

SOC Index

Full name - all names you had and have (maiden name , middle name etc.)

Birth place:

Birth time (if known)

DOB (I.o. 11/09/1989)

(please put only a number in)

Rate your happiness (0 minimum 10 maximum).....

Number of removed organs (i.o. Appendix, tonsils, adenoids, gall bladder, kidney).....

Number of synthetic drugs (pharmaceuticals) used currently (Heart, circulation, rheumatism, Dementia, Thyroid etc.)

Amount of times you smoke / day (no. of cigarettes, cigars etc.).....

Number of steroid type drugs used in the last year

Number of metal amalgam fillings. Current or present during last year

Number of street drugs used / month

Number of all known allergies (e.g. penicillin, milk, animal hair).....

Number of all unresolved mental factors (e.g. unresolved issues with deceased or family, Anxiety, depression, worry...).....

I'm responsible for my body (0 minimum 10 maximum).....

Amount of Whole Plant Food in Diet (10% = 1..... 100% = 10 a number 1...10).....

Amount of fat in diet included processed food (10% = 1..... 100% = 10 a number 1...10)

Personal Stress (0 minimum 10 maximum).....

Number of sugar type products / day (incl. soft drinks, ice cream etc).....

Number of exercise / week (20 min minimum, Not work).....

Number of alcoholic drinks / day on average.....

Number (cups) coffee, tea / day (or any caffeine products)

Number extreme toxic exposure / year (radiation, phone, WiFi, insecticide, chemicals).....

Number of major injuries in the past (fractures, accidents, serious operations, etc.).....

Number of major infections past and present (hepatitis, malaria, real flu).....

Number of glasses of water natural fruit juice / day.....

How many lbs overweight you think you are?