

CELLULAR PROTECTION QUESTIONNAIRE

1. I experience pain in my back and neck.

Never 0		Sometimes 1		Often 2	
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2. I have joint pain (shoulders, elbows, wrists, hips, knees, ankles).

Never 0		Sometimes 1		Often 2	
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3. I get injured easily when engaging in sports.

Never 0		Sometimes 1		Often 2	
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4. I have osteoarthritis.

No 0		Yes 2	
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5. I have osteoporosis.

No 0		Yes 2	
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6. I have a rheumatic disease (rheumatoid arthritis, spondylitis, gout, etc.).

No 0		Yes 2	
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7. I take painkillers or anti-inflammatory medications.

Never 0		Sometimes 1		Often 2	
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8. I have had cataract surgery and/or suffer from age-related macular degeneration and/or dry eyes.

No 0		Yes 2	
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9. I have skin changes associated with aging (wrinkles, brown spots, ruby angiomas, etc.).

No 0		Yes 2	
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Up to this point, there are signs of osteoarticular symptoms and degenerative issues

10. I have infections in the ENT region (nose, throat, ears).

Never 0		Sometimes 1		Often 2	
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11. I suffer from bronchopulmonary infections.

Never 0		Sometimes 1		Often 2	
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12. I experience urinary tract infections.

Never 0		Sometimes 1		Often 2	
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13. I have herpes (cold sores, genital herpes).

Never 0		Sometimes 1		Often 2	
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14. I have shingles (on the intercostal area, around the eyes, etc.).

No 0		Yes 2	
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15. I have had infectious mononucleosis and experienced chronic fatigue afterward.

No	0		Yes	2	
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16. I suffer from staphylococcal infections (boils, nail infections, ENT infections).

No	0		Yes	2	
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Up to this point, there are signs of immune system disorder.

17. I have urticaria or eczema.

Never	0		Sometimes	1		Often	2	
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18. I suffer from allergic rhinitis or asthma attacks.

Never	0		Sometimes	1		Often	2	
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19. I am undergoing allergy treatment.

Never	0		Sometimes	1		Often	2	
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Up to this point, there are signs of allergic reactions being observed.

20. Are you a smoker?

No	0		From 1 to 10 cigarettes/day (1)		From 10 to 20 cigarettes/day (2)		More than 20 cigarettes/day (3)	
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