

BODY FEEDBACK™

with essential oils

Massage and Yoga Body-Feedback Assessment

Please rate 0 = never, 1 = sometimes, 2 = most of the time, 3 = all of the time

Lung Body-Feedback Area

Discomfort or rolling forward of shoulders	0	1	2	3
Discomfort in the upper back	0	1	2	3
Winded with exercise	0	1	2	3
Low energy or poor stamina with exercise	0	1	2	3
Immune system weakens with exercise	0	1	2	3

Large Intestine Body-Feedback Area

Discomfort in low back, hip, or outer thigh	0	1	2	3
Discomfort worse in morning after sleeping	0	1	2	3
History of ankle sprains or strains	0	1	2	3
Fatty nodules in the low back	0	1	2	3
Loose stools with exercise	0	1	2	3

Stomach Body-Feedback Area

Discomfort in neck or forearm	0	1	2	3
Scoliosis or difference in leg length	0	1	2	3
Indigestion when exercising	0	1	2	3
Uses antacids or heartburn medication	0	1	2	3
Asymmetry in the face or shoulders	0	1	2	3

Spleen Body-Feedback Area

Discomfort in the top of shoulders/neck	0	1	2	3
Difficulty maintaining muscle tone	0	1	2	3
General muscle weakness	0	1	2	3
Fatigue after exercising	0	1	2	3
Fatigue after lunch or dinner	0	1	2	3

Heart Body-Feedback Area

Discomfort in jaw, left shoulder, or sacrum	0	1	2	3
Discomfort in tailbone or sacroiliac joint	0	1	2	3
Exercise relieves stress and stored emotions	0	1	2	3
Exercise in evening disrupts sleep cycle	0	1	2	3
Difficulty relaxing or meditating	0	1	2	3

Small Intestine Body-Feedback Area

Discomfort in knees or tight quadriceps	0	1	2	3
Discomfort in knee cap area with exercise	0	1	2	3
Discomfort in shoulder and jaw together	0	1	2	3
Sensitive digestion or food intolerances	0	1	2	3
Abdominal bloating with exercise	0	1	2	3

Urinary Bladder Body-Feedback Area

Discomfort of entire back and back of head	0	1	2	3
Discomfort in Achilles tendon or outer ankle	0	1	2	3
Scoliosis or poor posture	0	1	2	3
Difficulty stretching and bending forward	0	1	2	3
Difficulty with bladder control	0	1	2	3

Kidney Body-Feedback Area

Discomfort in low back or sway back	0	1	2	3
Tight inner thigh or weak inner ankle	0	1	2	3
Low energy during the day	0	1	2	3
Flat feet or discomfort in arch	0	1	2	3
Feels the effects of aging	0	1	2	3

Pericardium Body-Feedback Area

Discomfort in rib cage	0	1	2	3
Tight buttocks or hips	0	1	2	3
Difficulty falling asleep	0	1	2	3
Dizziness or motion sickness with exercise	0	1	2	3
Difficulty losing weight with exercise	0	1	2	3

Triple Burner Body-Feedback Area

Discomfort in joints in general	0	1	2	3
Feels discomfort with weather changes	0	1	2	3
Congested lymph nodes or fluid in ears	0	1	2	3
Retains fluids or feels puffy	0	1	2	3
Increased body odor with exercise	0	1	2	3

Gallbladder Body-Feedback Area

Discomfort in tendons at elbows or knees	0	1	2	3
Tight muscles or hard knots in muscles	0	1	2	3
Tight fascia or tight legs	0	1	2	3
Indigestion with high fat meals	0	1	2	3
Nodules on or thickening of tendons	0	1	2	3

Liver Body-Feedback Area

Discomfort in sternum or chest	0	1	2	3
Muscle twitching after exercise	0	1	2	3
Nausea with exercise or upon waking	0	1	2	3
Difficulty losing weight with dieting	0	1	2	3
Exercise relieves anger or frustration	0	1	2	3