

## Questionnaire For Research Purposes Only

NOTE: The purpose of The Great Physician's Virtual Wellness Center to help each visiting guest increase his or her healthy service to mankind and to help each visitor to feel more energetic and thus have a happier and more productive life. We achieve this by offering suggestions based on the Ten Commandments to Wellness found in the Holy Bible and shared as Road-Maps to Wellness. When the suggestions in the Road-Maps to Wellness are followed and the person responds favorably, this will show up on the visiting guest's sense of well being. Nothing we suggest is to diagnose or treat any disease or medical condition.

Answer the questions below with a Yes or No and please offer any specific explanations you can give. Although we do not use this information for diagnosis nor to treat any of the specific problems you may describe yourself as having, we like to know if there are any positive or negative changes to what you answer below after you have followed the suggestions in the Road-Maps to Wellness that will be provided to each person. This information could prove helpful in the future should mainstream medical practitioners choose to implement diet and lifestyle recommendations in their allopathic practices.

1. Do you have physical weaknesses?
2. Do you lack stamina?
3. Do you have pain in the joints?
4. Are you overweight?
5. Have you had any loss of weight in the last six months?
6. Have you had any operations?
7. Do you have a tendency to be anemic?
8. Do you know your red blood cell count?
9. Do you know your white blood cell count?
10. Do you know your platelet count?
11. Are you coughing or spitting blood?
12. Do you have chronic fever?
13. Do you have rectal itching?
14. Does your nose itch?
15. Do you experience motion sickness?
16. Do you have seizures?
17. Are you forgetful (long term memory)?
18. Are you absent-minded (short term memory)?
19. Does your head tilt to one side?
20. Do you have headaches?
21. Is your hair dull (lack of sheen)?
22. Are your pupils enlarged?
23. Are your eyeballs protruding?
24. Is there a bulge on an eyeball?
25. Do you wear glasses?
26. Do you wear contacts?
27. Do you have dimness of vision?
28. Do you have cataracts?

29. Are you blind or have a prosthetic eye?
30. What is the color of your teeth?
31. What is the color of your gums?
32. Are your gums receding?
33. Do you have cavities or fillings?
34. Are your teeth glassy at the ends?
35. Are they rough on the edges?
36. Do you have any missing limbs?
37. Do you have athletes foot?
38. Do you have numbness of hands or feet?
39. Do you have cold hands or feet?
40. Do you have fingernail problems (split, brittle, rough, soft, ridged)?
41. Is your skin abnormally discolored?
42. Is your skin oily?
43. Is your skin dry?
44. Do you have any reddish, scaly patches of skin, rashes or psoriasis?
45. Are you bothered by jock itch?
46. Is your appetite poor?
47. Do you have trouble after eating raw cabbage or coleslaw?
48. Do any foods upset your system?
49. List the foods that upset your system:
50. Do you have burning during or after urination?
51. Has your urine lost its force or is hard to start or stop?
52. Do you have to get up at night to urinate?
53. Are your bowel movements regular?
54. How often do you have a movement?
55. Is the consistency of the stool abnormal?
56. Do you ever have any pain or rectal bleeding with your movements?
57. Is your tongue coated?
58. Is your tongue dry?
59. Is your tongue hot?
60. Is the color of your tongue other than pink?
61. Do you have muscular pains?
62. Do the pains travel or move around?
63. Do you have pain in the bladder area?
64. Do you have pain in the appendix area?
65. Do you have pain in the legs?
66. Do you have pain in the lower back (especially after prolonged sitting or riding)?
67. Do you have chest pains?
68. Do you have pain in your left arm?
69. Do you sleep soundly?
70. Do you wake up several times throughout the night?
71. Do you wake up rested and refreshed in the morning?
72. How many hours of sleep do you average each night?
73. Do you exercise?
74. How often do you exercise?
75. What form of exercise do you do?

76. Do you smoke cigars?
77. How many cigars do you smoke?
78. Do you smoke cigarettes?
79. How many cigarettes do you smoke?
80. How long have you been smoking?
81. If no to 78, have you EVER smoked cigarettes?
82. If yes to 81, how long ago did you quit?
83. How long did you smoke before you quit?
84. Do you use drugs or hallucinogens?
85. If yes to 84, which ones do you use?
86. Do you use hormones?
87. If yes to 87, which ones do you use?
88. Do your use oral insulin?
89. If yes to 88, which oral insulin do you use?
90. How often do you take the oral insulin?
91. How long have you used oral insulin?
92. Do you use injected insulin?
93. If yes to 92, how long have you used it?
94. How often and how much insulin do you take?
95. What type of insulin are you using?
96. Are you currently using medications?
97. If yes to 96, which ones are you using?
98. Why are you taking these medications?
<b>NOTE: We cannot nor will we advise you on whether you should take or not take medications. You must discuss this with your medical doctor.</b>
99. Are you currently using any vitamin/mineral/herb food supplements?
100. If yes to 99, which ones, how often, and how much of each are you taking?
101. Do you eat breakfast?
102. What do you eat for breakfast?
103. How often do you eat breakfast?
104. Do you eat lunch?
105. What do you eat for lunch?
106. How often do you eat lunch?
107. Do you eat supper?
108. What do you eat for supper?
109. How often do you eat supper?
110. Do you eat snacks between meals?
111. If yes, what snacks do you eat?
112. When do you eat the snacks?
113. Do you drink coffee?
114. How many cups of coffee per day do you drink?
115. When do you drink your coffee?
116. Do you drink coffee with caffeine or decaf?
117. Do you drink tea?
118. How often and how much tea do you drink?
119. What kinds of tea do you drink?
120. Do you drink soda pop?

121. How often and how much soda pop do you drink?
122. Do you use chocolate?
123. How much chocolate and in what form?
124. Do you use alcoholic beverages?
125. How often do you drink alcoholic beverages?
126. What kind of alcoholic beverages do you drink?
127. Do you add salt to your food?
128. How much and how often do you add salt to your food?
129. Do you ever crave any foods?
130. If yes to 129, which foods do you crave?
<b>NOTE: QUESTIONS 131-144 FOR FEMALES.</b>
131. Are you pregnant?
132. How many children have you borne?
133. What are their ages?
134. Are you nursing a baby?
135. Did you nurse all your children?
136. How long did you nurse your children for?
137. Do you use birth control pills?
138. If yes to 137, how long have you used them?
139. If no to 137, have you ever used them?
140. If yes to 139, when and for how long did you use them?
141. Do you still have your periods?
142. Are they regular? If not, please explain.
143. Do you have strong menstrual cramps?
144. If no to 141, when did they cease?
<b>BELOW, PLEASE TYPE IN ANYTHING ELSE YOU THINK IS IMPORTANT.</b>
<b>Begin Here:</b>

---



---

Sign the consent form; sign and complete the Questionnaire, please mail to

Time Tell Truth  
P.O. Box 1180  
Collegedale TN 37315

Please attach a check or money order offering of \$15 payable to “Time Tell Truth” This offering will assist in the Creation and postage expenses of your personalized “CD” Road-Map to Wellness. We will send back to you by postal mail. Include your complete return mailing address.

Please read the Supplemental Correspondence on next page.

# “Supplemental Correspondence”

## Someone asked this question:

Dear Mr. Monroe Ammon Trotter, What’s up with this \$15.00 offering that you are requesting; you told us that your services were FREE?

## My answer is:

My Wellness Coaching Services are FREE, they always have been and by God’s Grace they always will be! People with education and experiences have always made maximum profits from sharing their expertise. I have been offered the opportunity to start a “Health Coach” Business, I was told that I would be required to charge between \$39.00 - \$149.00 per hour. I refused! **This is not my Business, this is my Ministry. The Lord gave me this Ministry.**

I’ve made \$35.00 to \$165.00 per hour in the Electronics & Air-conditioning Businesses. I know the value of information!

I’m asking people to obtain their “Road-Map to Wellness on CD” then by God’s Amazing Grace, I shall become their Wellness Coach. There will be no charge for our email correspondence, no charge for our telephone calls, no charge for my using my priceless library to research and compile information that could be lifesaving, no charge for motivating you, no charge for supporting and encouraging, no charge for nothing!

If you are moved by God to give an offering from time to time; Praise The Lord! If not, that’s ok; I’ll continue to be your “Wellness Coach” at no charge.

“DO NOT SEND THIS BACK WITH THE QUESTIONNAIRE”