

APPENDIX 1.1

The Basic Body-Feedback Assessment Form

TOTAL SCORE DATE

PLEASE RATE 0 = NEVER 1 = SOMETIMES 2 = MOST OF THE TIME 3 = ALL OF THE TIME

First Trisection Assessment Form

LUNG MERIDIAN - TOTAL SCORE <input type="text"/>		LARGE INTESTINE MERIDIAN - TOTAL SCORE <input type="text"/>	
DISCOMFORT IN THE SHOULDER, CHEST, OR UPPER BACK	0 1 2 3	DISCOMFORT IN THE LOWER BACK OR THE HIPS IN THE MORNING	0 1 2 3
CONCERNS WITH SKIN HEALTH	0 1 2 3	CONCERNS WITH DIGESTIVE FLORA OR COLON HEALTH	0 1 2 3
CONCERNS WITH IMMUNE FUNCTION	0 1 2 3	CONCERNS WITH SINUS CONGESTION OR ALLERGIES	0 1 2 3
CONCERNS WITH BREATHING PATTERNS OR SNORING	0 1 2 3	CONCERNS WITH LOOSE STOOLS OR CONSTIPATION	0 1 2 3
FEELINGS OF LOW SELF-ESTEEM	0 1 2 3	DIFFICULTY LETTING GO EMOTIONALLY	0 1 2 3
FEELINGS OF GRIEF OR SADNESS	0 1 2 3	FEELING STUCK OR BLOCKED	0 1 2 3
STOMACH MERIDIAN - TOTAL SCORE <input type="text"/>		SPLEEN MERIDIAN - TOTAL SCORE <input type="text"/>	
DISCOMFORT IN THE THROAT OR NECK	0 1 2 3	DISCOMFORT IN THE UPPER BACK OR THE LEFT SIDE OF THE BODY	0 1 2 3
CONCERNS WITH THE INITIAL STAGES OF DIGESTION	0 1 2 3	CONCERNS WITH LOW ENERGY OR WEAK MUSCLE TONE	0 1 2 3
CONCERNS WITH ACID REFLUX, SOUR STOMACH, OR INDIGESTION	0 1 2 3	CONCERNS PROCESSING CARBOHYDRATES OR SUGARS	0 1 2 3
CONCERNS WITH THYROID FUNCTION	0 1 2 3	CRAVES SUGAR OR STARCHY FOODS	0 1 2 3
FEELING SPACEY OR DISTRACTED	0 1 2 3	FEELING WORRIED OR INSECURE	0 1 2 3
FEELING EASILY OVER-STIMULATED	0 1 2 3	FEELING EMOTIONALLY INSECURE	0 1 2 3

APPENDIX 1.2

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Second Trisection Assessment Form

HEART MERIDIAN - TOTAL SCORE <input type="text"/>		SMALL INTESTINE MERIDIAN - TOTAL SCORE <input type="text"/>	
DISCOMFORT IN THE JAW, LEFT SHOULDER, OR SACRUM	0 1 2 3	DISCOMFORT IN THE KNEES OR THE ENTIRE ABDOMEN	0 1 2 3
CONCERNS WITH SLEEPING AND WAKING UP FEELING RESTED	0 1 2 3	CONCERNS WITH ABSORBING NUTRIENTS OR VITAMINS	0 1 2 3
CONCERNS WITH HEART OR CARDIOVASCULAR SYSTEM	0 1 2 3	CONCERNS WITH EXCESSIVE BLOATING	0 1 2 3
CONCERNS WITH NIGHTMARES OR BAD DREAMS	0 1 2 3	CONCERNS WITH RECURRING INFECTIONS	0 1 2 3
FEELINGS OF ANXIETY	0 1 2 3	FEELING SELF-CRITICAL OR CRITICAL OF OTHERS	0 1 2 3
FEELINGS OF MELANCHOLY OR GENERAL SADNESS	0 1 2 3	BEING OBSESSED WITH DETAILS	0 1 2 3
URINARY BLADDER MERIDIAN - TOTAL SCORE <input type="text"/>		KIDNEY MERIDIAN - TOTAL SCORE <input type="text"/>	
DISCOMFORT IN THE ENTIRE BACK OR THE ENTIRE HEAD	0 1 2 3	DISCOMFORT OR WEAKNESS IN THE LOWER BACK IN THE EVENING	0 1 2 3
SENSITIVE TO STRESS OR OVER RESPONDS TO STRESS	0 1 2 3	CONCERNS WITH HORMONAL BALANCE	0 1 2 3
CONCERNS WITH THE NERVOUS SYSTEM	0 1 2 3	CONCERNS WITH BONE OR TEETH HEALTH	0 1 2 3
CONCERNS WITH BLADDER FUNCTION	0 1 2 3	CONCERNS WITH AGING OR FEELING OLD	0 1 2 3
FEELING INDECISIVE OR AMBIVALENT	0 1 2 3	TIGHTNESS OR DISCOMFORT IN THE INNER THIGH	0 1 2 3
PHYSICALLY OR EMOTIONALLY INFLEXIBLE	0 1 2 3	FEELING OVER-CONTROLLING OR FEARFUL	0 1 2 3

APPENDIX 1.3

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Third Trisection Assessment Form

PERICARDIUM MERIDIAN - TOTAL SCORE <input type="text"/>		TRIPLE BURNER MERIDIAN - TOTAL SCORE <input type="text"/>	
DISCOMFORT IN THE RIBCAGE OR THE BACK OF THE HIP	0 1 2 3	DISCOMFORT OR WEAKNESS IN ALL OF THE JOINTS	0 1 2 3
CONCERNS WITH METABOLISM OR WEIGHT	0 1 2 3	CONCERNS WITH FLUID RETENTION	0 1 2 3
CONCERNS WITH BLOOD SUGAR OR PROCESSING INSULIN	0 1 2 3	CONCERNS WITH THE LYMPH SYSTEM	0 1 2 3
CONCERNS WITH STRESS HORMONES	0 1 2 3	CONCERNS WITH CHRONIC INFECTIONS	0 1 2 3
FEELING MANIC OR OVER-ZEALOUS AT TIMES	0 1 2 3	FEELING EMOTIONALLY REPRESSED	0 1 2 3
HAVING LACK OF DIRECTION	0 1 2 3	FEELING OVERLY BOUND TO RULES	0 1 2 3
GALLBLADDER MERIDIAN - TOTAL SCORE <input type="text"/>		LIVER MERIDIAN - TOTAL SCORE <input type="text"/>	
DISCOMFORT IN THE TENDONS, HIPS, OR THE OUTER THIGHS	0 1 2 3	DISCOMFORT ON THE RIGHT SIDE OF THE RIBCAGE	0 1 2 3
DISCOMFORT IN THE TEMPLES OR THE SIDE OF THE HEAD	0 1 2 3	DISCOMFORT IN THE HEAD WHEN WAKING UP	0 1 2 3
DIFFICULTY DIGESTING FATS OR DETOXIFYING HORMONES	0 1 2 3	CONCERNS WITH THE ABILITY TO DETOX	0 1 2 3
GENERAL MUSCLES TIGHTNESS ALL OVER	0 1 2 3	SENSITIVE TO ENVIRONMENTAL CHEMICALS	0 1 2 3
FEELING MISUNDERSTOOD OR FEARING CHANGE	0 1 2 3	FEELINGS OF ANGER OR FRUSTRATION	0 1 2 3
FEELING EMOTIONALLY DETACHED	0 1 2 3	FEELING OVERLY SENSITIVE	0 1 2 3