TREHALOSE – Independent Nutritional Health Survey Form BASELINE CHECKLIST

Complete prior to Trehalose Independent Nutritional Health Survey using 2 to 6 Tablespoons Trehalose per day

PLEASE complete this Evaluation online if at all possible – www.EndowmentMed.org

Name: _____ Today's Date: _____

City/State/Zip: _____ Phone Number:_____ cell: _____

Participant resides at (check one): Home:(___) or Health Care Facility:(___) Gender (circle one): M / F

Age: _____ Height: _____ Weight: _____ Age participant developed the condition:_____

Name & Relationship of Person Completing Evaluation Form: _____

Phone #: _____ cell: _____ e-mail: _____

Disease/Conditions:_____ How many Tablespoons trehalose per day? _____

We welcome each family member to use a separate Evaluation Form. Indemnification Form MUST be signed.

*** Please indicate (√) relevant conditions or challenges. ***

	GENERAL HEALTH CONDITION
	Overweight
	Need muscle toning
	Waist is _____ inches
	Low energy level
	Aging faster than desired
	Hot flashes
	Insomnia
	Do not sleep as well as desired
	Serious aches & pains
	Mild aches & pains
	Retain fluid
	BEAUTY CONDITIONS
	Desire to improve appearance
	Serious blemishes
	Mild blemishes
	Acne
	Wrinkles
	Hair not healthy
	Serious dandruff
	Mild dandruff
	Psoriasis
	Scars
	Skin tone need improvement
	Large pores
	NERVOUS SYSTEM (related)
	PMS
	Menopause
	Stress is a challenge
	Fatigued
	Skin itching
	Skin rash

	NERVOUS SYSTEM (continued)
	Crave sugar
	Crave cigarettes / nicotine
	Crave food
	Serious depression
	Mild depression
	Mood swings
	Irritable
	Anxiety
	Hyperactive
	Unable to cope
	SEX LIFE (if applicable)
	Impotency
	Infertility
	Sex life weak
	Yeast infection
	CIRCULATORY
	High blood pressure
	Varicose veins
	Feet/hands cold
	High bad cholesterol
	Light-headed
	MAJOR CHALLENGES
	Diabetes reading _____
	Liver problems
	White cell count _____
	Anemia
	Fibromyalgia
	Vision poor
	Floaters in eyes
	Tumor(s)
	Osteoporosis

	MAJOR CHALLENGES (continued)
	Heart problems
	Arthritis
	Chronic Fatigue Syndrome
	Multiple Sclerosis
	IMMUNE SYSTEM
	Infections
	Colds and/or flu
	Allergies
	Inflammation
	Sore throat
	Sinus congestion
	Cysts, tumors
	Bronchial congestion
	Serious migraine headaches
	Mild migraine headaches
	DIGESTIVE SYSTEM
	Ulcers
	Serious heartburn
	Mild heartburn
	Serious acid indigestion
	Mild acid indigestion
	Serious constipation
	Mild constipation
	Serious diarrhea
	Mild diarrhea
	Serious upset stomach
	Mild upset stomach
	Serious Candida (yeast)
	Mild Candida (yeast)

The Endowment for Medical Research™ Please complete online at www.EndowmentMed.org or fax to 281-893-6397 or mail to P.O. Box 73089 • Houston, TX 77273

ADDITIONAL INFORMATION (Please note any other information you feel would benefit our research): BASELINE
(Please use additional paper, if needed)

List medications being taken presently, reasons for taking, and at what daily doses: _____

List, if any, side effects from present or past medications: _____

List supplements being taken presently and at what daily amounts: _____

1) COMPLETE AND FILE FORM ONLINE; 2) You may fax this document to (281) 893-6397; or 3) Mail to The Endowment for Medical Research™ P. O. Box 73089, Houston, TX 77273 USA

DISCLAIMER: We make no medical claims or diagnosis regarding the supplements used in this Independent Nutritional Health Survey. The purpose of this form is to gather information to compare qualities of behavior and health of people with problems in these areas before, during, and after consuming the supplements used in this Independent Nutritional Health Survey.

TREHALOSE – Independent Nutritional Health Survey Form #1

(Complete one month from date of Baseline Form)

Name: _____ Today's Date: _____

City/State/Zip: _____ Phone Number:_____ cell: _____

Participant resides at (check one): Home:(___) or Health Care Facility:(___) Gender (circle one): M / F

Age: _____ Height: _____ Weight: _____ Age participant developed the condition:_____

Name & Relationship of Person Completing Evaluation Form: _____

Phone #: _____ cell: _____ e-mail: _____

Disease/Conditions:_____ How many Tablespoons trehalose per day? _____

Comments: _____

*** Please indicate (√) relevant conditions or challenges. ***

	GENERAL HEALTH BENEFITS
	Fat loss
	Muscle toning
	Lost _____ inches in waist
	Higher energy
	Evidence of less aging
	Hot flashes gone
	Overcome insomnia
	Improved sleep
	Aches & pains reduced
	Aches & pains gone
	Fluid loss
	BEAUTY BENEFITS
	Improved appearance
	Blemishes reduced
	Blemishes disappeared
	Acne improved
	Wrinkles leaving
	Hair healthier
	Dandruff reduced
	Dandruff gone
	Psoriasis improved
	Scars disappearing
	Skin tones improved
	Large pores are better
	NERVOUS SYSTEM (related)
	PMS helped
	Menopause relief
	Handle stress better
	Less fatigued
	Skin itching less
	Skin rash gone

	NERVOUS SYSTEM (continued)
	Less sugar craving
	Less cigarette/nicotine craving
	Less food craving
	Depression reduced
	Overcame depression
	Mood swings better
	Less irritable
	Less anxiety
	Not as hyperactive
	Better able to cope
	SEX LIFE (if applicable)
	Impotence reversed
	Infertility reversed
	Improved sex life
	Yeast infection gone
	CIRCULATORY
	Lower blood pressure
	Varicose veins better
	Feet/hands warmer
	Lower bad cholesterol ____ to ____
	Not as light-headed
	MAJOR BENEFITS
	Diabetes helped from ____ to ____
	Liver problems helped
	White cell count went from ___ to ___
	Anemia helped
	Fibromyalgia helped
	Vision improved
	Floaters in eyes improved
	Tumor(s) gone
	Osteoporosis improved

	MAJOR BENEFITS (continued)
	Heart problems better
	Arthritis improved
	Chronic Fatigue Syndrome improved
	Multiple Sclerosis better
	IMMUNE SYSTEM
	Infections disappearing
	Less colds and/or flu
	Allergies improved
	Inflammation gone
	Less sore throat
	Sinus congestion gone
	Cysts, tumors gone
	Bronchial congestion improved
	Migraine headaches improved
	Migraine headaches gone
	DIGESTIVE SYSTEM
	Ulcers improved
	Heartburn helped
	Heartburn gone
	Acid indigestion helped
	Acid indigestion gone
	Constipation better
	Constipation gone
	Diarrhea helped
	Diarrhea gone
	Upset stomach improved
	Upset stomach gone
	Candida (yeast) improved
	Candida (yeast) gone

The Endowment for Medical Research™ Please complete online at www.EndowmentMed.org or fax to 281-893-6397 or mail to P.O. Box 73089 • Houston, TX 77273

ADDITIONAL INFORMATION (Please note any changes that you have made to our Protocol): **# 1**
(Please use additional paper, if needed)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

List medications being taken presently, reasons for taking, and at what daily doses: _____

_____

_____

_____

_____

_____

List, if any, side effects from present or past medications: _____

_____

_____

_____

_____

_____

List supplements being taken presently and at what daily amounts: _____

_____

_____

_____

_____

1) COMPLETE AND FILE FORM ONLINE; 2) You may fax this document to (281) 893-6397; or 3) Mail to The Endowment for Medical Research™ P. O. Box 73089, Houston, TX 77273 USA

DISCLAIMER: We make no medical claims or diagnosis regarding the supplements used in this Independent Nutritional Health Survey. The purpose of this form is to gather information to compare qualities of behavior and health of people with problems in these areas before, during, and after consuming the supplements used in this Independent Nutritional Health Survey.

TREHALOSE – Independent Nutritional Health Survey Form #2

(Complete two months from date of Baseline Form)

Name: _____ Today's Date: _____

City/State/Zip: _____ Phone Number:_____ cell: _____

Participant resides at (check one): Home:(___) or Health Care Facility:(___) Gender (circle one): M / F

Age: _____ Height: _____ Weight: _____ Age participant developed the condition:_____

Name & Relationship of Person Completing Evaluation Form: _____

Phone #: _____ cell: _____ e-mail: _____

Disease/Conditions:_____ How many Tablespoons trehalose per day? _____

Comments: _____

*** Please indicate (√) relevant conditions or challenges. ***

	GENERAL HEALTH BENEFITS
	Fat loss
	Muscle toning
	Lost _____ inches in waist
	Higher energy
	Evidence of less aging
	Hot flashes gone
	Overcome insomnia
	Improved sleep
	Aches & pains reduced
	Aches & pains gone
	Fluid loss
	BEAUTY BENEFITS
	Improved appearance
	Blemishes reduced
	Blemishes disappeared
	Acne improved
	Wrinkles leaving
	Hair healthier
	Dandruff reduced
	Dandruff gone
	Psoriasis improved
	Scars disappearing
	Skin tones improved
	Large pores are better
	NERVOUS SYSTEM (related)
	PMS helped
	Menopause relief
	Handle stress better
	Less fatigued
	Skin itching less
	Skin rash gone

	NERVOUS SYSTEM (continued)
	Less sugar craving
	Less cigarette/nicotine craving
	Less food craving
	Depression reduced
	Overcame depression
	Mood swings better
	Less irritable
	Less anxiety
	Not as hyperactive
	Better able to cope
	SEX LIFE (if applicable)
	Impotence reversed
	Infertility reversed
	Improved sex life
	Yeast infection gone
	CIRCULATORY
	Lower blood pressure
	Varicose veins better
	Feet/hands warmer
	Lower bad cholesterol ____ to ____
	Not as light-headed
	MAJOR BENEFITS
	Diabetes helped from ____ to ____
	Liver problems helped
	White cell count went from ___ to ___
	Anemia helped
	Fibromyalgia helped
	Vision improved
	Floaters in eyes improved
	Tumor(s) gone
	Osteoporosis improved

	MAJOR BENEFITS (continued)
	Heart problems better
	Arthritis improved
	Chronic Fatigue Syndrome improved
	Multiple Sclerosis better
	IMMUNE SYSTEM
	Infections disappearing
	Less colds and/or flu
	Allergies improved
	Inflammation gone
	Less sore throat
	Sinus congestion gone
	Cysts, tumors gone
	Bronchial congestion improved
	Migraine headaches improved
	Migraine headaches gone
	DIGESTIVE SYSTEM
	Ulcers improved
	Heartburn helped
	Heartburn gone
	Acid indigestion helped
	Acid indigestion gone
	Constipation better
	Constipation gone
	Diarrhea helped
	Diarrhea gone
	Upset stomach improved
	Upset stomach gone
	Candida (yeast) improved
	Candida (yeast) gone

The Endowment for Medical Research™ Please complete online at www.EndowmentMed.org or fax to 281-893-6397 or mail to P.O. Box 73089 • Houston, TX 77273

ADDITIONAL INFORMATION (Please note any changes that you have made to our Protocol): **# 2**
(Please use additional paper, if needed)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

List medications being taken presently, reasons for taking, and at what daily doses: _____

_____

_____

_____

_____

_____

List, if any, side effects from present or past medications: _____

_____

_____

_____

_____

_____

List supplements being taken presently and at what daily amounts: _____

_____

_____

_____

_____

The Endowment for Medical Research, Inc. is a 501(c)(3) a faith-based medical and educational research non-profit Public Charity. This form constitutes medical records that must be guarded with security according to HIPAA Federal Law and is intended for use only by the person(s) to whom it is addressed. This is confidential, legally privileged, proprietary, and must be protected from disclosure. If you are not the intended recipient, any review, use, disclosure, copying, distribution, printing, or any action taken in reliance on the contents of this communication, is strictly prohibited. If you received this in error, please shred or otherwise destroy.

1) COMPLETE AND FILE FORM ONLINE; 2) You may fax this document to (281) 893-6397; or 3) Mail to The Endowment for Medical Research™ P. O. Box 73089, Houston, TX 77273 USA

DISCLAIMER: We make no medical claims or diagnosis regarding the supplements used in this Independent Nutritional Health Survey. The purpose of this form is to gather information to compare qualities of behavior and health of people with problems in these areas before, during, and after consuming the supplements used in this Independent Nutritional Health Survey.

TREHALOSE – Independent Nutritional Health Survey Form #3

(Complete three months from date of Baseline Form)

Name: _____ Today's Date: _____

City/State/Zip: _____ Phone Number:_____ cell: _____

Participant resides at (check one): Home:(___) or Health Care Facility:(___) Gender (circle one): M / F

Age: _____ Height: _____ Weight: _____ Age participant developed the condition:_____

Name & Relationship of Person Completing Evaluation Form: _____

Phone #: _____ cell: _____ e-mail: _____

Disease/Conditions:_____ How many Tablespoons trehalose per day? _____

Comments: _____

*** Please indicate (√) relevant conditions or challenges. ***

	GENERAL HEALTH BENEFITS
	Fat loss
	Muscle toning
	Lost _____ inches in waist
	Higher energy
	Evidence of less aging
	Hot flashes gone
	Overcome insomnia
	Improved sleep
	Aches & pains reduced
	Aches & pains gone
	Fluid loss
	BEAUTY BENEFITS
	Improved appearance
	Blemishes reduced
	Blemishes disappeared
	Acne improved
	Wrinkles leaving
	Hair healthier
	Dandruff reduced
	Dandruff gone
	Psoriasis improved
	Scars disappearing
	Skin tones improved
	Large pores are better
	NERVOUS SYSTEM (related)
	PMS helped
	Menopause relief
	Handle stress better
	Less fatigued
	Skin itching less
	Skin rash gone

	NERVOUS SYSTEM (continued)
	Less sugar craving
	Less cigarette/nicotine craving
	Less food craving
	Depression reduced
	Overcame depression
	Mood swings better
	Less irritable
	Less anxiety
	Not as hyperactive
	Better able to cope
	SEX LIFE (if applicable)
	Impotence reversed
	Infertility reversed
	Improved sex life
	Yeast infection gone
	CIRCULATORY
	Lower blood pressure
	Varicose veins better
	Feet/hands warmer
	Lower bad cholesterol ____ to ____
	Not as light-headed
	MAJOR BENEFITS
	Diabetes helped from ____ to ____
	Liver problems helped
	White cell count went from ___ to ___
	Anemia helped
	Fibromyalgia helped
	Vision improved
	Floaters in eyes improved
	Tumor(s) gone
	Osteoporosis improved

	MAJOR BENEFITS (continued)
	Heart problems better
	Arthritis improved
	Chronic Fatigue Syndrome improved
	Multiple Sclerosis better
	IMMUNE SYSTEM
	Infections disappearing
	Less colds and/or flu
	Allergies improved
	Inflammation gone
	Less sore throat
	Sinus congestion gone
	Cysts, tumors gone
	Bronchial congestion improved
	Migraine headaches improved
	Migraine headaches gone
	DIGESTIVE SYSTEM
	Ulcers improved
	Heartburn helped
	Heartburn gone
	Acid indigestion helped
	Acid indigestion gone
	Constipation better
	Constipation gone
	Diarrhea helped
	Diarrhea gone
	Upset stomach improved
	Upset stomach gone
	Candida (yeast) improved
	Candida (yeast) gone

The Endowment for Medical Research™ Please complete online at www.EndowmentMed.org or fax to 281-893-6397 or mail to P.O. Box 73089 • Houston, TX 77273

ADDITIONAL INFORMATION (Please note any changes that you have made to our Protocol): **# 3**
(Please use additional paper, if needed)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

List medications being taken presently, reasons for taking, and at what daily doses: _____

_____

_____

_____

_____

_____

List, if any, side effects from present or past medications: _____

_____

_____

_____

_____

_____

List supplements being taken presently and at what daily amounts: _____

_____

_____

_____

_____

The Endowment for Medical Research, Inc. is a 501(c)(3) a faith-based medical and educational research non-profit Public Charity. This form constitutes medical records that must be guarded with security according to HIPAA Federal Law and is intended for use only by the person(s) to whom it is addressed. This is confidential, legally privileged, proprietary, and must be protected from disclosure. If you are not the intended recipient, any review, use, disclosure, copying, distribution, printing, or any action taken in reliance on the contents of this communication, is strictly prohibited. If you received this in error, please shred or otherwise destroy.

1) COMPLETE AND FILE FORM ONLINE; 2) You may fax this document to (281) 893-6397; or 3) Mail to The Endowment for Medical Research™ P. O. Box 73089, Houston, TX 77273 USA

DISCLAIMER: We make no medical claims or diagnosis regarding the supplements used in this Independent Nutritional Health Survey. The purpose of this form is to gather information to compare qualities of behavior and health of people with problems in these areas before, during, and after consuming the supplements used in this Independent Nutritional Health Survey.

TREHALOSE – Independent Nutritional Health Survey Form #4

(Complete four months from date of Baseline Form)

Name: _____ Today's Date: _____

City/State/Zip: _____ Phone Number:_____ cell: _____

Participant resides at (check one): Home:(___) or Health Care Facility:(___) Gender (circle one): M / F

Age: _____ Height: _____ Weight: _____ Age participant developed the condition:_____

Name & Relationship of Person Completing Evaluation Form: _____

Phone #: _____ cell: _____ e-mail: _____

Disease/Conditions:_____ How many Tablespoons trehalose per day? _____

Comments: _____

*** Please indicate (√) relevant conditions or challenges. ***

	GENERAL HEALTH BENEFITS
	Fat loss
	Muscle toning
	Lost _____ inches in waist
	Higher energy
	Evidence of less aging
	Hot flashes gone
	Overcome insomnia
	Improved sleep
	Aches & pains reduced
	Aches & pains gone
	Fluid loss
	BEAUTY BENEFITS
	Improved appearance
	Blemishes reduced
	Blemishes disappeared
	Acne improved
	Wrinkles leaving
	Hair healthier
	Dandruff reduced
	Dandruff gone
	Psoriasis improved
	Scars disappearing
	Skin tones improved
	Large pores are better
	NERVOUS SYSTEM (related)
	PMS helped
	Menopause relief
	Handle stress better
	Less fatigued
	Skin itching less
	Skin rash gone

	NERVOUS SYSTEM (continued)
	Less sugar craving
	Less cigarette/nicotine craving
	Less food craving
	Depression reduced
	Overcame depression
	Mood swings better
	Less irritable
	Less anxiety
	Not as hyperactive
	Better able to cope
	SEX LIFE (if applicable)
	Impotence reversed
	Infertility reversed
	Improved sex life
	Yeast infection gone
	CIRCULATORY
	Lower blood pressure
	Varicose veins better
	Feet/hands warmer
	Lower bad cholesterol ____ to ____
	Not as light-headed
	MAJOR BENEFITS
	Diabetes helped from ____ to ____
	Liver problems helped
	White cell count went from ___ to ___
	Anemia helped
	Fibromyalgia helped
	Vision improved
	Floaters in eyes improved
	Tumor(s) gone
	Osteoporosis improved

	MAJOR BENEFITS (continued)
	Heart problems better
	Arthritis improved
	Chronic Fatigue Syndrome improved
	Multiple Sclerosis better
	IMMUNE SYSTEM
	Infections disappearing
	Less colds and/or flu
	Allergies improved
	Inflammation gone
	Less sore throat
	Sinus congestion gone
	Cysts, tumors gone
	Bronchial congestion improved
	Migraine headaches improved
	Migraine headaches gone
	DIGESTIVE SYSTEM
	Ulcers improved
	Heartburn helped
	Heartburn gone
	Acid indigestion helped
	Acid indigestion gone
	Constipation better
	Constipation gone
	Diarrhea helped
	Diarrhea gone
	Upset stomach improved
	Upset stomach gone
	Candida (yeast) improved
	Candida (yeast) gone

The Endowment for Medical Research™ Please complete online at www.EndowmentMed.org or fax to 281-893-6397 or mail to P.O. Box 73089 • Houston, TX 77273

This information is from confidential medical records. Further disclosure of this information is prohibited.
Information is for stated purpose only and subsequently to be destroyed.

ADDITIONAL INFORMATION (Please note any changes that you have made to our Protocol): **# 4**
(Please use additional paper, if needed)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

List medications being taken presently, reasons for taking, and at what daily doses: _____

_____

_____

_____

_____

_____

List, if any, side effects from present or past medications: _____

_____

_____

_____

_____

_____

List supplements being taken presently and at what daily amounts: _____

_____

_____

_____

_____

1) COMPLETE AND FILE FORM ONLINE; 2) You may fax this document to (281) 893-6397; or 3) Mail to The Endowment for Medical Research™ P. O. Box 73089, Houston, TX 77273 USA

DISCLAIMER: We make no medical claims or diagnosis regarding the supplements used in this Independent Nutritional Health Survey. The purpose of this form is to gather information to compare qualities of behavior and health of people with problems in these areas before, during, and after consuming the supplements used in this Independent Nutritional Health Survey.

TREHALOSE – Independent Nutritional Health Survey Form #5

(Complete five months from date of Baseline Form)

Name: _____ Today's Date: _____

City/State/Zip: _____ Phone Number:_____ cell: _____

Participant resides at (check one): Home:(___) or Health Care Facility:(___) Gender (circle one): M / F

Age: _____ Height: _____ Weight: _____ Age participant developed the condition:_____

Name & Relationship of Person Completing Evaluation Form: _____

Phone #: _____ cell: _____ e-mail: _____

Disease/Conditions:_____ How many Tablespoons trehalose per day? _____

Comments: _____

*** Please indicate (√) relevant conditions or challenges. ***

	GENERAL HEALTH BENEFITS
	Fat loss
	Muscle toning
	Lost _____ inches in waist
	Higher energy
	Evidence of less aging
	Hot flashes gone
	Overcome insomnia
	Improved sleep
	Aches & pains reduced
	Aches & pains gone
	Fluid loss
	BEAUTY BENEFITS
	Improved appearance
	Blemishes reduced
	Blemishes disappeared
	Acne improved
	Wrinkles leaving
	Hair healthier
	Dandruff reduced
	Dandruff gone
	Psoriasis improved
	Scars disappearing
	Skin tones improved
	Large pores are better
	NERVOUS SYSTEM (related)
	PMS helped
	Menopause relief
	Handle stress better
	Less fatigued
	Skin itching less
	Skin rash gone

	NERVOUS SYSTEM (continued)
	Less sugar craving
	Less cigarette/nicotine craving
	Less food craving
	Depression reduced
	Overcame depression
	Mood swings better
	Less irritable
	Less anxiety
	Not as hyperactive
	Better able to cope
	SEX LIFE (if applicable)
	Impotence reversed
	Infertility reversed
	Improved sex life
	Yeast infection gone
	CIRCULATORY
	Lower blood pressure
	Varicose veins better
	Feet/hands warmer
	Lower bad cholesterol ____ to ____
	Not as light-headed
	MAJOR BENEFITS
	Diabetes helped from ____ to ____
	Liver problems helped
	White cell count went from ___ to ___
	Anemia helped
	Fibromyalgia helped
	Vision improved
	Floaters in eyes improved
	Tumor(s) gone
	Osteoporosis improved

	MAJOR BENEFITS (continued)
	Heart problems better
	Arthritis improved
	Chronic Fatigue Syndrome improved
	Multiple Sclerosis better
	IMMUNE SYSTEM
	Infections disappearing
	Less colds and/or flu
	Allergies improved
	Inflammation gone
	Less sore throat
	Sinus congestion gone
	Cysts, tumors gone
	Bronchial congestion improved
	Migraine headaches improved
	Migraine headaches gone
	DIGESTIVE SYSTEM
	Ulcers improved
	Heartburn helped
	Heartburn gone
	Acid indigestion helped
	Acid indigestion gone
	Constipation better
	Constipation gone
	Diarrhea helped
	Diarrhea gone
	Upset stomach improved
	Upset stomach gone
	Candida (yeast) improved
	Candida (yeast) gone

The Endowment for Medical Research™ Please complete online at www.EndowmentMed.org or fax to 281-893-6397 or mail to P.O. Box 73089 • Houston, TX 77273

ADDITIONAL INFORMATION (Please note any changes that you have made to our Protocol): **# 5**
(Please use additional paper, if needed)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

List medications being taken presently, reasons for taking, and at what daily doses: _____

_____

_____

_____

_____

_____

List, if any, side effects from present or past medications: _____

_____

_____

_____

_____

_____

List supplements being taken presently and at what daily amounts: _____

_____

_____

_____

_____

The Endowment for Medical Research, Inc. is a 501(c)(3) a faith-based medical and educational research non-profit Public Charity. This form constitutes medical records that must be guarded with security according to HIPAA Federal Law and is intended for use only by the person(s) to whom it is addressed. This is confidential, legally privileged, proprietary, and must be protected from disclosure. If you are not the intended recipient, any review, use, disclosure, copying, distribution, printing, or any action taken in reliance on the contents of this communication, is strictly prohibited. If you received this in error, please shred or otherwise destroy.

1) COMPLETE AND FILE FORM ONLINE; 2) You may fax this document to (281) 893-6397; or 3) Mail to The Endowment for Medical Research™ P. O. Box 73089, Houston, TX 77273 USA

DISCLAIMER: We make no medical claims or diagnosis regarding the supplements used in this Independent Nutritional Health Survey. The purpose of this form is to gather information to compare qualities of behavior and health of people with problems in these areas before, during, and after consuming the supplements used in this Independent Nutritional Health Survey.

TREHALOSE – Independent Nutritional Health Survey Form #6

(Complete six months from date of Baseline Form)

Name: _____ Today's Date: _____

City/State/Zip: _____ Phone Number:_____ cell: _____

Participant resides at (check one): Home:(___) or Health Care Facility:(___) Gender (circle one): M / F

Age: _____ Height: _____ Weight: _____ Age participant developed the condition:_____

Name & Relationship of Person Completing Evaluation Form: _____

Phone #: _____ cell: _____ e-mail: _____

Disease/Conditions:_____ How many Tablespoons trehalose per day? _____

Comments: _____

*** Please indicate (√) relevant conditions or challenges. ***

	GENERAL HEALTH BENEFITS
	Fat loss
	Muscle toning
	Lost _____ inches in waist
	Higher energy
	Evidence of less aging
	Hot flashes gone
	Overcome insomnia
	Improved sleep
	Aches & pains reduced
	Aches & pains gone
	Fluid loss
	BEAUTY BENEFITS
	Improved appearance
	Blemishes reduced
	Blemishes disappeared
	Acne improved
	Wrinkles leaving
	Hair healthier
	Dandruff reduced
	Dandruff gone
	Psoriasis improved
	Scars disappearing
	Skin tones improved
	Large pores are better
	NERVOUS SYSTEM (related)
	PMS helped
	Menopause relief
	Handle stress better
	Less fatigued
	Skin itching less
	Skin rash gone

	NERVOUS SYSTEM (continued)
	Less sugar craving
	Less cigarette/nicotine craving
	Less food craving
	Depression reduced
	Overcame depression
	Mood swings better
	Less irritable
	Less anxiety
	Not as hyperactive
	Better able to cope
	SEX LIFE (if applicable)
	Impotence reversed
	Infertility reversed
	Improved sex life
	Yeast infection gone
	CIRCULATORY
	Lower blood pressure
	Varicose veins better
	Feet/hands warmer
	Lower bad cholesterol ____ to ____
	Not as light-headed
	MAJOR BENEFITS
	Diabetes helped from ____ to ____
	Liver problems helped
	White cell count went from ___ to ___
	Anemia helped
	Fibromyalgia helped
	Vision improved
	Floaters in eyes improved
	Tumor(s) gone
	Osteoporosis improved

	MAJOR BENEFITS (continued)
	Heart problems better
	Arthritis improved
	Chronic Fatigue Syndrome improved
	Multiple Sclerosis better
	IMMUNE SYSTEM
	Infections disappearing
	Less colds and/or flu
	Allergies improved
	Inflammation gone
	Less sore throat
	Sinus congestion gone
	Cysts, tumors gone
	Bronchial congestion improved
	Migraine headaches improved
	Migraine headaches gone
	DIGESTIVE SYSTEM
	Ulcers improved
	Heartburn helped
	Heartburn gone
	Acid indigestion helped
	Acid indigestion gone
	Constipation better
	Constipation gone
	Diarrhea helped
	Diarrhea gone
	Upset stomach improved
	Upset stomach gone
	Candida (yeast) improved
	Candida (yeast) gone

The Endowment for Medical Research™ Please complete online at www.EndowmentMed.org or fax to 281-893-6397 or mail to P.O. Box 73089 • Houston, TX 77273

ADDITIONAL INFORMATION (Please note any changes that you have made to our Protocol): **# 6**
(Please use additional paper, if needed)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

List medications being taken presently, reasons for taking, and at what daily doses: _____

_____

_____

_____

_____

_____

List, if any, side effects from present or past medications: _____

_____

_____

_____

_____

_____

List supplements being taken presently and at what daily amounts: _____

_____

_____

_____

_____

1) COMPLETE AND FILE FORM ONLINE; 2) You may fax this document to (281) 893-6397; or 3) Mail to The Endowment for Medical Research™ P. O. Box 73089, Houston, TX 77273 USA

DISCLAIMER: We make no medical claims or diagnosis regarding the supplements used in this Independent Nutritional Health Survey. The purpose of this form is to gather information to compare qualities of behavior and health of people with problems in these areas before, during, and after consuming the supplements used in this International Nutritional Health Survey.