineapple, canned (1/2 cup)			
133. Pineapple Juice (1 cup)			
134. Papaya (1/2 med.)			
135. Prunes (4 med)			
136. Prune Juice (1 cup)			
137. Raisins, currants (2 Tbl.)			
138. Other Fruit			

VEGETABLES

	D	W	M
139. Artichoke (1 med)			
140. Asparagus (6 spears)			
141. Beans, green (1/2 cup)			
142. Beets (1/2 cup)			
143. Broccoli (1/2 cup)			
144. Cabbage, raw (1/2 cup)			
145. Cabbage; Brussel Sprouts, cooked (1/2 cup)			
146. Carrots (1/2 cup)			
147. Chard; Beet Greens (1/2 cup)			
148. Cauliflower (1/2 cup)			
149. Celery (1/2 cup)			
150. Corn (1/2 cup)			

	D	W	M
151. Cucumber (1/2 med)			
152. Eggplant (1/2 cup)			
153. Lettuce (1/2 cup)			
154. Mushrooms (1/2 cup)			
155. Onions (1/4 cup)			
156. Parsley (2 Tbl.)			
157. Peas or Snowpeas, fresh (1/2 cup)			
158. Peas, canned (1/2 cup)			
159. Peppers (1/2 cup)			
160. Potatoes, baked (1 med)			
161. Potatoes, fried (1/2 cup)			
162. Potatoes, mashed (1/2 cup)			

	D	W	M
163. Potato or Corn Chips (10 chips)			
164. Radishes (5 med.)			
165. Spinach, fresh or frozen (1/2 cup)			
166. Spinach, canned (1/2 cup)			
167. Sweet Potatoes; Yams (1 med)			
168. Summer Squash; Zucchini; Okra (1/2 cup)			
169. Tomatoes, raw (1 med)			
170. Tomatoes; canned, juice, sauce (1 cup)			
171. Winter Squash; Pumpkin (1/2 cup)			
172. Sprouts (1/2 cup)			
173. Sauerkraut (1/2 cup); Dill Pickle (1 large)			
174. Mixed Vegetables (1/2 cup)			
175. Other Vegetable (1/2 cup)			

CONDIMENTS AND ADDITIONS

	D	W	M
176. Salt (1 teas.)			
177. Cayenne Pepper (1 teas.)			
178. Soy Sauce (1 Tbl.)			
179. Garlic Cloves (1 clove)			
180. Seaweeds (Kelp, Dulse, etc.) (2 Tbl.)			
181. Catsup; Barbecue Sauce (1 Tbl.)			
182. Mustard, prepared (1 teas.)			
183. Sweet Pickle (1), Relish (1 Tbl.)			
184. Hollandaise or White Sauce (1/4 cup)			

	D	W	M
185. Cheese Sauce or Fondue (1/4 cup)			
186. Gravy (1/4 cup)			
187. Butter (1 Tbl.)			
188. Margarine (1 Tbl.)			
189. Mayonnaise (1 Tbl.)			
190. Shortening (1 Tbl.)			
191. Italian Dressing (1 Tbl.)			
192. French, 1000 Island Dressing (1 Tbl.)			
193. Blue Cheese type Dressing (1 Tbl.)			
194. Olive Oil (1 Tbl.)			

	D	W	M
195. Corn, Soy or Peanut Oil (1 Tbl.)			
196. Safflower, Sunflower, or Sesame Oil (1 Tbl.)			
197. Brewer's Yeast (1 Tbl.)			
198. Protein Powder (1 Tbl.)			
199. Carob Powder (1 Tbl.)			
200. Honey (1 Tbl.)			
201. Molasses (1 Tbl.)			
202. Syrups (1 Tbl.)			
203. Sugar, white or brown (1 Tbl.)			
204. Jelly; Preserves (1 Tbl.)			

DESSERTS AND SWEETS

	D	W	M
205. Cake, angel food, sponge, twinkies (1 slice)			
206. Coffeecake; Sweet Rolls; Nut Bread, refined (1 sl. or pc.)			
207. Coffeecake; Sweet Rolls; Nut Bread, whole grain (1 sl. or pc.)			
208. Cake with icing; Brownies (1 slice)			
209. Cookies, refined flour (2 ea.)			
210. Cookies, whole grain (2 ea.)			

	D	W	M
211. Fig Bars (2 ea.)			
212. Chocolate Bar or Syrup; Fudge (1 oz.)			
213. Candy; Caramels (3 med)			
214. Cheesecake (1 piece)			
215. Custard; Pudding (1/2 cup)			
216. Fruit Pie; Turnover (1/6 pie)			
217. Pumpkin Pie (1/6 pie)			

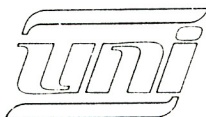
	D	W	M
218. Cream Pie (1/6 pie)			
219. Ice Cream (1/2 cup)			
220. Milkshake (1 cup)			
221. Gelatin Dessert (1/2 cup)			
222. Sherbet (1/2 cup)			
223. Doughnut (1)			
224. Other Dessert			

BEVERAGES

	D	W	M
225. Beer (12 oz.)			
226. Gin, Rum, Vodka, Whiskey (1 1/2 fl. oz.)			
227. Table Wine (3 1/2 oz.)			

	D	W	M
228. Sweet Wine (3 1/2 oz.)			
229. Soft Drinks (12 oz., not diet)			
230. Juice Drink; Kool-Aid (8 oz.)			

	D	W	M
231. Coffee <small>Cream or sugar should be listed</small> (1 cup)			
232. Tea <small>under those specific listings</small> (1 cup)			



UltraNutrition Institute Inc.

UNI NUTRITIONAL / BIOCHEMISTRY / MINERAL / PHYSICAL PROFILE

Based upon current research findings and biochemical nutritional theories, UltraNutrition Institute may periodically change the specific metabolic constituents to be tested.

Serum Vitamin Analysis

Vitamin A
Thiamin (B1)
Riboflavin (B2)
Vitamin B6 (Pyridoxal phosphate)
Vitamin B12 and Folic acid
Vitamin C
Vitamin E

Serum Analysis

SMAC

Glucose
BUN
Creatinine
Uric Acid
Sodium
Potassium
Chloride
CO2
Calcium
Inorganic Phosphorus
Albumin/Globulin
BUN/Creatinine (Blood urianitrogen)
Triglycerides
Cholesterol
Total Protein
Albumin
Total Bilirubin
Alkaline Phosphatase
GGTP (Gamma Glutamyl Transpeptidase)
LDH (Lactate Dehydrogenase)
SGOT (Serum Glutamic Oxalictansaminase)
Iron
Ionized Calcium
Globulin

Coronary Risk

HDL and LDL Cholesterol VLDL

Complete Blood Count

Thyroid hormone determinations
(T3 and T4)

Serum protein electrophoresis

Albumin	Alpha 2
Globulins	Beta
Alpha 1	Gamma

IgE (Immunoglobulin E) by RIA

6-hour glucose tolerance

Glycosilated hemoglobin

Iron, Total, and Iron binding capacity

Ketosteroids and Ketogenic steroids

Eosinophil count, direct

Serum Mineral Assay

Copper
Manganese
Magnesium
Zinc

Cancer Profile:

HCG-B (Human Chorlanic Gonadotropin—Beta)
PHI (Phosphohexose Isomerase)
GGTP (Gamma Glutanyl Transpeptidase)
CEA (Carcino Embryonic Antigen)

VDRL (Syphilis)

Urinanalysis

pH, gravity, particulate elements:
WBC, RBC, cells, cast, crystals, bacteria, yeast,
sugar, albumin, color

Blood group and type

Estrogen

Progesterone

Testosterone

Creatinine Clearance

Nutritional Analysis by Computer

Questionnaire and diary to be filled out by subjects.

Hair Analysis with Computer Interpretation

Nutritional Minerals

Calcium
Magnesium
Sodium
Potassium
Iron
Copper
Manganese
Zinc
Chromium
Selenium

Toxic Metals

Lead
Mercury
Cadmium
Arsenic

Additional Minerals

Aluminum
Lithium
Nickel
Cobalt
Potassium
Molybdenum

Coca Pulse Test (for allergies)

A non-invasive evaluation of individual's sensitivity to the widest range of potential allergies is the Coca Pulse Test. Designed by Dr. Coca, it makes good common sense and may be extremely helpful in simply quickly, painlessly, and inexpensively pinpointing allergies.

For a week (longer if desired) the individual records the pulse and notes the time as well as the activity/environment/ingestion details at the following intervals, each day:

1. Immediately on waking, while still in bed, supine.
2. Prior to ingesting anything (after bathing, etc.) (best meal of the day) for breakfast.
3. Immediately after eating breakfast
4. 30 minutes later, 60 minutes later, 90 minutes later
5. Prior to ingesting lunch (or next 'meal')
6. Immediately after eating.
7. Repeat number 4
8. Prior to dinner
9. Immediately after eating.
10. Repeat number 4
11. Prior to going to sleep (in bed)

Blood Pressure (Both Arms)

supine sitting standing

Left Arm _____

Right Arm _____

Stress Electrocardiogram

Optional at additional cost.

Axial Temperature (Thyroid)

There is considerable evidence that the current tests for the diagnosis of hypothyroid (low thyroid function) are insensitive and somewhat lacking in accuracy.

Broda Barnes, M.D., an Endocrinologist and thyroid specialist, in his book, *Hypothyroidism, an Unsuspected Illness*, explains his feelings and theories about this matter. He proposes that the most sensitive and accurate test for picking up the most people with low thyroid function is simply to check the most basic function of the thyroid: its ability to regulate the metabolic furnace of the body, i.e. create heat or control temperature. Dr. Barnes feels that recording basal body temperature daily for ten days is the most simple and best means of doing this. For accuracy, he insists that the patient be absolutely basal and totally relaxed.

INSTRUCTIONS

1. Use an oral thermometer which has been shaken down the night before and put on your bedside stand.
2. Put the thermometer in your armpit (for ten minutes) and record a temperature every morning for ten days. Do this before you've gotten out of bed, urinated, had coffee, had anything to eat, done anything or had any activity, mental or physical. Use the axillary (armpit) temperature rather than the mouth, because so many people have low grade unsuspected sinus infections which generate heat only in that area, thereby falsely raising the oral temperatures.
3. For women, additional consideration is needed during ovulation which elevates temperature somewhat. Because of this, women who menstruate should start the recording on the second or third day of their cycle. For men, or women who are menopausal, it makes no difference which day is picked.

This temperature recording data will be correlated with your thyroid hormone level, Photomogram, and thyroid history questionnaire sheet. We are attempting to search out and find all the undiscovered hypothyroidism that our patients have since this is such a common and easily treatable ailment. Barnes estimates that approximately 40% of the adult population has this problem and it can be associated with hypoglycemia, allergies, psoriasis, acne, undiagnosed skin problems, hypertension, obesity, depression, and many other ailments. If you have any unusual reaction while this is going on, or anything you wish to share, please indicate this on the recording sheet.

RECORD:

	DATE	TEMPERATURE VALUE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

97.0 degrees or below is considered abnormal. If the majority of the temperature data is low, it probably suggests low thyroid function.

Postural Color Photographs

Preferably against a white background with 5 cm vertical and horizontal rules.

Iris Photographs

Iridology is a relatively new science and UNI will endeavor to do correlations with the other parameters being tested.

UNI Physical Exam Schedule

Standardized listing of data to correlate and confirm with other metabolic levels and "individual norms."

Thermogram

Blood circulation record and breast cancer detection by full body thermograms.

SPECIMENS REQUIRED FOR METABOLIC TESTING

Nutritional/Biochemical/Trace Elements/ Toxins/Heavy Metals

- BLOOD** — Prior to giving blood specimens, individuals should refrain from smoking and fast for twelve (12) hours (no food or liquids other than *distilled, filtered or preferably both distilled and filtered water*).
- URINE** — 10 ml (refrigerate, no preservatives)
- HAIR SAMPLE** — one gram (2 tablespoons)
Directions: To obtain the most meaningful analysis, send 1 gram (2 tablespoons) of hair cut close to the scalp from the nape of the neck. The portion of hair longer than 3 inches should be cut apart from hair closer to the scalp and bagged separately, marked "old hair." The portion closest to the head should be in the "new hair" bag. Cut very small patches (10-20 strands per segment) in the lower neck head area. Thinning scissors are excellent for cutting hair samples; otherwise any good pair of sharp scissors will do.

FOR THE FUTURE:

Kirilian Photographs
Aura record
Pulmonary Function Test
Retinal Binding Capacity
B & T cell lymphocytes
Amino Acid analysis
Gastric Ph
Capillary fragility
Thyroid Stimulating Hormone

UNI PROTOCOL

A. ORIENTATION

Discussion of procedure
Instructions on filling out forms
Issuing of forms to subject
Setting up evaluation appointment

B. ADVANCE PREPARATION

1. Ultranutrition Profile Questionnaire
2. Physical examination questionnaire
3. Do Coca Pulse Test (recommend one week, daily)
4. Do Thyroid Temperature test: 10 days

C. CHECKLIST FOR FIRST VISIT (things to bring)

1. Questionnaire
2. Physical examination questionnaire
3. Coca Pulse Test results
4. Thyroid Temperature Test results
5. 24-hour urine specimen
MORNING
Important Instructions:
 - a. Discard first morning specimen.
 - b. Collect all remaining urine through that day, night including next morning.
 - c. If shipping 24-hr urine:
Note total volume, then pour off 100 ml to ship and discard remainder.
 - d. That morning do the blood tests.
6. Bathing suit or leotard for postural photographs

D. FIRST VISIT

Bring specimens at _____ (a.m./p.m.) to the office of:

REMEMBER TO BE FASTING FOR 12 HOURS

1. Review paperwork for completeness
2. Physical examination (special UNI form used)
3. Iris pictures
4. Full face color photograph (color)
5. Body front and side view photographs (color)
6. Hair specimen cut
7. Blood specimens
8. Fresh urine specimen
9. Full body thermograms
10. (Optional) Stress electrocardiogram

E. SECOND VISIT

Evaluation of data and recommendations
UNI will call you and make an appointment

F. FOLLOW-UP VISIT

(If required, additional charges)
Evaluation of results of diet, lifestyle changes.