

Check if you will benefit from joining a Wellness EQ Course

Please tick the box for every TRUE statement -
Do you carry excess weight?
Do you drink any of the following - fruit juice, fizzy drinks?
Do you eat any of the following - chips, rice, bread, pasta, biscuits, cereals?
Do you eat low-fat products - milk, yogurt or cheese?
Are you diabetic and/or do you suffer from high blood pressure or heart disease?
Do you have difficulty sleeping i.e., falling asleep, waking up during the night?
Have you been diagnosed or treated for cancer?
Do you experience bloating, stomach pain or reflux after eating?
Do you suffer from low mood, mood fluctuations or stress?
Do you suffer from migraines or infertility (women) (erectile dysfunction for men)?
Add up the number of boxes ticked.
Score Interpretation