



DRINK WATER FOR LIFE™

HEALTH SURVEY



Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

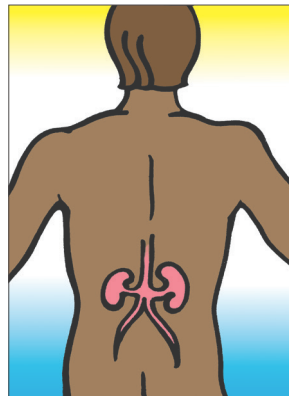
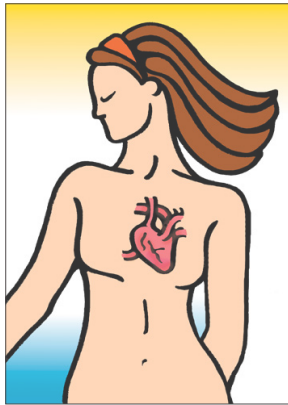
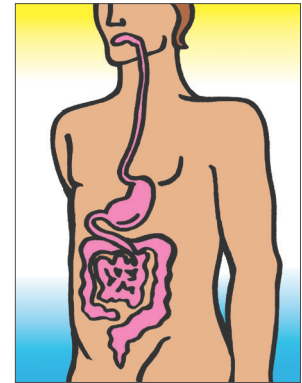
Increasing your water intake can have some amazing results. When we don't drink a lot of water, a variety of symptoms may appear in our bodies that we never connect with dehydration. Every one of the health issues listed here tend to respond positively with an increase in water. Take a moment to indicate the conditions you now have or have had in the past.



URINARY TRACT

Condition	Present	Past
Dry itchy skin	<input type="radio"/>	<input type="radio"/>
Oily skin	<input type="radio"/>	<input type="radio"/>
Acne	<input type="radio"/>	<input type="radio"/>
Body/foot odor	<input type="radio"/>	<input type="radio"/>
Rosacea	<input type="radio"/>	<input type="radio"/>

Condition	Present	Past
Kidney problems	<input type="radio"/>	<input type="radio"/>
Bladder infections	<input type="radio"/>	<input type="radio"/>
Incontinence	<input type="radio"/>	<input type="radio"/>
Kidney stones	<input type="radio"/>	<input type="radio"/>



DIGESTIVE

Condition	Present	Past
Heartburn	<input type="radio"/>	<input type="radio"/>
Acid Indigestion	<input type="radio"/>	<input type="radio"/>
Acid Reflux	<input type="radio"/>	<input type="radio"/>
Irritable Bowel	<input type="radio"/>	<input type="radio"/>
Hemorrhoids	<input type="radio"/>	<input type="radio"/>
Constipation	<input type="radio"/>	<input type="radio"/>
Weight gain	<input type="radio"/>	<input type="radio"/>

CARDIOVASCULAR

Condition	Present	Past
Elevated cholesterol	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>
Heart attack	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>



Condition	Present	Past
PMS	<input type="radio"/>	<input type="radio"/>
Thyroid	<input type="radio"/>	<input type="radio"/>
Menopause	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Hypoglycemia	<input type="radio"/>	<input type="radio"/>

EAR, NOSE, THROAT

Condition	Present	Past
Ear infections	<input type="radio"/>	<input type="radio"/>
Fainting/dizzy spells	<input type="radio"/>	<input type="radio"/>
Balance problems	<input type="radio"/>	<input type="radio"/>
Sinus problems	<input type="radio"/>	<input type="radio"/>



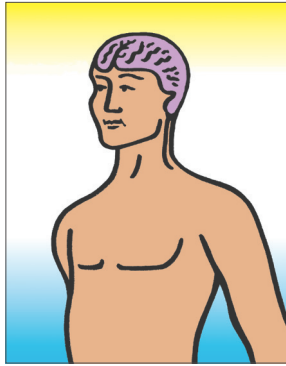
IMMUNE DISORDERS

Condition	Present	Past
Cancer treatment	<input type="radio"/>	<input type="radio"/>

Condition	Present	Past
Fibromyalgia	<input type="radio"/>	<input type="radio"/>

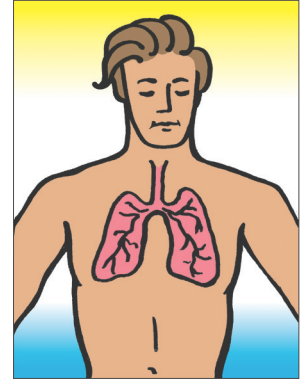
MUSCULOSKELETAL

Condition	Present	Past
Back pain	<input type="radio"/>	<input type="radio"/>
Joint pain	<input type="radio"/>	<input type="radio"/>
Arthritis	<input type="radio"/>	<input type="radio"/>
Muscular aches	<input type="radio"/>	<input type="radio"/>
Muscle cramps	<input type="radio"/>	<input type="radio"/>



RESPIRATORY

Condition	Present	Past
Allergies	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Persistent cough	<input type="radio"/>	<input type="radio"/>



NEUROLOGICAL

Condition	Present	Past
Migraines	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>
Insomnia	<input type="radio"/>	<input type="radio"/>
Memory loss	<input type="radio"/>	<input type="radio"/>
Mental sluggishness	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>



WATER RETENTION

Condition	Present	Past
Swollen ankles	<input type="radio"/>	<input type="radio"/>
Water retention	<input type="radio"/>	<input type="radio"/>

All of the conditions listed on this survey may improve or sometimes be cured with an increase in water intake. I presently drink ____ (8 ounce) glasses of water each day. I am going to drink ____ glasses EVERY day for the next year.

Your Personal Water Story:

If you are comfortable sharing this story anonymously about how water has improved YOUR health, please sign here indicating your permission:

_____ Date: _____

Return to:

Heather Michet
 503-913-1310
 heather@irishealingarts.com
 P.O. Box 852 Sandy, OR 97055-0852

The purpose of this survey is to help you see how water may impact symptoms of dehydration. Data may also be used anonymously for research purposes.