

ORIGINAL

```
<!DOCTYPE HTML PUBLIC "-//W3C//DTD HTML 4.01 Transitional//EN">
  <html>
  <head>
    <title>Stoffwechselanalyse - metabolic direct</title>
    <meta http-equiv="content-type" content="text/html;
charset=UTF-8"><link href="http://metabolic-direct.com/form/style.css"
rel="stylesheet" type="text/css">
```

```
<!-- expand/collapse function -->
  <SCRIPT type=text/javascript>
  <!--
  function collapseElem(obj)
  {
    var el = document.getElementById(obj);
    el.style.display = 'none';
  }

  function expandElem(obj)
  {
    var el = document.getElementById(obj);
    el.style.display = '';
    window.scrollTo(0,0);
  }

  //-->
</SCRIPT>
<!-- expand/collapse function -->

  <!-- expand/collapse function -->
  <SCRIPT type=text/javascript>
  <!--

  // collapse all elements, except the first one
  function collapseAll()
  {
    var numFormPages = 7;

    for(i=2; i <= numFormPages; i++)
    {
      currPageId = ('mainForm_' + i);
      collapseElem(currPageId);
    }

  }

  //-->
</SCRIPT>
<!-- expand/collapse function -->

  <!-- validate -->
  <SCRIPT type=text/javascript>
```



```

        else if(fieldType == 'menu' ||
fieldType == 'country' || fieldType == 'state')
        {
            if(required == 1 &&
fieldObj.selectedIndex == 0)
            {
                fieldObj.setAttribute("class","mainFormError");

                fieldObj.setAttribute("className","mainFormError");
                fieldObj.focus();
                return false;
            }
        }

        else if(fieldType == 'email')
        {
            if((required == 1 &&
fieldObj.value=='') || (fieldObj.value!='' &&
!validate_email(fieldObj.value)))
            {
                fieldObj.setAttribute("class","mainFormError");

                fieldObj.setAttribute("className","mainFormError");
                fieldObj.focus();
                return false;
            }
        }
    }

function validate_email(emailStr)
{
    apos=emailStr.indexOf("@");
    dotpos=emailStr.lastIndexOf(".");

    if (apos<1||dotpos-apos<2)
    {
        return false;
    }
    else
    {
        return true;
    }
}

function validateDate(fieldId, fieldBoxId,
fieldType, required, minDateStr, maxDateStr)
{
    retValue = true;

    fieldBox =
document.getElementById(fieldBoxId);

```

```

        fieldObj =
document.getElementById(fieldId);
        dateStr = fieldObj.value;

        if(required == 0  && dateStr == '')
        {
            return true;
        }

        if(dateStr.charAt(2) != '/'  ||
dateStr.charAt(5) != '/'  || dateStr.length != 10)
        {
            retValue = false;
        }

        else  // format's okay; check max, min
        {
            currDays =
parseInt(dateStr.substr(0,2),10) + parseInt(dateStr.substr(3,2),10)*30
+ parseInt(dateStr.substr(6,4),10)*365;
            //alert(currDays);

            if(maxDateStr != '')
            {
                maxDays =
parseInt(maxDateStr.substr(0,2),10) +
parseInt(maxDateStr.substr(3,2),10)*30  +
parseInt(maxDateStr.substr(6,4),10)*365;

                //alert(maxDays);
                if(currDays > maxDays)
                    retValue = false;
            }

            if(minDateStr != '')
            {
                minDays =
parseInt(minDateStr.substr(0,2),10) +
parseInt(minDateStr.substr(3,2),10)*30  +
parseInt(minDateStr.substr(6,4),10)*365;

                //alert(minDays);
                if(currDays < minDays)
                    retValue = false;
            }
        }

        if(retValue == false)
        {

            fieldObj.setAttribute("class","mainFormError");

            fieldObj.setAttribute("className","mainFormError");
            fieldObj.focus();
            return false;
        }
    }
//-->
</SCRIPT>
<!-- end validate -->

```

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</head>

<body onLoad="collapseAll()">

<div id="mainForm">

    <div id="formHeader">
        <h2 class="formInfo">Stoffwechsel -
Analyse Bogen</h2>
        <p class="formInfo">Bitte füllen Sie
die Fragen so intuitiv wie möglich aus, denken Sie nicht lange nach
sondern geben Sie eine schnelle Antwort. Diese muss nicht 100 % auf
Sie zutreffen, wählen Sie diese die Ihnen tendenziell entspricht.
</p>
    </div>

    <BR/><!-- begin form -->

    <form method=post enctype=multipart/form-data
action=http://metabolic-direct.com/form/processor.php onSubmit="return
validatePage7();"><ul class=mainForm id="mainForm_1">

        <h2>Seite 1</h2>

        <li class="mainForm" id="fieldBox_1">
            <label
class="formFieldQuestion">Was esse ich gerne zum Frühstück und
frühle mich fit für den Tag? (1) *</label><span>
                <input class=mainForm type=radio
name=field_1 id=field_1_option_1 value="A" /><label
class=formFieldOption for="field_1_option_1">Nur Kaffee/Tee // nur
Obst // Obst/Misli mit Joghurt oder Milch </label>
                <input class=mainForm type=radio
name=field_1 id=field_1_option_2 value="B" /><label
class=formFieldOption for="field_1_option_2">Marmelade- oder Honigbrot
// Wurst- oder Käsebrötchen // Ei// evtl. noch etwas Obst </label>
                <input class=mainForm type=radio
name=field_1 id=field_1_option_3 value="C" /><label
class=formFieldOption for="field_1_option_3">Eier und Speck mit Brot
</label></span></li>

        <li class="mainForm" id="fieldBox_2">
            <label
class="formFieldQuestion">Wie groß ist mein Hungergefühl zur
Frühstückszeit? (4) *</label><span>
                <input class=mainForm type=radio
name=field_2 id=field_2_option_1 value="B" /><label
class=formFieldOption for="field_2_option_1">Normales Hungergefühl
</label>
                <input class=mainForm type=radio
name=field_2 id=field_2_option_2 value="A" /><label

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class=formFieldOption for="field_2_option_2">Kein oder wenig Appetit
</label>
        <input class=mainForm type=radio
name=field_2 id=field_2_option_3 value="C" /><label
class=formFieldOption for="field_2_option_3">Sehr gro en Appetit
</label></span></li>

        <li class="mainForm" id="fieldBox_3">
        <label
class="formFieldQuestion">Wie f hle ich mich wenn ich zum Fr hst ck
Fleisch, Wurst oder Speck gegessen habe? (9) *</label><span>
        <input class=mainForm type=radio
name=field_3 id=field_3_option_1 value="C" /><label
class=formFieldOption for="field_3_option_1">F hle mich gut und bin
voller Energie </label>
        <input class=mainForm type=radio
name=field_3 id=field_3_option_2 value="B" /><label
class=formFieldOption for="field_3_option_2">Gleich wie mit jedem
anderen Fr hst ck </label>
        <input class=mainForm type=radio
name=field_3 id=field_3_option_3 value="0" /><label
class=formFieldOption for="field_3_option_3">Esse aus Prinzip keine
Fleisch- oder Wurstwaren </label>
        <input class=mainForm type=radio
name=field_3 id=field_3_option_4 value="A" /><label
class=formFieldOption for="field_3_option_4">F hle mich Voll //
erschlagen // m de // bin launisch und aggressiv // meine Energie
l sst schnell nach</label></span></li>

        <li class="mainForm" id="fieldBox_4">
        <label
class="formFieldQuestion"> Wie gro  ist mein Hungergef hl zur
Mittagszeit? (5 ) *</label><span>
        <input class=mainForm type=radio
name=field_4 id=field_4_option_1 value="B" /><label
class=formFieldOption for="field_4_option_1">Normales Hungergef hl
</label>
        <input class=mainForm type=radio
name=field_4 id=field_4_option_2 value="A" /><label
class=formFieldOption for="field_4_option_2">Keinen oder wenig Appetit
</label>
        <input class=mainForm type=radio
name=field_4 id=field_4_option_3 value="C" /><label
class=formFieldOption for="field_4_option_3">Sehr gro en Appetit
</label></span></li>

        <li class="mainForm" id="fieldBox_5">
        <label
class="formFieldQuestion">Wie f hle ich mich wenn ich zum Mittagessen
Fleisch gegessen habe? (10 ) *</label><span>
        <input class=mainForm type=radio
name=field_5 id=field_5_option_1 value="A" /><label
class=formFieldOption for="field_5_option_1">Voll // erschlagen
//m de // launisch // meine Energie l sst schnell nach</label>
        <input class=mainForm type=radio
name=field_5 id=field_5_option_2 value="B" /><label
class=formFieldOption for="field_5_option_2">Gleich wie mit jedem
anderen Mittagessen </label>
        <input class=mainForm type=radio
name=field_5 id=field_5_option_3 value="C" /><label

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class=formFieldOption for="field_5_option_3">FÄhle mich gut und bin
voller Energie </label>
        <input class=mainForm type=radio
name=field_5 id=field_5_option_4 value="0" /><label
class=formFieldOption for="field_5_option_4">Esse aus Prinzip keine
Fleisch- oder Wurstwaren </label></span></li>

        <li class="mainForm" id="fieldBox_6">
        <label
class="formFieldQuestion">Wie fÄhle ich mich wenn ich zum Mittagessen
nur Obstsalat mit HÄttenkÄse/Joghurt gegessen habe? (31)
* </label><span>
        <input class=mainForm type=radio
name=field_6 id=field_6_option_1 value="A" /><label
class=formFieldOption for="field_6_option_1"> Gut und voller Energie
</label>

        <input class=mainForm type=radio
name=field_6 id=field_6_option_2 value="C" /><label
class=formFieldOption for="field_6_option_2">Nicht so gut, mit wenig
Energie und gereizt </label>

        <input class=mainForm type=radio
name=field_6 id=field_6_option_3 value="B" /><label
class=formFieldOption for="field_6_option_3">Gut, aber meine Energie
wÄrde schnell nachlassen </label></span></li>

        <li class="mainForm" id="fieldBox_7">
        <label
class="formFieldQuestion">Wie fÄhle ich mich wenn ich zum Mittagessen
nur einen gemischten/vegetarischen Salat gegessen habe? (32)
* </label><span>
        <input class=mainForm type=radio
name=field_7 id=field_7_option_1 value="A" /><label
class=formFieldOption for="field_7_option_1">Gut und voller Energie
</label>

        <input class=mainForm type=radio
name=field_7 id=field_7_option_2 value="C" /><label
class=formFieldOption for="field_7_option_2">Nicht so gut, mit wenig
Energie und gereizt </label>

        <input class=mainForm type=radio
name=field_7 id=field_7_option_3 value="B" /><label
class=formFieldOption for="field_7_option_3">Gut, aber meine Energie
wÄrde schnell nachlassen </label></span></li>

        <li class="mainForm" id="fieldBox_8">
        <label
class="formFieldQuestion"> Was esse ich gerne zum Abendessen damit ich
fit fÄr den Feierabend bin? (3) * </label><span>
        <input class=mainForm type=radio
name=field_8 id=field_8_option_1 value="A" /><label
class=formFieldOption for="field_8_option_1">GemÄse //Salat // ein
kleines StÄck mageres Huhn </label>

        <input class=mainForm type=radio
name=field_8 id=field_8_option_2 value="B" /><label
class=formFieldOption for="field_8_option_2">Kann alles essen </label>
        <input class=mainForm type=radio
name=field_8 id=field_8_option_3 value="C" /><label
class=formFieldOption for="field_8_option_3">Ein warmes, deftiges
Essen // Brot mit Wurst und KÄse </label></span></li>

        <li class="mainForm" id="fieldBox_9">

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        <label
class="formFieldQuestion">Wie groß ist mein Hungergefühl zur
Abendzeit? (6) *</label><span>
        <input class=mainForm type=radio
name=field_9 id=field_9_option_1 value="A" /><label
class=formFieldOption for="field_9_option_1">Keinen oder wenig Appetit
</label>
        <input class=mainForm type=radio
name=field_9 id=field_9_option_2 value="B" /><label
class=formFieldOption for="field_9_option_2">Normales Hungergefühl
</label>
        <input class=mainForm type=radio
name=field_9 id=field_9_option_3 value="C" /><label
class=formFieldOption for="field_9_option_3">Sehr großen
Appetit</label>
    </span></li>

```

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    <li class="mainForm" id="fieldBox_10">
        <label
class="formFieldQuestion">Wie oft und gerne mag ich süßen
Nachtisch? (7) *</label><span>
        <input class=mainForm type=radio
name=field_10 id=field_10_option_1 value="A" /><label
class=formFieldOption for="field_10_option_1">Sehr gerne, am Besten
nach jedem Essen </label>
        <input class=mainForm type=radio
name=field_10 id=field_10_option_2 value="B" /><label
class=formFieldOption for="field_10_option_2">Ab und zu mag ich schon
mal gerne einen süßen Nachtisch</label>
        <input class=mainForm type=radio
name=field_10 id=field_10_option_3 value="C" /><label
class=formFieldOption for="field_10_option_3">Gar nicht, bevorzuge
salzigen Nachtisch </label></span></li>

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    <li class="mainForm" id="fieldBox_11">
        <label
class="formFieldQuestion">Welchen der folgenden Desserts würden sie
am liebsten essen? (8) *</label><span>
        <input class=mainForm type=radio
name=field_11 id=field_11_option_1 value="A" /><label
class=formFieldOption for="field_11_option_1">Bonbons, Kekse,
Obstkuchen, leichte Rührkuchen </label>
        <input class=mainForm type=radio
name=field_11 id=field_11_option_2 value="C" /><label
class=formFieldOption for="field_11_option_2">Torten mit Sahne-, oder
Buttercreme </label>
        <input class=mainForm type=radio
name=field_11 id=field_11_option_3 value="B" /><label
class=formFieldOption for="field_11_option_3">Je nach Gelegenheit oder
Stimmung </label></span></li>

```

```

<!-- end of this page -->

```

```

<!-- page validation -->

```

```

<SCRIPT type=text/javascript>

```

```

<!--

```

```

        function validatePage1()

```

```

        {

```

```

            retVal = true;

```



```

        if
(validateRadio('field_1','fieldBox_1','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_2','fieldBox_2','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_3','fieldBox_3','radio',4,1) == false)
retVal=false;
        if
(validateRadio('field_4','fieldBox_4','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_5','fieldBox_5','radio',4,1) == false)
retVal=false;
        if
(validateRadio('field_6','fieldBox_6','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_7','fieldBox_7','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_8','fieldBox_8','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_9','fieldBox_9','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_10','fieldBox_10','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_11','fieldBox_11','radio',3,1) == false)
retVal=false;

        if(retVal == false)
        {
                alert('Bitte korrigieren Sie die
Fehler. Die mit Sternchen markierten Felder müssen ausgefüllt
werden (*) ');
                return false;
        }
        return retVal;
    }
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
    <input type=button onclick="if
(validatePage1()) { collapseElem('mainForm_1');
expandElem('mainForm_2');}" class="mainForm" value="Gehe zu Seite 2"/>
</li>

<!-- close the display stuff for this page -->

```

```
</ul><ul class=mainForm id="mainForm_2">
```

```
<h2>Seite 2</h2>
```

```
<li class="mainForm" id="fieldBox_12">
```

```
<label
```

```
class="formFieldQuestion">Was ist mein Lieblingessen? (2)
```

```
*</label><span>
```

```
<input class=mainForm type=radio
```

```
name=field_12 id=field_12_option_1 value="A" /><label
```

```
class=formFieldOption for="field_12_option_1"> GemÄuse // Salat mit  
einem mageren Huhn / Fisch und Nudeln</label>
```

```
<input class=mainForm type=radio
```

```
name=field_12 id=field_12_option_2 value="C" /><label
```

```
class=formFieldOption for="field_12_option_2">Ein warmer, deftiger  
Braten mit SoÄye und KÄuse oder Quark als Dessert </label>
```

```
<input class=mainForm type=radio
```

```
name=field_12 id=field_12_option_3 value="B" /><label
```

```
class=formFieldOption for="field_12_option_3"> GemÄuse, Salat, Nudeln  
mit SoÄye und Braten </label></span></li>
```

```
<li class="mainForm" id="fieldBox_13">
```

```
<label
```

```
class="formFieldQuestion">Habe ich HeiÄhungerattacken auf: (13)
```

```
*</label><span>
```

```
<input class=mainForm type=radio
```

```
name=field_13 id=field_13_option_1 value="C" /><label
```

```
class=formFieldOption for="field_13_option_1">Chips  
/KÄuse/Fleisch...</label>
```

```
<input class=mainForm type=radio
```

```
name=field_13 id=field_13_option_2 value="A" /><label
```

```
class=formFieldOption for="field_13_option_2"> GemÄuse, Obst oder  
Kekse </label>
```

```
<input class=mainForm type=radio
```

```
name=field_13 id=field_13_option_3 value="0" /><label
```

```
class=formFieldOption for="field_13_option_3"> Nein, so etwas kenne  
ich nicht, nur auf Zucker </label></span></li>
```

```
<li class="mainForm" id="fieldBox_14">
```

```
<label
```

```
class="formFieldQuestion">Was wÄrde ich essen wenn ich fÄr lange  
Zeit Energie benÄtigte? (12) *</label><span>
```

```
<input class=mainForm type=radio
```

```
name=field_14 id=field_14_option_1 value="A" /><label
```

```
class=formFieldOption for="field_14_option_1"> GemÄuse, Salat, Huhn  
mit Nudeln / Reis und Obstkuchen </label>
```

```
<input class=mainForm type=radio
```

```
name=field_14 id=field_14_option_2 value="C" /><label
```

```
class=formFieldOption for="field_14_option_2"> Fleisch mit SoÄye,  
KnÄdel und Salat/GemÄuse. Als Dessert Quarkspeise </label>
```

```
<input class=mainForm type=radio
```

```
name=field_14 id=field_14_option_3 value="B" /><label
```

```
class=formFieldOption for="field_14_option_3"> Von beidem  
etwas</label></span></li>
```

```
<li class="mainForm" id="fieldBox_15">
```

```
<label
```

```
class="formFieldQuestion">Wenn ich vor dem Schlafengehen noch etwas  
esse, wie schlafe ich dann? (14) *</label><span>
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                <input class=mainForm type=radio
name=field_15 id=field_15_option_1 value="A" /><label
class=formFieldOption for="field_15_option_1"> Schlechter </label>
                <input class=mainForm type=radio
name=field_15 id=field_15_option_2 value="B" /><label
class=formFieldOption for="field_15_option_2"> Wie immer </label>
                <input class=mainForm type=radio
name=field_15 id=field_15_option_3 value="C" /><label
class=formFieldOption for="field_15_option_3"> Besser
</label></span></li>

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                <li class="mainForm" id="fieldBox_16">
                <label
class="formFieldQuestion">Wie schlafe ich wenn ich etwas Leichtes vor
dem Schlafengehen esse? (16) *</label><span>
                <input class=mainForm type=radio
name=field_16 id=field_16_option_1 value="C" /><label
class=formFieldOption for="field_16_option_1"> Besser, wie wenn ich
nichts essen wÃ¼rde, etwas Schweres wÃ¼re noch besser </label>
                <input class=mainForm type=radio
name=field_16 id=field_16_option_2 value="A" /><label
class=formFieldOption for="field_16_option_2"> Es geht so, das Beste
wÃ¼re gar nichts zu essen, aber immer noch besser als was Schweres
</label>
                <input class=mainForm type=radio
name=field_16 id=field_16_option_3 value="B" /><label
class=formFieldOption for="field_16_option_3"> Kann gut schlafen
</label></span></li>

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                <li class="mainForm" id="fieldBox_17">
                <label
class="formFieldQuestion">Wie schlafe ich wenn ich etwas SÃ¼sses vor
dem Schlafengehen esse? (17) *</label><span>
                <input class=mainForm type=radio
name=field_17 id=field_17_option_1 value="C" /><label
class=formFieldOption for="field_17_option_1"> Schlechter </label>
                <input class=mainForm type=radio
name=field_17 id=field_17_option_2 value="B" /><label
class=formFieldOption for="field_17_option_2"> Selten das es mich beim
Schlafen stÃ¼rt </label>
                <input class=mainForm type=radio
name=field_17 id=field_17_option_3 value="A" /><label
class=formFieldOption for="field_17_option_3"> Wie immer
</label></span></li>

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                <li class="mainForm" id="fieldBox_18">
                <label
class="formFieldQuestion">Habe ich Durchschlafprobleme? (18)
*</label><span>
                <input class=mainForm type=radio
name=field_18 id=field_18_option_1 value="B" /><label
class=formFieldOption for="field_18_option_1"> Es kann schon mal
vorkommen das ich Nachts aufwache und eine Kleinigkeit zu mir nehmen
muÃ bevor ich wieder einschlafen kann </label>
                <input class=mainForm type=radio
name=field_18 id=field_18_option_2 value="A" /><label
class=formFieldOption for="field_18_option_2"> Nein </label>
                <input class=mainForm type=radio
name=field_18 id=field_18_option_3 value="C" /><label
class=formFieldOption for="field_18_option_3"> Ich stehe oft auf um
nochmals etwas zu essen damit ich wieder einschlafen kann. Wenn ich

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direkt vor dem Schlafengehen noch etwas esse, ist es besser
</label>

```
        <li class="mainForm" id="fieldBox_19">
            <label
class="formFieldQuestion">Wie viel esse ich pro Portion? (20)
* </label><span>
                <input class=mainForm type=radio
name=field_19 id=field_19_option_1 value="B" /><label
class=formFieldOption for="field_19_option_1"> Normale Portionen
</label>
                <input class=mainForm type=radio
name=field_19 id=field_19_option_2 value="A" /><label
class=formFieldOption for="field_19_option_2"> Kleinere Portionen
</label>
                <input class=mainForm type=radio
name=field_19 id=field_19_option_3 value="C" /><label
class=formFieldOption for="field_19_option_3"> Größere Portionen
</label></span></li>
```

```
        <li class="mainForm" id="fieldBox_20">
            <label
class="formFieldQuestion">Wieviel Hauptmahlzeiten am Tag nehme ich zu
mir? (19) * </label><span>
                <input class=mainForm type=radio
name=field_20 id=field_20_option_1 value="B" /><label
class=formFieldOption for="field_20_option_1"> 3 x täglich </label>
                <input class=mainForm type=radio
name=field_20 id=field_20_option_2 value="A" /><label
class=formFieldOption for="field_20_option_2"> 2-3 x täglich und
manchal was Leichtes zwischendurch </label>
                <input class=mainForm type=radio
name=field_20 id=field_20_option_3 value="C" /><label
class=formFieldOption for="field_20_option_3"> 3 x täglich oder mehr
und oft noch was Defiges zwischendurch </label></span></li>
```

<!-- end of this page -->

<!-- page validation -->

<SCRIPT type=text/javascript>

```
        <!--
            function validatePage2()
            {
                retVal = true;
                if
(validateRadio('field_12','fieldBox_12','radio',3,1) == false)
retVal=false;
if (validateRadio('field_13','fieldBox_13','radio',3,1) == false)
retVal=false;
if (validateRadio('field_14','fieldBox_14','radio',3,1) == false)
retVal=false;
if (validateRadio('field_15','fieldBox_15','radio',3,1) == false)
retVal=false;
if (validateRadio('field_16','fieldBox_16','radio',3,1) == false)
retVal=false;
if (validateRadio('field_17','fieldBox_17','radio',3,1) == false)
retVal=false;
if (validateRadio('field_18','fieldBox_18','radio',3,1) == false)
retVal=false;
```

```

if (validateRadio('field_19','fieldBox_19','radio',3,1) == false)
retVal=false;
if (validateRadio('field_20','fieldBox_20','radio',3,1) == false)
retVal=false;

                                if(retVal == false)
                                {
                                    alert('Bitte korrigieren Sie die
Fehler. Die mit Sternchen markierten Felder müssen ausgefüllt
werden (*)');
                                    return false;
                                }
                                return retVal;
                                }
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
                                <input type=button onclick="if
(validatePage2()) { collapseElem('mainForm_2');
expandElem('mainForm_3');}" class="mainForm" value="Gehe zu Seite 3"/>
                                </li>

<!-- close the display stuff for this page -->
</ul><ul class=mainForm id="mainForm_3">

                                <h2>Seite 3</h2>

                                <li class="mainForm" id="fieldBox_21">
                                    <label
class="formFieldQuestion">Brauche ich eine Zwischenmahlzeit? (21)
*</label><span>
                                        <input class=mainForm type=radio
name=field_21 id=field_21_option_1 value="C" /><label
class=formFieldOption for="field_21_option_1"> Fast immer </label>
                                        <input class=mainForm type=radio
name=field_21 id=field_21_option_2 value="A" /><label
class=formFieldOption for="field_21_option_2"> Fast nie </label>
                                        <input class=mainForm type=radio
name=field_21 id=field_21_option_3 value="B" /><label
class=formFieldOption for="field_21_option_3"> Ab und zu
</label></span></li>

                                <li class="mainForm" id="fieldBox_22">
                                    <label
class="formFieldQuestion">Was esse ich am liebsten für den kleinen
Hunger zwischendurch? (22) *</label><span>
                                        <input class=mainForm type=radio
name=field_22 id=field_22_option_1 value="C" /><label
class=formFieldOption for="field_22_option_1"> Etwas Fetttes oder
Eiweißreiches, SÄure mag ich nicht so gerne </label>
                                        <input class=mainForm type=radio
name=field_22 id=field_22_option_2 value="A" /><label
class=formFieldOption for="field_22_option_2"> SÄure mag ich am
liebsten </label>
                                        <input class=mainForm type=radio
name=field_22 id=field_22_option_3 value="B" /><label
class=formFieldOption for="field_22_option_3"> Habe keine besonderen

```

Vorlieben, esse das vorauf ich gerade Lust habe und fÄhle mich dann wieder leistungsfÄhig. </label>

```
<li class="mainForm" id="fieldBox_23">
  <label
class="formFieldQuestion">Wie fÄhle ich mich wenn ich nur einen
Fruchtsaft ( z. B.: Orangensaft ) zwischendurch trinke? (33)
* </label><span>
      <input class=mainForm type=radio
name=field_23 id=field_23_option_1 value="B" /><label
class=formFieldOption for="field_23_option_1"> Ungeeignet als
Zwischenmahlzeit, habe immer noch ein HungergefÄhl </label>
      <input class=mainForm type=radio
name=field_23 id=field_23_option_2 value="A" /><label
class=formFieldOption for="field_23_option_2"> FÄhle mich gut und
Energie geladen. </label>
      <input class=mainForm type=radio
name=field_23 id=field_23_option_3 value="C" /><label
class=formFieldOption for="field_23_option_3"> Schlecht, habe wenig
Energie und/ oder bin sogar gereizt </label></span></li>
```

```
<li class="mainForm" id="fieldBox_24">
  <label
class="formFieldQuestion">Wie fÄhle ich mich wenn ich eine
Hauptmahlzeit nicht zu mir nehmen kann? (23) * </label><span>
      <input class=mainForm type=radio
name=field_24 id=field_24_option_1 value="C" /><label
class=formFieldOption for="field_24_option_1"> Bin niedergeschlagen
und ohne Energie, meine Konzentration lÄsst rapide nach, fÄhle mich
deutlich schlecht </label>
      <input class=mainForm type=radio
name=field_24 id=field_24_option_2 value="B" /><label
class=formFieldOption for="field_24_option_2"> Ich merke dass meine
Leistung etwas nachlÄßt, kann aber gut bis zur nÄchsten Mahlzeit
warten </label>
      <input class=mainForm type=radio
name=field_24 id=field_24_option_3 value="A" /><label
class=formFieldOption for="field_24_option_3"> FÄhle mich gut, macht
mir nichts aus. </label></span></li>
```

```
<li class="mainForm" id="fieldBox_25">
  <label
class="formFieldQuestion">Ist mir Essen sehr wichtig? (24)
* </label><span>
      <input class=mainForm type=radio
name=field_25 id=field_25_option_1 value="A" /><label
class=formFieldOption for="field_25_option_1"> Nein, ich esse nur weil
ich muss </label>
      <input class=mainForm type=radio
name=field_25 id=field_25_option_2 value="C" /><label
class=formFieldOption for="field_25_option_2"> Ja, mein ganzes Leben
dreht sich ums Essen </label>
      <input class=mainForm type=radio
name=field_25 id=field_25_option_3 value="B" /><label
class=formFieldOption for="field_25_option_3"> Ja, es ist mir wichtig
gutes Essen zu essen, dann fÄhle ich mich wohl. Bin aber nicht den
ganzen Tag damit beschÄftigt.</label></span></li>
```

```
<li class="mainForm" id="fieldBox_26">
```

```

                <label
class="formFieldQuestion">Nehme ich durch ein bestimmtes Essen
leichter zu wie mit einem anderem? (25) *</label><span>
                <input class=mainForm type=radio
name=field_26 id=field_26_option_1 value="C" /><label
class=formFieldOption for="field_26_option_1"> Ja, wenn ich viele
Nudeln, Brot, Getreideprodukte..... esse </label>
                <input class=mainForm type=radio
name=field_26 id=field_26_option_2 value="A" /><label
class=formFieldOption for="field_26_option_2"> Ja, vor allem wenn ich
viel Fleisch, Fettreiches esse </label>
                <input class=mainForm type=radio
name=field_26 id=field_26_option_3 value="B" /><label
class=formFieldOption for="field_26_option_3"> Nein, au er ich esse
mehr als mit gut tut, verbrauche die Energie zu wenig
</label></span></li>

```

```

                <li class="mainForm" id="fieldBox_27">
                <label
class="formFieldQuestion">Mag ich fettreichs Essen? (26 )
*</label><span>
                <input class=mainForm type=radio
name=field_27 id=field_27_option_1 value="C" /><label
class=formFieldOption for="field_27_option_1"> Ja, ich mag fettreiches
Essen sehr gerne </label>
                <input class=mainForm type=radio
name=field_27 id=field_27_option_2 value="A" /><label
class=formFieldOption for="field_27_option_2"> Nein, esse ich nicht so
gerne </label>
                <input class=mainForm type=radio
name=field_27 id=field_27_option_3 value="B" /><label
class=formFieldOption for="field_27_option_3"> Ich mag es, kann
allerdings nur kleine Mengen essen </label>
                <input class=mainForm type=radio
name=field_27 id=field_27_option_4 value="0" /><label
class=formFieldOption for="field_27_option_4"> Esse kein fettreiches
Essen </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_29">
                <label
class="formFieldQuestion">Wie f hle ich mich wenn ich ein fettreichs
Essen gegessen habe? (28) *</label><span>
                <input class=mainForm type=radio
name=field_29 id=field_29_option_1 value="C" /><label
class=formFieldOption for="field_29_option_1"> Gut und voller Energie
</label>
                <input class=mainForm type=radio
name=field_29 id=field_29_option_2 value="A" /><label
class=formFieldOption for="field_29_option_2"> Nicht so gut, f hle
mich "erschlagen" und habe keine Energie, oder sogar
Verdauungsprobleme </label>
                <input class=mainForm type=radio
name=field_29 id=field_29_option_3 value="B" /><label
class=formFieldOption for="field_29_option_3"> Gleich wie mit jedem
anderen Essen </label>
                <input class=mainForm type=radio
name=field_29 id=field_29_option_4 value="0" /><label
class=formFieldOption for="field_29_option_4"> Esse kein fettreiches
Essen </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_28">

```

```

        <label
class="formFieldQuestion">Wie fÄhle ich mich wenn ich nur etwas
SÄÄYes esse? (27) *</label><span>
        <input class=mainForm type=radio
name=field_28 id=field_28_option_1 value="A" /><label
class=formFieldOption for="field_28_option_1"> Gut, mein HungergefÄhl
ist gestillt </label>
        <input class=mainForm type=radio
name=field_28 id=field_28_option_2 value="C" /><label
class=formFieldOption for="field_28_option_2"> Unwohl, oft bekomme ich
Appetit auf noch mehr SÄÄsses. </label>
        <input class=mainForm type=radio
name=field_28 id=field_28_option_3 value="B" /><label
class=formFieldOption for="field_28_option_3"> Im allgemeinen gut,
allerdings bekomme ich schnell wieder Hunger </label></span></li>

```

```

        <li class="mainForm" id="fieldBox_30">
        <label
class="formFieldQuestion">Wie fÄhle ich mich wenn ich dunkles
Fleisches gegessen habe? (29) *</label><span>
        <input class=mainForm type=radio
name=field_30 id=field_30_option_1 value="C" /><label
class=formFieldOption for="field_30_option_1"> Gut und voller Energie
</label>
        <input class=mainForm type=radio
name=field_30 id=field_30_option_2 value="A" /><label
class=formFieldOption for="field_30_option_2"> Nicht so gut, habe
wenig Energie oder bin bedrÄckkt </label>
        <input class=mainForm type=radio
name=field_30 id=field_30_option_3 value="B" /><label
class=formFieldOption for="field_30_option_3"> Gleich wie mit jedem
anderen Essen </label></span></li>

```

```

        <li class="mainForm" id="fieldBox_31">
        <label
class="formFieldQuestion">Wie fÄhle ich mich wenn ich Kartoffeln
gegessen habe? (30 ) *</label><span>
        <input class=mainForm type=radio
name=field_31 id=field_31_option_1 value="C" /><label
class=formFieldOption for="field_31_option_1"> Gut und voller Energie,
esse Kartoffeln gerne </label>
        <input class=mainForm type=radio
name=field_31 id=field_31_option_2 value="A" /><label
class=formFieldOption for="field_31_option_2"> Nicht so gut, esse
Kartoffeln selten </label>
        <input class=mainForm type=radio
name=field_31 id=field_31_option_3 value="B" /><label
class=formFieldOption for="field_31_option_3"> Gut, esse Kartoffeln
allerdings nur ab und zu </label></span></li>

```

```

<!-- end of this page -->

```

```

<!-- page validation -->

```

```

<SCRIPT type=text/javascript>

```

```

<!--

```

```

        function validatePage3()

```

```

        {

```

```

                retVal = true;

```



```

        if
(validateRadio('field_21','fieldBox_21','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_22','fieldBox_22','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_23','fieldBox_23','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_24','fieldBox_24','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_25','fieldBox_25','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_26','fieldBox_26','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_27','fieldBox_27','radio',4,1) == false)
retVal=false;
        if
(validateRadio('field_28','fieldBox_28','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_29','fieldBox_29','radio',4,1) == false)
retVal=false;
        if
(validateRadio('field_30','fieldBox_30','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_31','fieldBox_31','radio',3,1) == false)
retVal=false;

        if(retVal == false)
        {
                alert('Bitte korrigieren Sie die
Fehler. Die mit Sternchen markierten Felder müssen ausgefüllt
werden (*)');
                return false;
        }
        return retVal;
}
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
</li>
<!-- close the display stuff for this page -->
</ul><ul class=mainForm id="mainForm_4">
<h2>Seite 4</h2>
<li class="mainForm" id="fieldBox_32">

```

<input ty

```

                <label
class="formFieldQuestion">Was muss ich essen, damit ich fÃ¼r
mindestens 1 Std. voller Energie bin? (34) *</label><span>
                <input class=mainForm type=radio
name=field_32 id=field_32_option_1 value="B" /><label
class=formFieldOption for="field_32_option_1"> Es gibt nichts
bestimmtes was mir extra viel Energie liefert </label>
                <input class=mainForm type=radio
name=field_32 id=field_32_option_2 value="A" /><label
class=formFieldOption for="field_32_option_2"> Kekse, Obst oder
Bonbons </label>
                <input class=mainForm type=radio
name=field_32 id=field_32_option_3 value="C" /><label
class=formFieldOption for="field_32_option_3"> Etwas fettiges oder
Fleisch </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_33">
                <label
class="formFieldQuestion">Welche Nahrungsmittel verringern meine
Energie ?(35) *</label><span>
                <input class=mainForm type=radio
name=field_33 id=field_33_option_1 value="B" /><label
class=formFieldOption for="field_33_option_1"> Kann so gut wie alles
essen ohne einen nennenswerten Energieverlust zu haben </label>
                <input class=mainForm type=radio
name=field_33 id=field_33_option_2 value="A" /><label
class=formFieldOption for="field_33_option_2"> Fettiges oder
Fleischreiches Essen </label>
                <input class=mainForm type=radio
name=field_33 id=field_33_option_3 value="C" /><label
class=formFieldOption for="field_33_option_3"> Durch kurzfristigen
Anstieg durch Kekse, Obst oder SÃ¤Ã¼yes, sackt meine Energie danach ins
Bodenlose </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_34">
                <label
class="formFieldQuestion">Mit welchem Essen habe ich kÃ¶rperlich und
geistig am meisten Energie? (36) *</label><span>
                <input class=mainForm type=radio
name=field_34 id=field_34_option_1 value="B" /><label
class=formFieldOption for="field_34_option_1"> Mit einem gehaltvollen,
nahrhaften Essen </label>
                <input class=mainForm type=radio
name=field_34 id=field_34_option_2 value="A" /><label
class=formFieldOption for="field_34_option_2"> Mit GemÃ¼se, Obst,
mageres Huhn oder Fisch mit Reis/Nudeln </label>
                <input class=mainForm type=radio
name=field_34 id=field_34_option_3 value="C" /><label
class=formFieldOption for="field_34_option_3"> Mit einem fetten
Rinderbraten </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_35">
                <label
class="formFieldQuestion">Wie stark ist mein HungergefÃ¼hl? (37)
*</label><span>
                <input class=mainForm type=radio
name=field_35 id=field_35_option_1 value="B" /><label
class=formFieldOption for="field_35_option_1"> Normal </label>
                <input class=mainForm type=radio
name=field_35 id=field_35_option_2 value="A" /><label

```

```
class=formFieldOption for="field_35_option_2"> Schwach, bin eher
selten hungrig </label>
        <input class=mainForm type=radio
name=field_35 id=field_35_option_3 value="C" /><label
class=formFieldOption for="field_35_option_3"> Stark, habe oft Hunger
</label></span></li>

        <li class="mainForm" id="fieldBox_36">
        <label
class="formFieldQuestion">Mag ich salziges Essen? (38) *</label><span>
        <input class=mainForm type=radio
name=field_36 id=field_36_option_1 value="A" /><label
class=formFieldOption for="field_36_option_1"> Nein </label>
        <input class=mainForm type=radio
name=field_36 id=field_36_option_2 value="C" /><label
class=formFieldOption for="field_36_option_2"> Ja </label>
        <input class=mainForm type=radio
name=field_36 id=field_36_option_3 value="B" /><label
class=formFieldOption for="field_36_option_3"> Bevorzuge eine normale
Menge Salz </label></span></li>

        <li class="mainForm" id="fieldBox_37">
        <label
class="formFieldQuestion">Mag ich saure Nahrungsmittel ? (39 )
*</label><span>
        <input class=mainForm type=radio
name=field_37 id=field_37_option_1 value="A" /><label
class=formFieldOption for="field_37_option_1"> Nein </label>
        <input class=mainForm type=radio
name=field_37 id=field_37_option_2 value="C" /><label
class=formFieldOption for="field_37_option_2"> Ja </label>
        <input class=mainForm type=radio
name=field_37 id=field_37_option_3 value="B" /><label
class=formFieldOption for="field_37_option_3"> Ich esse Sie, habe
haber keine besondere Vorliebe danach </label></span></li>

        <li class="mainForm" id="fieldBox_38">
        <label
class="formFieldQuestion">Wie wirkt Kaffee auf mich ? (40)
*</label><span>
        <input class=mainForm type=radio
name=field_38 id=field_38_option_1 value="C" /><label
class=formFieldOption for="field_38_option_1"> Nicht so gut, fÃ¼hle
mich nervÃ¼s, zittrig, hyperaktiv, hungrig oder schlÃ¼gt mir auf den
Magen </label>
        <input class=mainForm type=radio
name=field_38 id=field_38_option_2 value="A" /><label
class=formFieldOption for="field_38_option_2"> In MaÃ¼en genossen,
sehr gut </label>
        <input class=mainForm type=radio
name=field_38 id=field_38_option_3 value="B" /><label
class=formFieldOption for="field_38_option_3"> Normal </label>
        <input class=mainForm type=radio
name=field_38 id=field_38_option_4 value="0" /><label
class=formFieldOption for="field_38_option_4"> Trinke keinen Kaffee
</label></span></li>

        <li class="mainForm" id="fieldBox_39">
        <label
class="formFieldQuestion">Wann fÃ¼hle ich mich besser, bei heiÃ¼em
oder kaltem Wetter? (41) *</label><span>
```

```

                <input class=mainForm type=radio
name=field_39 id=field_39_option_1 value="A" /><label
class=formFieldOption for="field_39_option_1"> Bei warmem/heiÃŸen
Wetter fÃ¼hle ich mich besser </label>

```

```

                <input class=mainForm type=radio
name=field_39 id=field_39_option_2 value="C" /><label
class=formFieldOption for="field_39_option_2"> Bei kÃ¼hlen/kalten
Wetter fÃ¼hle ich mich besser </label>

```

```

                <input class=mainForm type=radio
name=field_39 id=field_39_option_3 value="B" /><label
class=formFieldOption for="field_39_option_3"> Habe keine besonderen
Vorlieben </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_40">
                <label
class="formFieldQuestion">Wenn ich angespannt bin, hilft mir essen?
(44) *</label><span>

```

```

                <input class=mainForm type=radio
name=field_40 id=field_40_option_1 value="A" /><label
class=formFieldOption for="field_40_option_1"> Wenn ich Obst/GemÃ¼se
esse, beruhigt mich das </label>

```

```

                <input class=mainForm type=radio
name=field_40 id=field_40_option_2 value="C" /><label
class=formFieldOption for="field_40_option_2"> Wenn ich fettreiches
esse, beruhigt mich das </label>

```

```

                <input class=mainForm type=radio
name=field_40 id=field_40_option_3 value="B" /><label
class=formFieldOption for="field_40_option_3"> Egal was ich esse, ich
werde ruhiger </label>

```

```

                <input class=mainForm type=radio
name=field_40 id=field_40_option_4 value="0" /><label
class=formFieldOption for="field_40_option_4"> Hat auf mich keine
Auswirkung </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_41">
                <label
class="formFieldQuestion">Wirkt sich bestimmtes Essen/oder nicht
Essen, auf meine Laune/Reizbarkeit aus? (45) *</label><span>

```

```

                <input class=mainForm type=radio
name=field_41 id=field_41_option_1 value="B" /><label
class=formFieldOption for="field_41_option_1"> Wenn ich zornig bin und
was esse, geht es mir danach meist besser </label>

```

```

                <input class=mainForm type=radio
name=field_41 id=field_41_option_2 value="A" /><label
class=formFieldOption for="field_41_option_2"> Wenn ich zornig bin und
was fettes oder Fleisch esse, werde ich noch zorniger </label>

```

```

                <input class=mainForm type=radio
name=field_41 id=field_41_option_3 value="C" /><label
class=formFieldOption for="field_41_option_3"> Wenn ich zornig bin und
etwas festtes oder Fleisch esse, geht es mir danach meist besser
</label>

```

```

                <input class=mainForm type=radio
name=field_41 id=field_41_option_4 value="0" /><label
class=formFieldOption for="field_41_option_4"> Hat auf mich keine
Auswirkung </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_42">
                <label
class="formFieldQuestion">Wenn ich zu Depressionen neige, hat ein
bestimmtes Essen Auswirkung darauf? (46) *</label><span>

```

```



```

```
</span></li>
```

```

<li class="mainForm" id="fieldBox_43">
<label
class="formFieldQuestion">Nach welchem Essen kann ich mich am Besten
konzentrieren? (47) *</label><span>


```

```
<!-- end of this page -->
```

```
<!-- page validation -->
```

```
<SCRIPT type=text/javascript>
```

```
<!--
```

```

function validatePage4()
{
    retVal = true;

    if
(validateRadio('field_32','fieldBox_32','radio',3,1) == false)
retVal=false;
    if
(validateRadio('field_33','fieldBox_33','radio',3,1) == false)
retVal=false;
    if
(validateRadio('field_34','fieldBox_34','radio',3,1) == false)
retVal=false;
    if
(validateRadio('field_35','fieldBox_35','radio',3,1) == false)
retVal=false;
    if
(validateRadio('field_36','fieldBox_36','radio',3,1) == false)
retVal=false;

```

```

        if
(validateRadio('field_37','fieldBox_37','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_38','fieldBox_38','radio',4,1) == false)
retVal=false;
        if
(validateRadio('field_39','fieldBox_39','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_40','fieldBox_40','radio',4,1) == false)
retVal=false;
        if
(validateRadio('field_41','fieldBox_41','radio',4,1) == false)
retVal=false;
        if
(validateRadio('field_42','fieldBox_42','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_43','fieldBox_43','radio',3,1) == false)
retVal=false;

        if(retVal == false)
        {
            alert('Bitte korrigieren Sie die Fehler.
Die mit Sternchen markierten Felder müssen ausgefüllt werden (*)');
            return false;
        }
        return retVal;
    }
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
<input type=button onclick="if (validatePage4()) {
collapseElem('mainForm_4'); expandElem('mainForm_5');}"
class="mainForm" value="Gehe zu Seite 5"/>
</li>

<!-- close the display stuff for this page -->
</ul><ul class=mainForm id="mainForm_5">

<h2>Seite 5</h2>

<li class="mainForm" id="fieldBox_44">
<label
class="formFieldQuestion">Sind meine Augen eher feucht oder trocken?
(48) *</label><span>
<input class=mainForm type=radio
name=field_44 id=field_44_option_1 value="C" /><label
class=formFieldOption for="field_44_option_1"> Sie sind feucht und
tränen oft </label>
<input class=mainForm type=radio
name=field_44 id=field_44_option_2 value="A" /><label
class=formFieldOption for="field_44_option_2"> Sie sind eher trocken
</label>
<input class=mainForm type=radio
name=field_44 id=field_44_option_3 value="B" /><label

```

```
class=formFieldOption for="field_44_option_3"> Normal
</label></span></li>
```

```
    <li class="mainForm" id="fieldBox_45">
      <label
class="formFieldQuestion">Sind meine Nasenschleimhäute eher feucht
oder trocken? (49) *</label><span>
      <input class=mainForm type=radio
name=field_45 id=field_45_option_1 value="C" /><label
class=formFieldOption for="field_45_option_1"> Sie sind feucht und ich
muss oft meine Nase putzen </label>
      <input class=mainForm type=radio
name=field_45 id=field_45_option_2 value="A" /><label
class=formFieldOption for="field_45_option_2"> Sie sind eher trocken
</label>
      <input class=mainForm type=radio
name=field_45 id=field_45_option_3 value="B" /><label
class=formFieldOption for="field_45_option_3"> Normal
</label></span></li>
```

```
    <li class="mainForm" id="fieldBox_46">
      <label
class="formFieldQuestion">Ist mein Mund eher feucht oder trocken? (50)
*</label><span>
      <input class=mainForm type=radio
name=field_46 id=field_46_option_1 value="C" /><label
class=formFieldOption for="field_46_option_1"> Eher feucht, habe viel
Speichel </label>
      <input class=mainForm type=radio
name=field_46 id=field_46_option_2 value="A" /><label
class=formFieldOption for="field_46_option_2"> Eher trocken, habe
wenig Speichel </label>
      <input class=mainForm type=radio
name=field_46 id=field_46_option_3 value="B" /><label
class=formFieldOption for="field_46_option_3"> Normal
</label></span></li>
```

```
    <li class="mainForm" id="fieldBox_47">
      <label
class="formFieldQuestion">Neige ich dazu an Fersen/HÄnde, rissige
oder aufgesprungene Haut zu haben? (52) *</label><span>
      <input class=mainForm type=radio
name=field_47 id=field_47_option_1 value="C" /><label
class=formFieldOption for="field_47_option_1"> Ja </label>
      <input class=mainForm type=radio
name=field_47 id=field_47_option_2 value="0" /><label
class=formFieldOption for="field_47_option_2"> Trifft auf mich nicht
zu </label></span></li>
```

```
    <li class="mainForm" id="fieldBox_48">
      <label
class="formFieldQuestion">Neige ich dazu Schuppen zu haben? (54)
*</label><span>
      <input class=mainForm type=radio
name=field_48 id=field_48_option_1 value="C" /><label
class=formFieldOption for="field_48_option_1"> Ja </label>
      <input class=mainForm type=radio
name=field_48 id=field_48_option_2 value="0" /><label
class=formFieldOption for="field_48_option_2"> Trifft auf mich nicht
zu </label></span></li>
```

```
        <li class="mainForm" id="fieldBox_49">
            <label
class="formFieldQuestion">Sind meine Ohren eher r tlich oder blass ?
(53) *</label><span>
                <input class=mainForm type=radio
name=field_49 id=field_49_option_1 value="C" /><label
class=formFieldOption for="field_49_option_1"> Eher rot </label>
                <input class=mainForm type=radio
name=field_49 id=field_49_option_2 value="A" /><label
class=formFieldOption for="field_49_option_2"> Eher blass </label>
                <input class=mainForm type=radio
name=field_49 id=field_49_option_3 value="B" /><label
class=formFieldOption for="field_49_option_3"> Sie haben eine normale
Hautfarbe </label></span></li>
```

```
        <li class="mainForm" id="fieldBox_50">
            <label
class="formFieldQuestion">Ist mein Gesicht eher r tlich oder blass ?
(55) *</label><span>
                <input class=mainForm type=radio
name=field_50 id=field_50_option_1 value="C" /><label
class=formFieldOption for="field_50_option_1"> Eher rot </label>
                <input class=mainForm type=radio
name=field_50 id=field_50_option_2 value="A" /><label
class=formFieldOption for="field_50_option_2"> Eher blass </label>
                <input class=mainForm type=radio
name=field_50 id=field_50_option_3 value="B" /><label
class=formFieldOption for="field_50_option_3"> Sie haben eine normale
Hautfarbe </label></span></li>
```

```
        <li class="mainForm" id="fieldBox_51">
            <label
class="formFieldQuestion">Sieht meine Gesichtshaut eher
schmutzig/stumpf oder rein, fast durchsichtig aus? (56)
*</label><span>
                <input class=mainForm type=radio
name=field_51 id=field_51_option_1 value="C" /><label
class=formFieldOption for="field_51_option_1"> Eher durchsichtig, klar
und d nn </label>
                <input class=mainForm type=radio
name=field_51 id=field_51_option_2 value="A" /><label
class=formFieldOption for="field_51_option_2"> Eher kreidig oder
stumpf mit Hautunreinheiten </label>
                <input class=mainForm type=radio
name=field_51 id=field_51_option_3 value="B" /><label
class=formFieldOption for="field_51_option_3"> Eine durchschnittliche
Gesichtshaut </label></span></li>
```

```
        <li class="mainForm" id="fieldBox_52">
            <label
class="formFieldQuestion">Bekomme ich leicht eine G nsehaut? (60)
*</label><span>
                <input class=mainForm type=radio
name=field_52 id=field_52_option_1 value="B" /><label
class=formFieldOption for="field_52_option_1"> Nein, nur manchmal
</label>
                <input class=mainForm type=radio
name=field_52 id=field_52_option_2 value="C" /><label
class=formFieldOption for="field_52_option_2"> Nein, fast nie </label>
                <input class=mainForm type=radio
name=field_52 id=field_52_option_3 value="A" /><label
```



```

class=formFieldOption for="field_52_option_3"> Ja, des Äfteren
</label></span></li>

<li class="mainForm" id="fieldBox_53">
  <label
class="formFieldQuestion">Verspäre ich, ohne besonderen Grund, des
Äfteren einen Juckreiz an Waden, Armen oder Kopfhaut? (62)
* </label><span>
  <input class=mainForm type=radio
name=field_53 id=field_53_option_1 value="C" /><label
class=formFieldOption for="field_53_option_1"> Ja </label>
  <input class=mainForm type=radio
name=field_53 id=field_53_option_2 value="0" /><label
class=formFieldOption for="field_53_option_2"> Trifft nicht auf mich
zu </label></span></li>

<li class="mainForm" id="fieldBox_54">
  <label
class="formFieldQuestion">Wie reagiert meine Haut auf Insektenstiche?
(61) * </label><span>
  <input class=mainForm type=radio
name=field_54 id=field_54_option_1 value="C" /><label
class=formFieldOption for="field_54_option_1"> Stark, es tut sehr weh
und habe einen langanhaltenden Juckreiz mit Schwellung </label>
  <input class=mainForm type=radio
name=field_54 id=field_54_option_2 value="A" /><label
class=formFieldOption for="field_54_option_2"> Schwach, verspäre fast
keinen Juckreiz und habe nur eine geringe Schwellung </label>
  <input class=mainForm type=radio
name=field_54 id=field_54_option_3 value="B" /><label
class=formFieldOption for="field_54_option_3"> Normal, nicht zu stark
und nicht zu schwach </label></span></li>

<!-- end of this page -->

<!-- page validation -->
<SCRIPT type=text/javascript>
<!--
  function validatePage5()
  {
    retVal = true;

    if
(validateRadio('field_44','fieldBox_44','radio',3,1) == false)
retVal=false;
    if
(validateRadio('field_45','fieldBox_45','radio',3,1) == false)
retVal=false;
    if
(validateRadio('field_46','fieldBox_46','radio',3,1) == false)
retVal=false;
    if
(validateRadio('field_47','fieldBox_47','radio',2,1) == false)
retVal=false;
    if
(validateRadio('field_48','fieldBox_48','radio',2,1) == false)
retVal=false;
    if
(validateRadio('field_49','fieldBox_49','radio',3,1) == false)
retVal=false;
  }

```

```

        if
(validateRadio('field_50','fieldBox_50','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_51','fieldBox_51','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_52','fieldBox_52','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_53','fieldBox_53','radio',2,1) == false)
retVal=false;
        if
(validateRadio('field_54','fieldBox_54','radio',3,1) == false)
retVal=false;

        if(retVal == false){
            alert('Bitte korrigieren Sie die Fehler.
Die mit Sternchen markierten Felder müssen ausgefüllt werden (*)');
            return false;
        }
        return retVal;
    }
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
    <input type=button onclick="if
(validatePage5()) { collapseElem('mainForm_5');
expandElem('mainForm_6');}" class="mainForm" value="Gehe zu Seite 6"/>
</li>
<!-- close the display stuff for this page -->
</ul><ul class=mainForm id="mainForm_6">

    <h2>Seite 6</h2>

    <li class="mainForm" id="fieldBox_55">
        <label
class="formFieldQuestion">Neige ich dazu ein Enge-/Druckgef hl auf
der Brust zu haben? (42) *</label><span>
            <input class=mainForm type=radio
name=field_55 id=field_55_option_1 value="C" /><label
class=formFieldOption for="field_55_option_1"> Ja </label>
            <input class=mainForm type=radio
name=field_55 id=field_55_option_2 value="0" /><label
class=formFieldOption for="field_55_option_2"> Trifft nicht auf mich
zu </label></span></li>

    <li class="mainForm" id="fieldBox_56">
        <label
class="formFieldQuestion">Neige ich dazu, ohne ersichtlichen Grund,
des  fteren zu Husten? (43) *</label><span>
            <input class=mainForm type=radio
name=field_56 id=field_56_option_1 value="C" /><label
class=formFieldOption for="field_56_option_1"> Ja </label>
            <input class=mainForm type=radio
name=field_56 id=field_56_option_2 value="0" /><label
class=formFieldOption for="field_56_option_2"> Trifft nicht auf mich
zu </label></span></li>

```

```
        <li class="mainForm" id="fieldBox_57">
            <label
class="formFieldQuestion">Neige ich dazu, ohne ersichtlichen Grund, z.
B.: nach dem Essen zu 1 oder 2x zu niesen? (51) *</label><span>
                <input class=mainForm type=radio
name=field_57 id=field_57_option_1 value="C" /><label
class=formFieldOption for="field_57_option_1"> Ja </label>
                <input class=mainForm type=radio
name=field_57 id=field_57_option_2 value="A" /><label
class=formFieldOption for="field_57_option_2"> Nein </label>
                <input class=mainForm type=radio
name=field_57 id=field_57_option_3 value="B" /><label
class=formFieldOption for="field_57_option_3"> Kommt nur selten vor
</label></span></li>
```

```
        <li class="mainForm" id="fieldBox_58">
            <label
class="formFieldQuestion">Wie dick/dÄ¼nn sind meine FingernÄ¼gel ?
(58) *</label><span>
                <input class=mainForm type=radio
name=field_58 id=field_58_option_1 value="C" /><label
class=formFieldOption for="field_58_option_1"> Sie sind eher dÄ¼nn und
brechen leicht </label>
                <input class=mainForm type=radio
name=field_58 id=field_58_option_2 value="A" /><label
class=formFieldOption for="field_58_option_2"> Sie sind eher dick und
stabil </label>
                <input class=mainForm type=radio
name=field_58 id=field_58_option_3 value="B" /><label
class=formFieldOption for="field_58_option_3"> Normal
</label></span></li>
```

```
        <li class="mainForm" id="fieldBox_59">
            <label
class="formFieldQuestion">Habe ich einen ausgeprÄ¼gten WÄ¼rgereiz?
(59) *</label><span>
                <input class=mainForm type=radio
name=field_59 id=field_59_option_1 value="C" /><label
class=formFieldOption for="field_59_option_1"> Ja, z. B.: beim
ZÄ¼hneputzen oder bestimmten Lebensmitteln </label>
                <input class=mainForm type=radio
name=field_59 id=field_59_option_2 value="A" /><label
class=formFieldOption for="field_59_option_2"> Nein, habe ich fast nie
</label>
                <input class=mainForm type=radio
name=field_59 id=field_59_option_3 value="B" /><label
class=formFieldOption for="field_59_option_3"> Ich habe einen normalen
WÄ¼rgereiz </label></span></li>
```

```
        <li class="mainForm" id="fieldBox_60">
            <label
class="formFieldQuestion">Jucken meine Augen des Ä¼fteren, ohne das
ein besonderer Grund besteht? (63) *&nbsp;<a class=info href=#><img
src=http://metabolic-direct.com/form/imgs/tip_small.png border=0><span
class=infobox>Allergie und Candidainfektion
ausgeschlossen</span></a></label><span>
                <input class=mainForm type=radio
name=field_60 id=field_60_option_1 value="C" /><label
class=formFieldOption for="field_60_option_1"> Ja </label>
```

```


```

```

<li class="mainForm" id="fieldBox_61">
  <label
class="formFieldQuestion">Gehe ich gerne gesellschaftlichen
Verpflichtungen nach? (64) *</label><span>
  <input class=mainForm type=radio
name=field_61 id=field_61_option_1 value="C" /><label
class=formFieldOption for="field_61_option_1"> Ja, ich gehe gerne auf
Partys, mag es nicht allein zu sein </label>
  <input class=mainForm type=radio
name=field_61 id=field_61_option_2 value="A" /><label
class=formFieldOption for="field_61_option_2"> Nein, Partys mag ich
nicht so gerne </label>
  <input class=mainForm type=radio
name=field_61 id=field_61_option_3 value="B" /><label
class=formFieldOption for="field_61_option_3"> Ab und an gehe ich
schon mal gern auf eine Party, liebe aber auch die Ruhe bei mir zu
Hause </label></span></li>

```

```

<li class="mainForm" id="fieldBox_62">
  <label
class="formFieldQuestion">Bin ich vom Charakter her eher
extrovertierter oder introvertierter? (65) *</label><span>
  <input class=mainForm type=radio
name=field_62 id=field_62_option_1 value="C" /><label
class=formFieldOption for="field_62_option_1"> Extrovertiert, gehe
gerne auf Menschen zu und bevorzuge die Gesellschaft </label>
  <input class=mainForm type=radio
name=field_62 id=field_62_option_2 value="A" /><label
class=formFieldOption for="field_62_option_2"> Introvertiert, halte
gerne Distanz zu fremden Menschen </label>
  <input class=mainForm type=radio
name=field_62 id=field_62_option_3 value="B" /><label
class=formFieldOption for="field_62_option_3"> Normal, bei mir ist
werder das eine noch das andere besonders ausgeprägt
</label></span></li>

```

```

<li class="mainForm" id="fieldBox_63">
  <label
class="formFieldQuestion">Was für einen Durchmesser hat meine Pupille
(das schwarze im Auge) im Gegensatz zu Iris? (57) *&nbsp;<a class=info
href=#><img src=http://metabolic-direct.com/form/imgs/tip_small.png
border=0><span class=infobox>Nehmen Sie sich bitte einen Spiegel und
gehen sie in einen normal belichteten Raum.</span></a></label><span>
  <input class=mainForm type=radio
name=field_63 id=field_63_option_1 value="C" /><label
class=formFieldOption for="field_63_option_1"> Kleiner als meine Iris
</label>
  <input class=mainForm type=radio
name=field_63 id=field_63_option_2 value="A" /><label
class=formFieldOption for="field_63_option_2"> Größer als meine Iris
</label>
  <input class=mainForm type=radio
name=field_63 id=field_63_option_3 value="B" /><label
class=formFieldOption for="field_63_option_3"> Etwa gleich groß wie
meine Iris </label></span></li>

```

```

<!-- end of this page -->

<!-- page validation -->
<SCRIPT type=text/javascript>
<!--
        function validatePage6()
        {
                retVal = true;

                                if
(validateRadio('field_55','fieldBox_55','radio',2,1) == false)
retVal=false;
                                if
(validateRadio('field_56','fieldBox_56','radio',2,1) == false)
retVal=false;
                                if
(validateRadio('field_57','fieldBox_57','radio',3,1) == false)
retVal=false;
                                if
(validateRadio('field_58','fieldBox_58','radio',3,1) == false)
retVal=false;
                                if
(validateRadio('field_59','fieldBox_59','radio',3,1) == false)
retVal=false;
                                if
(validateRadio('field_60','fieldBox_60','radio',2,1) == false)
retVal=false;
                                if
(validateRadio('field_61','fieldBox_61','radio',3,1) == false)
retVal=false;
                                if
(validateRadio('field_62','fieldBox_62','radio',3,1) == false)
retVal=false;
                                if
(validateRadio('field_63','fieldBox_63','radio',3,1) == false)
retVal=false;

                                if(retVal == false)
                                {
                                        alert('Bitte korrigieren Sie die
Fehler. Die mit Sternchen markierten Felder müssen ausgefüllt
werden (*)');
                                        return false;
                                }
                                return retVal;
        }
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
<input type=button onclick="if (validatePage6()) {
collapseElem('mainForm_6'); expandElem('mainForm_7');}"
class="mainForm" value="Gehe zu Seite 7"/>
</li>

<!-- close the display stuff for this page -->
</ul><ul class=mainForm id="mainForm_7">

```

Seite 7

```
<li class="mainForm" id="fieldBox_83">
  <label
class="formFieldQuestion">Geschlecht&nbsp;*</label><span>
  <input class=mainForm type=radio
name=field_83 id=field_83_option_1 value="weiblich" /><label
class=formFieldOption for="field_83_option_1">weiblich</label>
  <input class=mainForm type=radio
name=field_83 id=field_83_option_2 value="männlich" /><label
class=formFieldOption
for="field_83_option_2">männlich</label></span></li>
```

```
<li class="mainForm" id="fieldBox_64">
  <label
class="formFieldQuestion">Gewicht&nbsp;*&nbsp;&nbsp;<a class=info
href=#><img src=http://metabolic-direct.com/form/imgs/tip_small.png
border=0><span class=infobox>Bitte geben Sie Ihr aktuelles Gewicht in
KG an.</span></a></label>
  <input class=mainForm type=text
name=field_64 id=field_64 size='10' value=''></li>
```

```
<li class="mainForm" id="fieldBox_65">
  <label
class="formFieldQuestion">Wunschgewicht&nbsp;*&nbsp;&nbsp;<a class=info
href=#><img src=http://metabolic-direct.com/form/imgs/tip_small.png
border=0><span class=infobox>Bitte geben Sie Ihr Wunschgewicht in KG
an.</span></a></label>
  <input class=mainForm type=text
name=field_65 id=field_65 size='10' value=''></li>
```

```
<li class="mainForm" id="fieldBox_66">
  <label
class="formFieldQuestion">Körpergröße&nbsp;*&nbsp;&nbsp;<a class=info
href=#><img src=http://metabolic-direct.com/form/imgs/tip_small.png
border=0><span class=infobox>Bitte geben Sie Ihre Körpergröße in cm
an.</span></a></label>
  <input class=mainForm type=text
name=field_66 id=field_66 size='10' value=''></li>
```

```
<li class="mainForm" id="fieldBox_67">
  <label
class="formFieldQuestion">Umfang in Nabelhöhe in cm&nbsp;*</label>
  <input class=mainForm type=text
name=field_67 id=field_67 size='20' value=''></li>
```

```
<li class="mainForm" id="fieldBox_68">
  <label
class="formFieldQuestion">Umfang in Hüftbreite in cm&nbsp;*</label>
  <input class=mainForm type=text
name=field_68 id=field_68 size='20' value=''></li>
```

```
<li class="mainForm" id="fieldBox_69">
  <label
class="formFieldQuestion">Umfang Ihrer Oberschenkel in
cm&nbsp;*</label>
  <input class=mainForm type=text
name=field_69 id=field_69 size='10' value=''></li>
```

```
<li class="mainForm" id="fieldBox_77">
```

```

                <label
class="formFieldQuestion">Halsumfang in cm&nbsp;&nbsp;&nbsp;*</label>
                <input class=mainForm type=text
name=field_77 id=field_77 size='20' value=''></li>

                <li class="mainForm" id="fieldBox_81">
                <label
class="formFieldQuestion">Umfang Oberarm in cm&nbsp;&nbsp;&nbsp;*</label>
                <input class=mainForm type=text
name=field_81 id=field_81 size='20' value=''></li>

                <li class="mainForm" id="fieldBox_70">
                <label
class="formFieldQuestion">Ihr Beruf&nbsp;&nbsp;&nbsp;*</label>
                <input class=mainForm type=text
name=field_70 id=field_70 size='30' value=''></li>

                <li class="mainForm" id="fieldBox_71">
                <label
class="formFieldQuestion">Leiden Sie an einer oder mehrerer der
folgenden Krankheiten&nbsp;&nbsp;&nbsp;*</label><span>
                <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_1
value="Hautkrankheiten" /><label class=formFieldOption
for="field_71_option_1">Hautkrankheiten</label>
                <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_2
value="Pilzinfektion (Nagel, Fu&Auml;ypilz oder Candida)" /><label
class=formFieldOption for="field_71_option_2">Pilzinfektion (Nagel,
Fu&Auml;ypilz oder Candida)</label>
                <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_3 value="Hoher
Blutdruck " /><label class=formFieldOption
for="field_71_option_3">Hoher Blutdruck </label>
                <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_4
value="Schilddr&Auml;use" /><label class=formFieldOption
for="field_71_option_4">Schilddr&Auml;use</label>
                <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_5 value="Diabetes"
/><label class=formFieldOption
for="field_71_option_5">Diabetes</label>
                <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_6
value="Nierenbeschwerden " /><label class=formFieldOption
for="field_71_option_6">Nierenbeschwerden </label>
                <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_7 value="Herz
Kreislauf Beschwerden " /><label class=formFieldOption
for="field_71_option_7">Herz Kreislauf Beschwerden </label>
                <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_8 value="Schwindel"
/><label class=formFieldOption
for="field_71_option_8">Schwindel</label>
                <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_9
value="Gelenkschmerzen " /><label class=formFieldOption
for="field_71_option_9">Gelenkschmerzen </label>
                <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_10 value="Gicht"
/><label class=formFieldOption for="field_71_option_10">Gicht</label>

```

```



```



```

value="Antidepressiva" /><label class=formFieldOption
for="field_73_option_7">Antidepressiva</label></span></li>

        <li class="mainForm" id="fieldBox_74">
            <label
class="formFieldQuestion">Ich esse seltener&nbsp;*</label><span>
                <input class=mainForm
type=checkbox name=field_74[] id=field_74_option_1 value="Fleisch"
/><label class=formFieldOption for="field_74_option_1">Fleisch</label>
                <input class=mainForm
type=checkbox name=field_74[] id=field_74_option_2 value="Fisch"
/><label class=formFieldOption for="field_74_option_2">Fisch</label>
                <input class=mainForm
type=checkbox name=field_74[] id=field_74_option_3 value="Käse"
/><label class=formFieldOption for="field_74_option_3">Käse</label>
                <input class=mainForm
type=checkbox name=field_74[] id=field_74_option_4 value="Milch"
/><label class=formFieldOption for="field_74_option_4">Milch</label>
                <input class=mainForm
type=checkbox name=field_74[] id=field_74_option_5 value="Geflügel"
/><label class=formFieldOption
for="field_74_option_5">Geflügel</label>
                <input class=mainForm
type=checkbox name=field_74[] id=field_74_option_6 value="Ich esse
alles" /><label class=formFieldOption for="field_74_option_6">Ich esse
alles</label>
            </span></li>

        <li class="mainForm" id="fieldBox_75">
            <label
class="formFieldQuestion">Ich esse kein&nbsp;*</label><span>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_1 value="Fleisch"
/><label class=formFieldOption for="field_75_option_1">Fleisch</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_2 value="Geflügel"
/><label class=formFieldOption
for="field_75_option_2">Geflügel</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_3 value="Milch"
/><label class=formFieldOption for="field_75_option_3">Milch</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_4
value="Naturjoghurt" /><label class=formFieldOption
for="field_75_option_4">Naturjoghurt</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_5 value="Fisch"
/><label class=formFieldOption for="field_75_option_5">Fisch</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_6 value="Käse"
/><label class=formFieldOption for="field_75_option_6">Käse</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_7
value="Schweinefleisch" /><label class=formFieldOption
for="field_75_option_7">Schweinefleisch</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_8 value="Ich esse
alles" /><label class=formFieldOption for="field_75_option_8">Ich esse
alles</label>
            </span></li>

```

```

        <li class="mainForm" id="fieldBox_76">
            <label
class="formFieldQuestion">Nachname&nbsp;*</label>
                <input class=mainForm type=text
name=field_76 id=field_76 size='25' disabled value='<?php echo
$_GET['last_name']; ?>'></li>

        <li class="mainForm" id="fieldBox_78">
            <label
class="formFieldQuestion">Vorname&nbsp;*</label>
                <input class=mainForm type=text
name=field_78 id=field_78 size='25' disabled value='<?php echo
$_GET['first_name']; ?>'></li>

        <li class="mainForm" id="fieldBox_79">
            <label
class="formFieldQuestion">Geburtsdatum&nbsp;*(TT.MM.JJJJ)*</label>
                <input class=mainForm type=text
name=field_79 id=field_79 size='25' value=''>

        </li>

        <li class="mainForm" id="fieldBox_80">
            <label
class="formFieldQuestion">Email&nbsp;*</label>
                <input class=mainForm type=email
name=field_80 id=field_80 size=20 disabled value="<?php echo
$_GET['email']; ?>" style="background-image:url(http://metabolic-
direct.com/form/imgs/email.png); background-repeat: no-repeat;
padding: 2px 2px 2px 25px;"></li>

        <li class="mainForm" id="fieldBox_82">
            <label
class="formFieldQuestion">Land</label><select class=mainForm
name=field_82 id=field_82><option value=''> </option><option
value="Abkhazia">Abkhazia</option><option
value="Afghanistan">Afghanistan</option><option
value="Aland">Aland</option><option
value="Albania">Albania</option><option
value="Algeria">Algeria</option><option value="American
Samoa">American Samoa</option><option
value="Andorra">Andorra</option><option
value="Angola">Angola</option><option
value="Anguilla">Anguilla</option><option
value="Antarctica">Antarctica</option><option value="Antigua and
Barbuda">Antigua and Barbuda</option><option
value="Argentina">Argentina</option><option
value="Armenia">Armenia</option><option
value="Aruba">Aruba</option><option
value="Ascension">Ascension</option><option value="Ashmore and Cartier
Islands">Ashmore and Cartier Islands</option><option
value="Australia">Australia</option><option value="Australian
Antarctic Territory">Australian Antarctic Territory</option><option
value="Austria">Austria</option><option
value="Azerbaijan">Azerbaijan</option><option value="Bahamas,
The">Bahamas, The</option><option
value="Bahrain">Bahrain</option><option value="Baker Island">Baker
Island</option><option value="Bangladesh">Bangladesh</option><option
value="Barbados">Barbados</option><option
value="Belarus">Belarus</option><option>

```

value="Belgium">Belgium</option><option
value="Belize">Belize</option><option
value="Benin">Benin</option><option
value="Bermuda">Bermuda</option><option
value="Bhutan">Bhutan</option><option
value="Bolivia">Bolivia</option><option value="Bosnia and
Herzegovina">Bosnia and Herzegovina</option><option
value="Botswana">Botswana</option><option value="Bouvet Island">Bouvet
Island</option><option value="Brazil">Brazil</option><option
value="British Antarctic Territory">British Antarctic
Territory</option><option value="British Indian Ocean
Territory">British Indian Ocean Territory</option><option
value="British Sovereign Base Areas">British Sovereign Base
Areas</option><option value="British Virgin Islands">British Virgin
Islands</option><option value="Brunei">Brunei</option><option
value="Bulgaria">Bulgaria</option><option value="Burkina Faso">Burkina
Faso</option><option value="Burundi">Burundi</option><option
value="Cambodia">Cambodia</option><option
value="Cameroon">Cameroon</option><option
value="Canada">Canada</option><option value="Cape Verde">Cape
Verde</option><option value="Cayman Islands">Cayman
Islands</option><option value="Central African Republic">Central
African Republic</option><option value="Chad">Chad</option><option
value="Chile">Chile</option><option value="China, People's Republic
of">China, People's Republic of</option><option value="China, Republic
of (Taiwan)">China, Republic of (Taiwan)</option><option
value="Christmas Island">Christmas Island</option><option
value="Clipperton Island">Clipperton Island</option><option
value="Cocos (Keeling) Islands">Cocos (Keeling)
Islands</option><option value="Colombia">Colombia</option><option
value="Comoros">Comoros</option><option value="Congo, Democratic
Republic of the (Congo Kinshasa)">Congo, Democratic Republic of the
(Congo Kinshasa)</option><option value="Congo, Republic of the (Congo
Brazzaville)">Congo, Republic of the (Congo
Brazzaville)</option><option value="Cook Islands">Cook
Islands</option><option value="Coral Sea Islands">Coral Sea
Islands</option><option value="Costa Rica">Costa Rica</option><option
value="Cote d'Ivoire (Ivory Coast)">Cote d'Ivoire (Ivory
Coast)</option><option value="Croatia">Croatia</option><option
value="Cuba">Cuba</option><option
value="Cyprus">Cyprus</option><option value="Czech Republic">Czech
Republic</option><option value="Denmark">Denmark</option><option
value="Djibouti">Djibouti</option><option
value="Dominica">Dominica</option><option value="Dominican
Republic">Dominican Republic</option><option
value="Ecuador">Ecuador</option><option
value="Egypt">Egypt</option><option value="El Salvador">El
Salvador</option><option value="Equatorial Guinea">Equatorial
Guinea</option><option value="Eritrea">Eritrea</option><option
value="Estonia">Estonia</option><option
value="Ethiopia">Ethiopia</option><option value="Falkland Islands
(Islas Malvinas)">Falkland Islands (Islas Malvinas)</option><option
value="Faroe Islands">Faroe Islands</option><option
value="Fiji">Fiji</option><option
value="Finland">Finland</option><option
value="France">France</option><option value="French Guiana">French
Guiana</option><option value="French Polynesia">French
Polynesia</option><option value="French Scattered Islands in the
Indian Ocean">French Scattered Islands in the Indian
Ocean</option><option value="French Southern and Antarctic
Lands">French Southern and Antarctic Lands</option><option

value="Gabon">Gabon</option><option value="Gambia, The">Gambia,
The</option><option value="Georgia">Georgia</option><option
value="Germany">Germany</option><option
value="Ghana">Ghana</option><option
value="Gibraltar">Gibraltar</option><option
value="Greece">Greece</option><option
value="Greenland">Greenland</option><option
value="Grenada">Grenada</option><option
value="Guadeloupe">Guadeloupe</option><option
value="Guam">Guam</option><option
value="Guatemala">Guatemala</option><option
value="Guernsey">Guernsey</option><option
value="Guinea">Guinea</option><option value="Guinea-Bissau">Guinea-
Bissau</option><option value="Guyana">Guyana</option><option
value="Haiti">Haiti</option><option value="Heard Island and McDonald
Islands">Heard Island and McDonald Islands</option><option
value="Honduras">Honduras</option><option value="Hong Kong">Hong
Kong</option><option value="Howland Island">Howland
Island</option><option value="Hungary">Hungary</option><option
value="Iceland">Iceland</option><option
value="India">India</option><option
value="Indonesia">Indonesia</option><option
value="Iran">Iran</option><option value="Iraq">Iraq</option><option
value="Ireland">Ireland</option><option value="Isle of Man">Isle of
Man</option><option value="Israel">Israel</option><option
value="Italy">Italy</option><option
value="Jamaica">Jamaica</option><option
value="Japan">Japan</option><option value="Jarvis Island">Jarvis
Island</option><option value="Jersey">Jersey</option><option
value="Johnston Atoll">Johnston Atoll</option><option
value="Jordan">Jordan</option><option
value="Kazakhstan">Kazakhstan</option><option
value="Kenya">Kenya</option><option value="Kingman Reef">Kingman
Reef</option><option value="Kiribati">Kiribati</option><option
value="Korea, Democratic People's Republic of (North Korea)">Korea,
Democratic People's Republic of (North Korea)</option><option
value="Korea, Republic of (South Korea)">Korea, Republic of (South
Korea)</option><option value="Kosovo">Kosovo</option><option
value="Kuwait">Kuwait</option><option
value="Kyrgyzstan">Kyrgyzstan</option><option
value="Laos">Laos</option><option
value="Latvia">Latvia</option><option
value="Lebanon">Lebanon</option><option
value="Lesotho">Lesotho</option><option
value="Liberia">Liberia</option><option
value="Libya">Libya</option><option
value="Liechtenstein">Liechtenstein</option><option
value="Lithuania">Lithuania</option><option
value="Luxembourg">Luxembourg</option><option
value="Macau">Macau</option><option
value="Macedonia">Macedonia</option><option
value="Madagascar">Madagascar</option><option
value="Malawi">Malawi</option><option
value="Malaysia">Malaysia</option><option
value="Maldives">Maldives</option><option
value="Mali">Mali</option><option value="Malta">Malta</option><option
value="Marshall Islands">Marshall Islands</option><option
value="Martinique">Martinique</option><option
value="Mauritania">Mauritania</option><option
value="Mauritius">Mauritius</option><option
value="Mayotte">Mayotte</option><option

value="Mexico">Mexico</option><option
value="Micronesia">Micronesia</option><option value="Midway
Islands">Midway Islands</option><option
value="Moldova">Moldova</option><option
value="Monaco">Monaco</option><option
value="Mongolia">Mongolia</option><option
value="Montenegro">Montenegro</option><option
value="Montserrat">Montserrat</option><option
value="Morocco">Morocco</option><option
value="Mozambique">Mozambique</option><option value="Myanmar
(Burma)">Myanmar (Burma)</option><option value="Nagorno-
Karabakh">Nagorno-Karabakh</option><option
value="Namibia">Namibia</option><option
value="Nauru">Nauru</option><option value="Navassa Island">Navassa
Island</option><option value="Nepal">Nepal</option><option
value="Netherlands">Netherlands</option><option value="Netherlands
Antilles">Netherlands Antilles</option><option value="New
Caledonia">New Caledonia</option><option value="New Zealand">New
Zealand</option><option value="Nicaragua">Nicaragua</option><option
value="Niger">Niger</option><option
value="Nigeria">Nigeria</option><option
value="Niue">Niue</option><option value="Norfolk Island">Norfolk
Island</option><option value="Northern Cyprus">Northern
Cyprus</option><option value="Northern Mariana Islands">Northern
Mariana Islands</option><option value="Norway">Norway</option><option
value="Oman">Oman</option><option
value="Pakistan">Pakistan</option><option
value="Palau">Palau</option><option
value="Palestine">Palestine</option><option value="Palmyra
Atoll">Palmyra Atoll</option><option
value="Panama">Panama</option><option value="Papua New Guinea">Papua
New Guinea</option><option value="Paraguay">Paraguay</option><option
value="Peru">Peru</option><option value="Peter I Island">Peter I
Island</option><option value="Philippines">Philippines</option><option
value="Pitcairn Islands">Pitcairn Islands</option><option
value="Poland">Poland</option><option
value="Portugal">Portugal</option><option value="Pridnestrovie
(Transnistria)">Pridnestrovie (Transnistria)</option><option
value="Puerto Rico">Puerto Rico</option><option
value="Qatar">Qatar</option><option value="Queen Maud Land">Queen Maud
Land</option><option value="Reunion">Reunion</option><option
value="Romania">Romania</option><option value="Ross Dependency">Ross
Dependency</option><option value="Russia">Russia</option><option
value="Rwanda">Rwanda</option><option value="Saint Helena">Saint
Helena</option><option value="Saint Kitts and Nevis">Saint Kitts and
Nevis</option><option value="Saint Lucia">Saint Lucia</option><option
value="Saint Pierre and Miquelon">Saint Pierre and
Miquelon</option><option value="Saint Vincent and the
Grenadines">Saint Vincent and the Grenadines</option><option
value="Samoa">Samoa</option><option value="San Marino">San
Marino</option><option value="Sao Tome and Principe">Sao Tome and
Principe</option><option value="Saudi Arabia">Saudi
Arabia</option><option value="Senegal">Senegal</option><option
value="Serbia">Serbia</option><option
value="Seychelles">Seychelles</option><option value="Sierra
Leone">Sierra Leone</option><option
value="Singapore">Singapore</option><option
value="Slovakia">Slovakia</option><option
value="Slovenia">Slovenia</option><option value="Solomon
Islands">Solomon Islands</option><option
value="Somalia">Somalia</option><option

value="Somaliland">Somaliland</option><option value="South Africa">South Africa</option><option value="South Georgia and the South Sandwich Islands">South Georgia and the South Sandwich Islands</option><option value="South Ossetia">South Ossetia</option><option value="Spain">Spain</option><option value="Sri Lanka">Sri Lanka</option><option value="Sudan">Sudan</option><option value="Suriname">Suriname</option><option value="Svalbard">Svalbard</option><option value="Swaziland">Swaziland</option><option value="Sweden">Sweden</option><option value="Switzerland">Switzerland</option><option value="Syria">Syria</option><option value="Tajikistan">Tajikistan</option><option value="Tanzania">Tanzania</option><option value="Thailand">Thailand</option><option value="Timor-Leste (East Timor)">Timor-Leste (East Timor)</option><option value="Togo">Togo</option><option value="Tokelau">Tokelau</option><option value="Tonga">Tonga</option><option value="Trinidad and Tobago">Trinidad and Tobago</option><option value="Tristan da Cunha">Tristan da Cunha</option><option value="Tunisia">Tunisia</option><option value="Turkey">Turkey</option><option value="Turkmenistan">Turkmenistan</option><option value="Turks and Caicos Islands">Turks and Caicos Islands</option><option value="Tuvalu">Tuvalu</option><option value="U.S. Virgin Islands">U.S. Virgin Islands</option><option value="Uganda">Uganda</option><option value="Ukraine">Ukraine</option><option value="United Arab Emirates">United Arab Emirates</option><option value="United Kingdom">United Kingdom</option><option value="United States">United States</option><option value="Uruguay">Uruguay</option><option value="Uzbekistan">Uzbekistan</option><option value="Vanuatu">Vanuatu</option><option value="Vatican City">Vatican City</option><option value="Venezuela">Venezuela</option><option value="Viet Nam">Viet Nam</option><option value="Wake Island">Wake Island</option><option value="Wallis and Futuna">Wallis and Futuna</option><option value="Western Sahara">Western Sahara</option><option value="Yemen">Yemen</option><option value="Zambia">Zambia</option><option value="Zimbabwe">Zimbabwe</option></SELECT>

<!-- end of this page -->

<!-- page validation -->

<SCRIPT type=text/javascript>

<!--

function validatePage7()

{

retVal = true;

if (validateRadio('field_83','fieldBox_83','radio',2,1) == false) retVal=false;

if (validateField('field_64','fieldBox_64','text',1) == false) retVal=false;

if (validateField('field_65','fieldBox_65','text',1) == false) retVal=false;

if (validateField('field_66','fieldBox_66','text',1) == false) retVal=false;

```

        if (validateField('field_67','fieldBox_67','text',1) ==
false) retVal=false;
        if (validateField('field_68','fieldBox_68','text',1) ==
false) retVal=false;
        if (validateField('field_69','fieldBox_69','text',1) ==
false) retVal=false;
        if (validateField('field_77','fieldBox_77','text',1) ==
false) retVal=false;
        if (validateField('field_81','fieldBox_81','text',1) ==
false) retVal=false;
        if (validateField('field_70','fieldBox_70','text',1) ==
false) retVal=false;
        if
(validateField('field_71','fieldBox_71','checkbox',1) == false)
retVal=false;
        if (validateRadio('field_72','fieldBox_72','radio',2,1)
== false) retVal=false;
        if
(validateField('field_73','fieldBox_73','checkbox',1) == false)
retVal=false;
        if
(validateField('field_74','fieldBox_74','checkbox',1) == false)
retVal=false;
        if
(validateField('field_75','fieldBox_75','checkbox',1) == false)
retVal=false;
        if (validateField('field_76','fieldBox_76','text',1) ==
false) retVal=false;
        if (validateField('field_78','fieldBox_78','text',1) ==
false) retVal=false;
        if (validateField('field_79','fieldBox_79','text',1) ==
false) retVal=false;
        if (validateField('field_80','fieldBox_80','email',1)
== false) retVal=false;
        if (validateField('field_82','fieldBox_82','country',0)
== false) retVal=false;

        if(retVal == false)
        {
            alert('Bitte korrigieren Sie die
Fehler.Die mit Sternchen markierten Felder müssen ausgefüllt werden
(*)');
            return false;
        }
        return retVal;
    }
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
<input id="saveForm" class="mainForm" type="submit"
value="Speichern" />
    </li>

</form>
<!-- end of form -->
<!-- close the display stuff for this page -->

```

```
        </ul></div><div id="footer"><p class="footer"><a
class=footer href=#>Generated and Copyright by metabolic
direct&A@</a></p></div>

</body>
</html>
```

TRANSLATION

```
<!DOCTYPE HTML PUBLIC "-//W3C//DTD HTML 4.01 Transitional//EN">
<html>
<head>
  <title>Metabolic Analysis - metabolic direct</title>
  <meta http-equiv="content-type" content="text/html;
charset=UTF-8"><link href="http://metabolic-direct.com/form/style.css"
rel="stylesheet" type="text/css">
```

```
<!-- expand/collapse function -->
  <SCRIPT type=text/javascript>
    <!--
    function collapseElem(obj)
    {
      var el = document.getElementById(obj);
      el.style.display = 'none';
    }

    function expandElem(obj)
    {
      var el = document.getElementById(obj);
      el.style.display = '';
      window.scrollTo(0,0);
    }

  //-->
</SCRIPT>
<!-- expand/collapse function -->

<!-- expand/collapse function -->
  <SCRIPT type=text/javascript>
    <!--

    // collapse all elements, except the first one
    function collapseAll()
    {
      var numFormPages = 7;

      for(i=2; i <= numFormPages; i++)
      {
        currPageId = ('mainForm_' + i);
        collapseElem(currPageId);
      }
    }
  -->
```



```

        //-->
        </SCRIPT>
<!-- expand/collapse function -->

        <!-- validate -->
<SCRIPT type=text/javascript>

        function validateRadio(fieldId, fieldBoxId, fieldType,
mysize, required)
        {
                fieldBox =
document.getElementById(fieldBoxId);
                if(required == 1) {
                for( i=1; i<=mysize; i++) {
                myfieldId = fieldId+"_option_"+i;
                fieldObj =
document.getElementById(myfieldId);
                if(fieldObj.checked == 1)
                {
                        for( j=1; j<=mysize; j++) {
                        myfieldId =
fieldId+"_option_"+j;
                        fieldObj =
document.getElementById(myfieldId);

                                fieldObj.setAttribute("class","mainForm");

                                fieldObj.setAttribute("className","mainForm");
                                }
                                return true;
                                } else {

                                fieldObj.setAttribute("class","mainFormError");

                                fieldObj.setAttribute("className","mainFormError");
                                }
                                }
                                fieldObj.focus();
                                return false;
                                }
                                }

        <!--
        function validateField(fieldId, fieldBoxId,
fieldType, required)
        {
                fieldBox =
document.getElementById(fieldBoxId);
                fieldObj =
document.getElementById(fieldId);

                                if(fieldType == 'text' || fieldType ==
'textarea' || fieldType == 'password' || fieldType == 'file' ||
fieldType == 'phone' || fieldType == 'website')
                {
                        if(required == 1 &&
fieldObj.value == '')
                                {

```

```

        fieldObj.setAttribute("class","mainFormError");

        fieldObj.setAttribute("className","mainFormError");
                                fieldObj.focus();
                                return false;
                                }
        }

        else if(fieldType == 'menu' ||
fieldType == 'country' || fieldType == 'state')
        {
                if(required == 1 &&
fieldObj.selectedIndex == 0)
                {

                fieldObj.setAttribute("class","mainFormError");

                fieldObj.setAttribute("className","mainFormError");
                                fieldObj.focus();
                                return false;
                                }
                }

        else if(fieldType == 'email')
        {
                if((required == 1 &&
fieldObj.value=='') || (fieldObj.value!='' &&
!validate_email(fieldObj.value)))
                {

                fieldObj.setAttribute("class","mainFormError");

                fieldObj.setAttribute("className","mainFormError");
                                fieldObj.focus();
                                return false;
                                }
                }
        }

}

function validate_email(emailStr)
{
        apos=emailStr.indexOf("@");
        dotpos=emailStr.lastIndexOf(".");

        if (apos<1||dotpos-apos<2)
        {
                return false;
        }
        else
        {
                return true;
        }
}

```

```

    }

    function validateDate(fieldId, fieldBoxId,
fieldType, required, minDateStr, maxDateStr)
    {
        retValue = true;

        fieldBox =
document.getElementById(fieldBoxId);
        fieldObj =
document.getElementById(fieldId);
        dateStr = fieldObj.value;

        if(required == 0  && dateStr == '')
        {
            return true;
        }

        if(dateStr.charAt(2) != '/'  ||
dateStr.charAt(5) != '/'  || dateStr.length != 10)
        {
            retValue = false;
        }

        else  // format's okay; check max, min
        {
            currDays =
parseInt(dateStr.substr(0,2),10) + parseInt(dateStr.substr(3,2),10)*30
+ parseInt(dateStr.substr(6,4),10)*365;
            //alert(currDays);

            if(maxDateStr != '')
            {
                maxDays =
parseInt(maxDateStr.substr(0,2),10) +
parseInt(maxDateStr.substr(3,2),10)*30  +
parseInt(maxDateStr.substr(6,4),10)*365;
                //alert(maxDays);
                if(currDays > maxDays)
                    retValue = false;
            }

            if(minDateStr != '')
            {
                minDays =
parseInt(minDateStr.substr(0,2),10) +
parseInt(minDateStr.substr(3,2),10)*30  +
parseInt(minDateStr.substr(6,4),10)*365;
                //alert(minDays);
                if(currDays < minDays)
                    retValue = false;
            }
        }

        if(retValue == false)
        {
            fieldObj.setAttribute("class","mainFormError");

```

```

        fieldObj.setAttribute("className","mainFormError");
                                fieldObj.focus();
                                return false;
                                }
        }
//-->
</SCRIPT>
<!-- end validate -->

```

```
</head>
```

```
<body onLoad="collapseAll()">
```

```
<div id="mainForm">
```

```
<div id="formHeader">
```

```
<h2 class="formInfo">Metabolism -
Analysis' sheet</h2>
```

```
<p class="formInfo"> Please fill out the
questions as intrusively as possible, but do not think too long and
answer quickly. This does not apply 100% to you, so select it in
accordance to you.</p>
</div>
```

```
<BR/><!-- begin form -->
```

```
<form method=post enctype=multipart/form-data
action=http://metabolic-direct.com/form/processor.php onSubmit="return
validatePage7();"><ul class=mainForm id="mainForm_1">
```

```
<h2>Page 1</h2>
```

```
<li class="mainForm" id="fieldBox_1">
```

```
<label
class="formFieldQuestion">What do I eat with pleasure at breakfast and
that makes me feel fit throughout the day? (1) *</label><span>
```

```
<input class=mainForm type=radio
name=field_1 id=field_1_option_1 value="A" /><label
class=formFieldOption for="field_1_option_1">Coffee/Tea only // Fruit
only // Fruit/Muesli with Yoghurt or Milk </label>
```

```
<input class=mainForm type=radio
name=field_1 id=field_1_option_2 value="B" /><label
class=formFieldOption for="field_1_option_2">Bread with marmalade or
honey // Sausage or Cheese Sandwich // Egg // Maybe some fruit
</label>
```

```
<input class=mainForm type=radio
name=field_1 id=field_1_option_3 value="C" /><label
class=formFieldOption for="field_1_option_3">Eggs and Bacon Sandwich
</label></span></li>
```

```
        <li class="mainForm" id="fieldBox_2">
            <label
class="formFieldQuestion">How hungry do I feel at breakfast? (4)
*</label><span>
                <input class=mainForm type=radio
name=field_2 id=field_2_option_1 value="B" /><label
class=formFieldOption for="field_2_option_1">Normal hunger</label>
                <input class=mainForm type=radio
name=field_2 id=field_2_option_2 value="A" /><label
class=formFieldOption for="field_2_option_2">No appetite or very
little</label>
                <input class=mainForm type=radio
name=field_2 id=field_2_option_3 value="C" /><label
class=formFieldOption for="field_2_option_3">Very big appetite
</label></span></li>
```

```
        <li class="mainForm" id="fieldBox_3">
            <label
class="formFieldQuestion">How do I feel if I have eaten meat, sausage
or bacon for breakfast? (9) *</label><span>
                <input class=mainForm type=radio
name=field_3 id=field_3_option_1 value="C" /><label
class=formFieldOption for="field_3_option_1">I feel well and full of
energy </label>
                <input class=mainForm type=radio
name=field_3 id=field_3_option_2 value="B" /><label
class=formFieldOption for="field_3_option_2">The same as with any
other breakfast </label>
                <input class=mainForm type=radio
name=field_3 id=field_3_option_3 value="0" /><label
class=formFieldOption for="field_3_option_3">I usually do not eat meat
or sausage </label>
                <input class=mainForm type=radio
name=field_3 id=field_3_option_4 value="A" /><label
class=formFieldOption for="field_3_option_4">I feel full // like dying
// tired // moody and aggressive // my energy decreasing
fastly</label></span></li>
```

```
        <li class="mainForm" id="fieldBox_4">
            <label
class="formFieldQuestion"> How hungry do I feel at lunch? (5 )
*</label><span>
                <input class=mainForm type=radio
name=field_4 id=field_4_option_1 value="B" /><label
class=formFieldOption for="field_4_option_1">Normal hunger </label>
                <input class=mainForm type=radio
name=field_4 id=field_4_option_2 value="A" /><label
class=formFieldOption for="field_4_option_2">No appetite or very
little </label>
                <input class=mainForm type=radio
name=field_4 id=field_4_option_3 value="C" /><label
class=formFieldOption for="field_4_option_3">Very big appetite
</label></span></li>
```

```
        <li class="mainForm" id="fieldBox_5">
            <label
class="formFieldQuestion">How do I feel when I have meat for lunch?
(10 ) *</label><span>
                <input class=mainForm type=radio
name=field_5 id=field_5_option_1 value="A" /><label
```

```

class=formFieldOption for="field_5_option_1">Full // like dying
//tired // temperamental // my enegy decreasing</label>
      <input class=mainForm type=radio
name=field_5 id=field_5_option_2 value="B" /><label
class=formFieldOption for="field_5_option_2">The same as with any
other lunch </label>
      <input class=mainForm type=radio
name=field_5 id=field_5_option_3 value="C" /><label
class=formFieldOption for="field_5_option_3">I feel good and full of
energy </label>
      <input class=mainForm type=radio
name=field_5 id=field_5_option_4 value="0" /><label
class=formFieldOption for="field_5_option_4"> I usually do not eat
meat or sausage </label></span></li>

      <li class="mainForm" id="fieldBox_6">
      <label
class="formFieldQuestion"> How do I feel when I have only eaten fruit
salad with cottage cheese / yoghurt for lunch? (31) *</label><span>
      <input class=mainForm type=radio
name=field_6 id=field_6_option_1 value="A" /><label
class=formFieldOption for="field_6_option_1"> Good and full of energy
</label>
      <input class=mainForm type=radio
name=field_6 id=field_6_option_2 value="C" /><label
class=formFieldOption for="field_6_option_2">Not so good, feeling less
energetic and irritated </label>
      <input class=mainForm type=radio
name=field_6 id=field_6_option_3 value="B" /><label
class=formFieldOption for="field_6_option_3">Good, but my energy
vanishes soon after </label></span></li>

      <li class="mainForm" id="fieldBox_7">
      <label
class="formFieldQuestion">How do I feel when I have eaten a
mixed/vegetarian salad for lunch? (32) *</label><span>
      <input class=mainForm type=radio
name=field_7 id=field_7_option_1 value="A" /><label
class=formFieldOption for="field_7_option_1">Good and full of energy
</label>
      <input class=mainForm type=radio
name=field_7 id=field_7_option_2 value="C" /><label
class=formFieldOption for="field_7_option_2"> Not so good, feeling
less energetic and irritated </label>
      <input class=mainForm type=radio
name=field_7 id=field_7_option_3 value="B" /><label
class=formFieldOption for="field_7_option_3"> Good, but my energy
vanishes soon after </label></span></li>

      <li class="mainForm" id="fieldBox_8">
      <label
class="formFieldQuestion"> What do I like to have for dinner in order
to call it a day? (3) *</label><span>
      <input class=mainForm type=radio
name=field_8 id=field_8_option_1 value="A" /><label
class=formFieldOption for="field_8_option_1">Vegetables // Salad // a
small piece of slender chicken </label>
      <input class=mainForm type=radio
name=field_8 id=field_8_option_2 value="B" /><label
class=formFieldOption for="field_8_option_2">I can eat anything
</label>

```

```

                <input class=mainForm type=radio
name=field_8 id=field_8_option_3 value="C" /><label
class=formFieldOption for="field_8_option_3">A warm and substantial
meal // sausage and cheese sandwich </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_9">
                    <label
class="formFieldQuestion">How big is my hunger in the evening? (6)
* </label><span>

```

```

                <input class=mainForm type=radio
name=field_9 id=field_9_option_1 value="A" /><label
class=formFieldOption for="field_9_option_1">Little or no appetite
</label>

```

```

                <input class=mainForm type=radio
name=field_9 id=field_9_option_2 value="B" /><label
class=formFieldOption for="field_9_option_2">Normal hunger </label>

```

```

                <input class=mainForm type=radio
name=field_9 id=field_9_option_3 value="C" /><label
class=formFieldOption for="field_9_option_3"> Very big
appetite</label>

```

```

            </span></li>

```

```

                <li class="mainForm" id="fieldBox_10">
                    <label
class="formFieldQuestion">How often and gladly do I have a sweet
dessert?(7) * </label><span>

```

```

                <input class=mainForm type=radio
name=field_10 id=field_10_option_1 value="A" /><label
class=formFieldOption for="field_10_option_1">Very gladly, it is the
best after every meal </label>

```

```

                <input class=mainForm type=radio
name=field_10 id=field_10_option_2 value="B" /><label
class=formFieldOption for="field_10_option_2">I gladly have a sweet
dessert every now and then</label>

```

```

                <input class=mainForm type=radio
name=field_10 id=field_10_option_3 value="C" /><label
class=formFieldOption for="field_10_option_3">Never, I would rather
have a salty dessert </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_11">
                    <label
class="formFieldQuestion"> Which of the following desserts would you
prefer to eat the most? (8) * </label><span>

```

```

                <input class=mainForm type=radio
name=field_11 id=field_11_option_1 value="A" /><label
class=formFieldOption for="field_11_option_1">Bonbons, Cookies,
Tart/Pie, Light Cakes </label>

```

```

                <input class=mainForm type=radio
name=field_11 id=field_11_option_2 value="C" /><label
class=formFieldOption for="field_11_option_2">Cakes with cream, or
Buttercream </label>

```

```

                <input class=mainForm type=radio
name=field_11 id=field_11_option_3 value="B" /><label
class=formFieldOption for="field_11_option_3">It depends on the
occasion and/or mood </label></span></li>

```

```

<!-- end of this page -->

```

```

<!-- page validation -->

```

```

<SCRIPT type=text/javascript>

```

```

        <!--
                function validatePage1()
                {
                        retVal = true;
                        if
                        (validateRadio('field_1','fieldBox_1','radio',3,1) == false)
                        retVal=false;
                                if
                                (validateRadio('field_2','fieldBox_2','radio',3,1) == false)
                                retVal=false;
                                        if
                                        (validateRadio('field_3','fieldBox_3','radio',4,1) == false)
                                        retVal=false;
                                                if
                                                (validateRadio('field_4','fieldBox_4','radio',3,1) == false)
                                                retVal=false;
                                                        if
                                                        (validateRadio('field_5','fieldBox_5','radio',4,1) == false)
                                                        retVal=false;
                                                                if
                                                                (validateRadio('field_6','fieldBox_6','radio',3,1) == false)
                                                                retVal=false;
                                                                        if
                                                                        (validateRadio('field_7','fieldBox_7','radio',3,1) == false)
                                                                        retVal=false;
                                                                                if
                                                                                (validateRadio('field_8','fieldBox_8','radio',3,1) == false)
                                                                                retVal=false;
                                                                                        if
                                                                                        (validateRadio('field_9','fieldBox_9','radio',3,1) == false)
                                                                                        retVal=false;
                                                                                                  if
                                                                                                  (validateRadio('field_10','fieldBox_10','radio',3,1) == false)
                                                                                                  retVal=false;
                                                                                                            if
                                                                                                            (validateRadio('field_11','fieldBox_11','radio',3,1) == false)
                                                                                                            retVal=false;

                                                                                        if(retVal == false)
                                                                                        {
                                                                                                alert('Please correct the error.
Items marked with an asterisk must be filled. (*) ');
                                                                                                return false;
                                                                                        }
                                                                                        return retVal;
                }
        //-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
                <input type=button onclick="if
(validatePage1()) { collapseElem('mainForm_1');
expandElem('mainForm_2');}" class="mainForm" value="Go to Page 2"/>
</li>

```


<!-- close the display stuff for this page -->

<ul class=mainForm id="mainForm_2">

<h2>Page 2</h2>

<li class="mainForm" id="fieldBox_12">

<label

class="formFieldQuestion"> What is my favorite food? (2)

*</label>

<input class=mainForm type=radio
name=field_12 id=field_12_option_1 value="A" /><label
class=formFieldOption for="field_12_option_1"> Vegetables // Salad
with slender chicken / fish and noodles </label>

<input class=mainForm type=radio
name=field_12 id=field_12_option_2 value="C" /><label
class=formFieldOption for="field_12_option_2"> A warm, substantial
roasted meal with sauce and cheese or cottage cheese for dessert
</label>

<input class=mainForm type=radio
name=field_12 id=field_12_option_3 value="B" /><label
class=formFieldOption for="field_12_option_3"> Vegetables, Salad,
Noodles with Sauce and Bread </label>

<li class="mainForm" id="fieldBox_13">

<label

class="formFieldQuestion">I have food cravings for: (13)

*</label>

<input class=mainForm type=radio
name=field_13 id=field_13_option_1 value="C" /><label
class=formFieldOption for="field_13_option_1">Chips
/Cheese/meat...</label>

<input class=mainForm type=radio
name=field_13 id=field_13_option_2 value="A" /><label
class=formFieldOption for="field_13_option_2"> Vegetables, Fruit or
Cookies </label>

<input class=mainForm type=radio
name=field_13 id=field_13_option_3 value="0" /><label
class=formFieldOption for="field_13_option_3"> No, that is something I
do not have; only for sugar </label>

<li class="mainForm" id="fieldBox_14">

<label

class="formFieldQuestion">What would I eat if I needed energy for a
long period of time? (12) *</label>

<input class=mainForm type=radio
name=field_14 id=field_14_option_1 value="A" /><label
class=formFieldOption for="field_14_option_1"> Vegetables, Salad,
Chicken with Noodles / Rice and Fruit Cakes </label>

<input class=mainForm type=radio
name=field_14 id=field_14_option_2 value="C" /><label
class=formFieldOption for="field_14_option_2"> Meat with Sauce, Pie
with Salad/Vegetables. Cottage Cheese / Curd for Dessert </label>

<input class=mainForm type=radio
name=field_14 id=field_14_option_3 value="B" /><label
class=formFieldOption for="field_14_option_3"> Something from
both</label>

<li class="mainForm" id="fieldBox_15">

```

                <label
class="formFieldQuestion">If I eat something else before going to bed,
how do I feel? (14) *</label><span>
                <input class=mainForm type=radio
name=field_15 id=field_15_option_1 value="A" /><label
class=formFieldOption for="field_15_option_1"> Worse </label>
                <input class=mainForm type=radio
name=field_15 id=field_15_option_2 value="B" /><label
class=formFieldOption for="field_15_option_2"> Like I always do
</label>
                <input class=mainForm type=radio
name=field_15 id=field_15_option_3 value="C" /><label
class=formFieldOption for="field_15_option_3"> Better
</label></span></li>

```

```

                <li class="mainForm" id="fieldBox_16">
                <label
class="formFieldQuestion">How will I sleep if I eat something lighter
before I go to bed? (16) *</label><span>
                <input class=mainForm type=radio
name=field_16 id=field_16_option_1 value="C" /><label
class=formFieldOption for="field_16_option_1"> Better, as if I did not
eat, something heavier would be even better</label>
                <input class=mainForm type=radio
name=field_16 id=field_16_option_2 value="A" /><label
class=formFieldOption for="field_16_option_2"> It is like this: it
would have been better not to have eaten anything, but still it is
better than something heavier </label>
                <input class=mainForm type=radio
name=field_16 id=field_16_option_3 value="B" /><label
class=formFieldOption for="field_16_option_3"> I will sleep well
</label></span></li>

```

```

                <li class="mainForm" id="fieldBox_17">
                <label
class="formFieldQuestion"> How will I sleep when I eat something sweet
before going to bed? (17) *</label><span>
                <input class=mainForm type=radio
name=field_17 id=field_17_option_1 value="C" /><label
class=formFieldOption for="field_17_option_1"> Worse </label>
                <input class=mainForm type=radio
name=field_17 id=field_17_option_2 value="B" /><label
class=formFieldOption for="field_17_option_2"> It will rarely bother
me while I sleep </label>
                <input class=mainForm type=radio
name=field_17 id=field_17_option_3 value="A" /><label
class=formFieldOption for="field_17_option_3"> As usual
</label></span></li>

```

```

                <li class="mainForm" id="fieldBox_18">
                <label
class="formFieldQuestion">Do I have trouble sleeping? (18)
*</label><span>
                <input class=mainForm type=radio
name=field_18 id=field_18_option_1 value="B" /><label
class=formFieldOption for="field_18_option_1"> It sometimes happens
that I wake up at night and have to have a little bit of something
before I can fall asleep again </label>
                <input class=mainForm type=radio
name=field_18 id=field_18_option_2 value="A" /><label
class=formFieldOption for="field_18_option_2"> No </label>

```

```

                <input class=mainForm type=radio
name=field_18 id=field_18_option_3 value="C" /><label
class=formFieldOption for="field_18_option_3"> I often am ready to eat
again in order to go back to sleep. If I eat something immediately
before going to bed, it is even better. </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_19">
                    <label
class="formFieldQuestion">How much do I eat per portion? (20)
*</label><span>
                        <input class=mainForm type=radio
name=field_19 id=field_19_option_1 value="B" /><label
class=formFieldOption for="field_19_option_1"> Normal Portion </label>
                        <input class=mainForm type=radio
name=field_19 id=field_19_option_2 value="A" /><label
class=formFieldOption for="field_19_option_2"> Smaller Portion
</label>
                        <input class=mainForm type=radio
name=field_19 id=field_19_option_3 value="C" /><label
class=formFieldOption for="field_19_option_3"> Larger Portion
</label></span></li>

```

```

                <li class="mainForm" id="fieldBox_20">
                    <label
class="formFieldQuestion">How many meals a day do I eat? (19)
*</label><span>
                        <input class=mainForm type=radio
name=field_20 id=field_20_option_1 value="B" /><label
class=formFieldOption for="field_20_option_1"> 3 times a day </label>
                        <input class=mainForm type=radio
name=field_20 id=field_20_option_2 value="A" /><label
class=formFieldOption for="field_20_option_2"> 2-3 times a day and
sometimes something lighter in between </label>
                        <input class=mainForm type=radio
name=field_20 id=field_20_option_3 value="C" /><label
class=formFieldOption for="field_20_option_3"> 3 times a day or more,
and often something substantial in between </label></span></li>

```

```

<!-- end of this page -->

```

```

<!-- page validation -->

```

```

<SCRIPT type=text/javascript>

```

```

    <!--
        function validatePage2()
        {
            retVal = true;
            if
(validateRadio('field_12','fieldBox_12','radio',3,1) == false)
retVal=false;
if (validateRadio('field_13','fieldBox_13','radio',3,1) == false)
retVal=false;
if (validateRadio('field_14','fieldBox_14','radio',3,1) == false)
retVal=false;
if (validateRadio('field_15','fieldBox_15','radio',3,1) == false)
retVal=false;
if (validateRadio('field_16','fieldBox_16','radio',3,1) == false)
retVal=false;
if (validateRadio('field_17','fieldBox_17','radio',3,1) == false)
retVal=false;

```

```

if (validateRadio('field_18','fieldBox_18','radio',3,1) == false)
retVal=false;
if (validateRadio('field_19','fieldBox_19','radio',3,1) == false)
retVal=false;
if (validateRadio('field_20','fieldBox_20','radio',3,1) == false)
retVal=false;

        if(retVal == false)
        {
                alert('Please correct the error.
Items marked with an asterisk must be filled. (*)');
                return false;
        }
        return retVal;
    }
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
        <input type=button onclick="if
(validatePage2()) { collapseElem('mainForm_2');
expandElem('mainForm_3');}" class="mainForm" value="Go to Page 3"/>
</li>

<!-- close the display stuff for this page -->
</ul><ul class=mainForm id="mainForm_3">

        <h2>Page 3</h2>

        <li class="mainForm" id="fieldBox_21">
                <label
class="formFieldQuestion">Do I Need a Snack? (21) *</label><span>
                <input class=mainForm type=radio
name=field_21 id=field_21_option_1 value="C" /><label
class=formFieldOption for="field_21_option_1"> Almost always </label>
                <input class=mainForm type=radio
name=field_21 id=field_21_option_2 value="A" /><label
class=formFieldOption for="field_21_option_2"> Almost never </label>
                <input class=mainForm type=radio
name=field_21 id=field_21_option_3 value="B" /><label
class=formFieldOption for="field_21_option_3"> Once in a While
</label></span></li>

        <li class="mainForm" id="fieldBox_22">
                <label
class="formFieldQuestion">What do I Love to Eat as a Snack Between
Meals? (22) *</label><span>
                <input class=mainForm type=radio
name=field_22 id=field_22_option_1 value="C" /><label
class=formFieldOption for="field_22_option_1"> Something nice or
Protein-rich, I do not like sweets so much </label>
                <input class=mainForm type=radio
name=field_22 id=field_22_option_2 value="A" /><label
class=formFieldOption for="field_22_option_2"> I love sweets the most
</label>
                <input class=mainForm type=radio
name=field_22 id=field_22_option_3 value="B" /><label
class=formFieldOption for="field_22_option_3"> I have no predilection,

```

I eat what I like and afterwards I feel my energy recharged again
</label>

<li class="mainForm" id="fieldBox_23">
<label
class="formFieldQuestion"> How do I feel when I only have one fruit
drink (e.g., orange juice) between meals? (33) *</label>
<input class=mainForm type=radio
name=field_23 id=field_23_option_1 value="B" /><label
class=formFieldOption for="field_23_option_1"> It is inappropriate as
a snack, I still have hunger cravings </label>
<input class=mainForm type=radio
name=field_23 id=field_23_option_2 value="A" /><label
class=formFieldOption for="field_23_option_2"> I feel good and
energetic </label>
<input class=mainForm type=radio
name=field_23 id=field_23_option_3 value="C" /><label
class=formFieldOption for="field_23_option_3"> Weak, with few energy
and even irritated </label>

<li class="mainForm" id="fieldBox_24">
<label
class="formFieldQuestion">How do I feel when I miss a main meal? (23)
*</label>
<input class=mainForm type=radio
name=field_24 id=field_24_option_1 value="C" /><label
class=formFieldOption for="field_24_option_1"> I feel depressed and
without energy, my concentration decreases rapidly and I clearly feel
bad</label>
<input class=mainForm type=radio
name=field_24 id=field_24_option_2 value="B" /><label
class=formFieldOption for="field_24_option_2"> I realize that my
performance decreases slightly, but I may well wait until the next
meal </label>
<input class=mainForm type=radio
name=field_24 id=field_24_option_3 value="A" /><label
class=formFieldOption for="field_24_option_3"> I feel good, and I do
not mind </label>

<li class="mainForm" id="fieldBox_25">
<label
class="formFieldQuestion">Is food very important to me? (24)
*</label>
<input class=mainForm type=radio
name=field_25 id=field_25_option_1 value="A" /><label
class=formFieldOption for="field_25_option_1"> No, I eat only because
I have to </label>
<input class=mainForm type=radio
name=field_25 id=field_25_option_2 value="C" /><label
class=formFieldOption for="field_25_option_2"> Yes, my whole life
revolves around food </label>
<input class=mainForm type=radio
name=field_25 id=field_25_option_3 value="B" /><label
class=formFieldOption for="field_25_option_3"> Yes, to me it is
important to eat good food, if so I feel fine. I am not preoccupied
with it the whole day, though.</label>

<li class="mainForm" id="fieldBox_26">
<label
class="formFieldQuestion"> Do I gain weight more easily with a particular meal than
with others? (25) *</label>

- <label class="formFieldQuestion">Do I like fat food? (26) *</label>

- <label class="formFieldQuestion">How do I feel when I have eaten a highly fat meal? (28) *</label>

- <label class="formFieldQuestion">How do I feel when I only eat sweets? (27) *</label>

```

class=formFieldOption for="field_28_option_1"> Well, my hunger becomes
satiated </label>
        <input class=mainForm type=radio
name=field_28 id=field_28_option_2 value="C" /><label
class=formFieldOption for="field_28_option_2"> Uncomfortable, as I
often get an appetite for even more sweets </label>
        <input class=mainForm type=radio
name=field_28 id=field_28_option_3 value="B" /><label
class=formFieldOption for="field_28_option_3"> Normally I feel good,
but I get hungry again soon enough. </label></span></li>

        <li class="mainForm" id="fieldBox_30">
                <label
class="formFieldQuestion">How do I feel when I eat dark meat? (29)
* </label><span>
                        <input class=mainForm type=radio
name=field_30 id=field_30_option_1 value="C" /><label
class=formFieldOption for="field_30_option_1"> I feel good and full of
energy </label>
                                <input class=mainForm type=radio
name=field_30 id=field_30_option_2 value="A" /><label
class=formFieldOption for="field_30_option_2"> Not so good, I feel
less energetic or depressed </label>
                                        <input class=mainForm type=radio
name=field_30 id=field_30_option_3 value="B" /><label
class=formFieldOption for="field_30_option_3"> I feel the same as with
any other food </label></span></li>

        <li class="mainForm" id="fieldBox_31">
                <label
class="formFieldQuestion"> How do I feel when I eat potatoes? (30 )
* </label><span>
                        <input class=mainForm type=radio
name=field_31 id=field_31_option_1 value="C" /><label
class=formFieldOption for="field_31_option_1"> Good and full of
energy, I love to eat potatoes </label>
                                <input class=mainForm type=radio
name=field_31 id=field_31_option_2 value="A" /><label
class=formFieldOption for="field_31_option_2"> Not too good, I rarely
eat potatoes </label>
                                        <input class=mainForm type=radio
name=field_31 id=field_31_option_3 value="B" /><label
class=formFieldOption for="field_31_option_3"> Good, I eat potatoes
once in a while </label></span></li>

```

```

<!-- end of this page -->

```

```

<!-- page validation -->

```

```

<SCRIPT type=text/javascript>

```

```

<!--

```

```

        function validatePage3()

```

```

        {

```

```

                retVal = true;

```

```

                if

```

```

(validateRadio('field_21','fieldBox_21','radio',3,1) == false)

```

```

retVal=false;

```

```

                if

```

```

(validateRadio('field_22','fieldBox_22','radio',3,1) == false)

```

```

retVal=false;

```

```

        if
(validateRadio('field_23','fieldBox_23','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_24','fieldBox_24','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_25','fieldBox_25','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_26','fieldBox_26','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_27','fieldBox_27','radio',4,1) == false)
retVal=false;
        if
(validateRadio('field_28','fieldBox_28','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_29','fieldBox_29','radio',4,1) == false)
retVal=false;
        if
(validateRadio('field_30','fieldBox_30','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_31','fieldBox_31','radio',3,1) == false)
retVal=false;

        if(retVal == false)
        {
            alert('Please correct the error.
Items marked with an asterisk must be filled. (*)');
            return false;
        }
        return retVal;
    }
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
    <input type=button onclick="if (validatePage3()) {
collapseElem('mainForm_3'); expandElem('mainForm_4');}"
class="mainForm" value="Got to Page 4"/>
    </li>
<!-- close the display stuff for this page -->
</ul><ul class=mainForm id="mainForm_4">
    <h2>Page 4</h2>
    <li class="mainForm" id="fieldBox_32">
        <label
class="formFieldQuestion">What do I have to eat to have at least 1
hour of full energy? (34) *</label><span>
        <input class=mainForm type=radio
name=field_32 id=field_32_option_1 value="B" /><label

```



```

class=formFieldOption for="field_32_option_1"> There is nothing that
offers me extra energy specifically </label>
      <input class=mainForm type=radio
name=field_32 id=field_32_option_2 value="A" /><label
class=formFieldOption for="field_32_option_2"> Cookies, fruit or
bonbons </label>
      <input class=mainForm type=radio
name=field_32 id=field_32_option_3 value="C" /><label
class=formFieldOption for="field_32_option_3"> Something fat or meat
</label></span></li>

      <li class="mainForm" id="fieldBox_33">
      <label
class="formFieldQuestion">What foods change my energy?(35)
* </label><span>
      <input class=mainForm type=radio
name=field_33 id=field_33_option_1 value="B" /><label
class=formFieldOption for="field_33_option_1"> I can eat almost
anything without having significant energy loss </label>
      <input class=mainForm type=radio
name=field_33 id=field_33_option_2 value="A" /><label
class=formFieldOption for="field_33_option_2"> Fat or meat food
</label>
      <input class=mainForm type=radio
name=field_33 id=field_33_option_3 value="C" /><label
class=formFieldOption for="field_33_option_3"> By short-term increase,
through cookies, fruit or sweets, then my energy drops down rock
bottom </label></span></li>

      <li class="mainForm" id="fieldBox_34">
      <label
class="formFieldQuestion">What sort of food makes me more energetic
both physically and mentally? (36) * </label><span>
      <input class=mainForm type=radio
name=field_34 id=field_34_option_1 value="B" /><label
class=formFieldOption for="field_34_option_1"> With substantial and
nutritious food </label>
      <input class=mainForm type=radio
name=field_34 id=field_34_option_2 value="A" /><label
class=formFieldOption for="field_34_option_2"> With vegetables,
fruits, slender chicken or fish with rice / noodles </label>
      <input class=mainForm type=radio
name=field_34 id=field_34_option_3 value="C" /><label
class=formFieldOption for="field_34_option_3"> With a fatty roast beef
</label></span></li>

      <li class="mainForm" id="fieldBox_35">
      <label
class="formFieldQuestion"> How strong is my hunger? (37)
* </label><span>
      <input class=mainForm type=radio
name=field_35 id=field_35_option_1 value="B" /><label
class=formFieldOption for="field_35_option_1"> Normal </label>
      <input class=mainForm type=radio
name=field_35 id=field_35_option_2 value="A" /><label
class=formFieldOption for="field_35_option_2"> Weak, I am rarely
hungry </label>
      <input class=mainForm type=radio
name=field_35 id=field_35_option_3 value="C" /><label
class=formFieldOption for="field_35_option_3"> Strong, I am often
hungry </label></span></li>

```

```
        <li class="mainForm" id="fieldBox_36">
            <label
class="formFieldQuestion">Do I like salty food? (38) *</label><span>
                <input class=mainForm type=radio
name=field_36 id=field_36_option_1 value="A" /><label
class=formFieldOption for="field_36_option_1"> No </label>
                <input class=mainForm type=radio
name=field_36 id=field_36_option_2 value="C" /><label
class=formFieldOption for="field_36_option_2"> yes </label>
                <input class=mainForm type=radio
name=field_36 id=field_36_option_3 value="B" /><label
class=formFieldOption for="field_36_option_3"> I prefer the normal
amount of salt </label></span></li>
```

```
        <li class="mainForm" id="fieldBox_37">
            <label
class="formFieldQuestion">Do I like sour food? (39 ) *</label><span>
                <input class=mainForm type=radio
name=field_37 id=field_37_option_1 value="A" /><label
class=formFieldOption for="field_37_option_1"> No </label>
                <input class=mainForm type=radio
name=field_37 id=field_37_option_2 value="C" /><label
class=formFieldOption for="field_37_option_2"> Yes </label>
                <input class=mainForm type=radio
name=field_37 id=field_37_option_3 value="B" /><label
class=formFieldOption for="field_37_option_3"> I do not mind eating
it, but I have no special preference </label></span></li>
```

```
        <li class="mainForm" id="fieldBox_38">
            <label
class="formFieldQuestion">How does coffee affects me? (40)
*</label><span>
                <input class=mainForm type=radio
name=field_38 id=field_38_option_1 value="C" /><label
class=formFieldOption for="field_38_option_1"> Not well, as I feel
nervous, jittery, hyperactive, hungry or with stomach aches </label>
                <input class=mainForm type=radio
name=field_38 id=field_38_option_2 value="A" /><label
class=formFieldOption for="field_38_option_2"> If I have it
moderately, it is very good </label>
                <input class=mainForm type=radio
name=field_38 id=field_38_option_3 value="B" /><label
class=formFieldOption for="field_38_option_3"> Normal </label>
                <input class=mainForm type=radio
name=field_38 id=field_38_option_4 value="0" /><label
class=formFieldOption for="field_38_option_4"> I do not drink coffee
</label></span></li>
```

```
        <li class="mainForm" id="fieldBox_39">
            <label
class="formFieldQuestion">Where do I feel better, in hot or cold
weather? (41) *</label><span>
                <input class=mainForm type=radio
name=field_39 id=field_39_option_1 value="A" /><label
class=formFieldOption for="field_39_option_1"> I feel better in
warm/hot weather </label>
                <input class=mainForm type=radio
name=field_39 id=field_39_option_2 value="C" /><label
class=formFieldOption for="field_39_option_2"> I feel better in
cool/cold weather </label>
```

```


```

```

<li class="mainForm" id="fieldBox_40">
  <label
class="formFieldQuestion">When I am tense, does eating helps me? (44)
* </label><span>
    <input class=mainForm type=radio
name=field_40 id=field_40_option_1 value="A" /><label
class=formFieldOption for="field_40_option_1"> If I eat fruit or
vegetables, I feel relieved </label>
    <input class=mainForm type=radio
name=field_40 id=field_40_option_2 value="C" /><label
class=formFieldOption for="field_40_option_2"> If I eat fat food, I
feel relieved </label>
    <input class=mainForm type=radio
name=field_40 id=field_40_option_3 value="B" /><label
class=formFieldOption for="field_40_option_3"> No matter what I eat, I
will feel calm </label>
    <input class=mainForm type=radio
name=field_40 id=field_40_option_4 value="0" /><label
class=formFieldOption for="field_40_option_4"> It does not affect me
</label></span></li>

```

```

<li class="mainForm" id="fieldBox_41">
  <label
class="formFieldQuestion">Does certain food / lack of food affect my
mood / irritability? (45) * </label><span>
    <input class=mainForm type=radio
name=field_41 id=field_41_option_1 value="B" /><label
class=formFieldOption for="field_41_option_1"> When I am angre and I
eat, i usually feel better after that </label>
    <input class=mainForm type=radio
name=field_41 id=field_41_option_2 value="A" /><label
class=formFieldOption for="field_41_option_2"> If I am angry and I eat
something fat or meat, I will feel even more angry </label>
    <input class=mainForm type=radio
name=field_41 id=field_41_option_3 value="C" /><label
class=formFieldOption for="field_41_option_3"> When I am angry and eat
something solid or meat, I usually I usually feel better </label>
    <input class=mainForm type=radio
name=field_41 id=field_41_option_4 value="0" /><label
class=formFieldOption for="field_41_option_4"> It does not affect me
</label></span></li>

```

```

<li class="mainForm" id="fieldBox_42">
  <label
class="formFieldQuestion">If I am inclined to depression, does food
have a specific effect on it? (46) * </label><span>
    <input class=mainForm type=radio
name=field_42 id=field_42_option_1 value="C" /><label
class=formFieldOption for="field_42_option_1"> If I eat a lot of
fruits OR vegetables and low-fat meat OR fat meat, I feel more
depressed </label>
    <input class=mainForm type=radio
name=field_42 id=field_42_option_2 value="A" /><label
class=formFieldOption for="field_42_option_2"> If I eat a lot of fat
OR low fat meat and few fruits OR vegetables, I feel more depressed
</label>

```

```
                <input class=mainForm type=radio
name=field_42 id=field_42_option_3 value="0" /><label
class=formFieldOption for="field_42_option_3"> That does not happen to
me </label>
```

```
            </span></li>
```

```
        <li class="mainForm" id="fieldBox_43">
            <label
class="formFieldQuestion">After which meal do I focus the most? (47)
*</label><span>
```

```
                <input class=mainForm type=radio
name=field_43 id=field_43_option_1 value="C" /><label
class=formFieldOption for="field_43_option_1"> If I eat fruit /
vegetables or high carbohydrate cereal products </label>
```

```
                <input class=mainForm type=radio
name=field_43 id=field_43_option_2 value="A" /><label
class=formFieldOption for="field_43_option_2"> If I eat fats/meat
</label>
```

```
                <input class=mainForm type=radio
name=field_43 id=field_43_option_3 value="B" /><label
class=formFieldOption for="field_43_option_3"> No matter what I eat,
it does not work out, especially on my ability to focus
</label></span></li>
```

```
<!-- end of this page -->
```

```
<!-- page validation -->
```

```
<SCRIPT type=text/javascript>
```

```
<!--
```

```
        function validatePage4()
        {
            retVal = true;

            if
(validateRadio('field_32','fieldBox_32','radio',3,1) == false)
retVal=false;

            if
(validateRadio('field_33','fieldBox_33','radio',3,1) == false)
retVal=false;

            if
(validateRadio('field_34','fieldBox_34','radio',3,1) == false)
retVal=false;

            if
(validateRadio('field_35','fieldBox_35','radio',3,1) == false)
retVal=false;

            if
(validateRadio('field_36','fieldBox_36','radio',3,1) == false)
retVal=false;

            if
(validateRadio('field_37','fieldBox_37','radio',3,1) == false)
retVal=false;

            if
(validateRadio('field_38','fieldBox_38','radio',4,1) == false)
retVal=false;

            if
(validateRadio('field_39','fieldBox_39','radio',3,1) == false)
retVal=false;

            if
(validateRadio('field_40','fieldBox_40','radio',4,1) == false)
retVal=false;
```

```

        if
(validateRadio('field_41','fieldBox_41','radio',4,1) == false)
retVal=false;
        if
(validateRadio('field_42','fieldBox_42','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_43','fieldBox_43','radio',3,1) == false)
retVal=false;

        if(retVal == false)
        {
            alert('Please correct the error. Items
marked with an asterisk must be filled (*)');
            return false;
        }
        return retVal;
    }
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
    <input type=button onclick="if (validatePage4()) {
collapseElem('mainForm_4'); expandElem('mainForm_5');}"
class="mainForm" value="Go to Page 5"/>
    </li>

<!-- close the display stuff for this page -->
</ul><ul class=mainForm id="mainForm_5">

    <h2>Page 5</h2>

    <li class="mainForm" id="fieldBox_44">
        <label
class="formFieldQuestion">Are my eyes rather wet or dry? (48)
*</label><span>
            <input class=mainForm type=radio
name=field_44 id=field_44_option_1 value="C" /><label
class=formFieldOption for="field_44_option_1"> They are often moist
and teary </label>
            <input class=mainForm type=radio
name=field_44 id=field_44_option_2 value="A" /><label
class=formFieldOption for="field_44_option_2"> They are rather dry
</label>
            <input class=mainForm type=radio
name=field_44 id=field_44_option_3 value="B" /><label
class=formFieldOption for="field_44_option_3"> Normal
</label></span></li>

    <li class="mainForm" id="fieldBox_45">
        <label
class="formFieldQuestion"> Are my nasal mucosa rather wet or dry? (49)
*</label><span>
            <input class=mainForm type=radio
name=field_45 id=field_45_option_1 value="C" /><label
class=formFieldOption for="field_45_option_1"> They are moist and I
clean my nose often </label>
            <input class=mainForm type=radio
name=field_45 id=field_45_option_2 value="A" /><label

```

```

class=formFieldOption for="field_45_option_2"> They are rather dry
</label>
        <input class=mainForm type=radio
name=field_45 id=field_45_option_3 value="B" /><label
class=formFieldOption for="field_45_option_3"> Normal
</label></span></li>

        <li class="mainForm" id="fieldBox_46">
        <label
class="formFieldQuestion"> Is my mouth rather moist or dry? (50)
*</label><span>
        <input class=mainForm type=radio
name=field_46 id=field_46_option_1 value="C" /><label
class=formFieldOption for="field_46_option_1"> Rather damp, with a lot
of saliva </label>
        <input class=mainForm type=radio
name=field_46 id=field_46_option_2 value="A" /><label
class=formFieldOption for="field_46_option_2"> Rather dry, with a
little of saliva </label>
        <input class=mainForm type=radio
name=field_46 id=field_46_option_3 value="B" /><label
class=formFieldOption for="field_46_option_3"> Normal
</label></span></li>

        <li class="mainForm" id="fieldBox_47">
        <label
class="formFieldQuestion"> Do I tend to have cracked heel / hands or
chapped skin? (52) *</label><span>
        <input class=mainForm type=radio
name=field_47 id=field_47_option_1 value="C" /><label
class=formFieldOption for="field_47_option_1"> Yes </label>
        <input class=mainForm type=radio
name=field_47 id=field_47_option_2 value="0" /><label
class=formFieldOption for="field_47_option_2"> That does not happen to
me </label></span></li>

        <li class="mainForm" id="fieldBox_48">
        <label
class="formFieldQuestion"> Do I tend to have dandruff? (54)
*</label><span>
        <input class=mainForm type=radio
name=field_48 id=field_48_option_1 value="C" /><label
class=formFieldOption for="field_48_option_1"> Yes </label>
        <input class=mainForm type=radio
name=field_48 id=field_48_option_2 value="0" /><label
class=formFieldOption for="field_48_option_2"> That does not happen to
me </label></span></li>

        <li class="mainForm" id="fieldBox_49">
        <label
class="formFieldQuestion"> Are my ears rather reddish or pale? (53)
*</label><span>
        <input class=mainForm type=radio
name=field_49 id=field_49_option_1 value="C" /><label
class=formFieldOption for="field_49_option_1"> Rather red </label>
        <input class=mainForm type=radio
name=field_49 id=field_49_option_2 value="A" /><label
class=formFieldOption for="field_49_option_2"> Rather pale </label>
        <input class=mainForm type=radio
name=field_49 id=field_49_option_3 value="B" /><label

```

```
class=formFieldOption for="field_49_option_3"> They have a normal skin
color </label></span></li>
```

```
    <li class="mainForm" id="fieldBox_50">
      <label
class="formFieldQuestion"> Is my face rather reddish or pale? (55)
* </label></span>
        <input class=mainForm type=radio
name=field_50 id=field_50_option_1 value="C" /><label
class=formFieldOption for="field_50_option_1"> Rather red </label>
        <input class=mainForm type=radio
name=field_50 id=field_50_option_2 value="A" /><label
class=formFieldOption for="field_50_option_2"> Rather pale </label>
        <input class=mainForm type=radio
name=field_50 id=field_50_option_3 value="B" /><label
class=formFieldOption for="field_50_option_3"> It has a normal skin
color </label></span></li>
```

```
    <li class="mainForm" id="fieldBox_51">
      <label
class="formFieldQuestion"> Does my facial skin look very dirty / dull
or pure, as almost transparent? (56) * </label></span>
        <input class=mainForm type=radio
name=field_51 id=field_51_option_1 value="C" /><label
class=formFieldOption for="field_51_option_1"> More transparent, clear
and thin </label>
        <input class=mainForm type=radio
name=field_51 id=field_51_option_2 value="A" /><label
class=formFieldOption for="field_51_option_2"> Rather chalky or dull
with impurities/blemishes </label>
        <input class=mainForm type=radio
name=field_51 id=field_51_option_3 value="B" /><label
class=formFieldOption for="field_51_option_3"> The average facial skin
</label></span></li>
```

```
    <li class="mainForm" id="fieldBox_52">
      <label
class="formFieldQuestion"> Do I get goose bumps easily? (60)
* </label></span>
        <input class=mainForm type=radio
name=field_52 id=field_52_option_1 value="B" /><label
class=formFieldOption for="field_52_option_1"> No, only sometimes
</label>
        <input class=mainForm type=radio
name=field_52 id=field_52_option_2 value="C" /><label
class=formFieldOption for="field_52_option_2"> No, almost never
</label>
        <input class=mainForm type=radio
name=field_52 id=field_52_option_3 value="A" /><label
class=formFieldOption for="field_52_option_3"> Yes, often
</label></span></li>
```

```
    <li class="mainForm" id="fieldBox_53">
      <label
class="formFieldQuestion"> Do I frequently feel an itch in my calves,
arms and scalp for no particular reason? (62) * </label></span>
        <input class=mainForm type=radio
name=field_53 id=field_53_option_1 value="C" /><label
class=formFieldOption for="field_53_option_1"> Yes </label>
        <input class=mainForm type=radio
name=field_53 id=field_53_option_2 value="0" /><label
```

```
class=formFieldOption for="field_53_option_2"> That does not happen to me </label></span></li>
```

```
    <li class="mainForm" id="fieldBox_54">
      <label
class="formFieldQuestion"> How does my skin react to insect bites?
(61) *</label><span>
      <input class=mainForm type=radio
name=field_54 id=field_54_option_1 value="C" /><label
class=formFieldOption for="field_54_option_1"> Strongly, it hurts a
lot and I have a long-lasting itching and swelling </label>
      <input class=mainForm type=radio
name=field_54 id=field_54_option_2 value="A" /><label
class=formFieldOption for="field_54_option_2"> Softly, there is almost
no itching and only a slight swelling </label>
      <input class=mainForm type=radio
name=field_54 id=field_54_option_3 value="B" /><label
class=formFieldOption for="field_54_option_3"> Normal, not too strong
nor too weak </label></span></li>
```

```
<!-- end of this page -->
```

```
<!-- page validation -->
```

```
<SCRIPT type=text/javascript>
```

```
<!--
```

```
    function validatePage5()
    {
        retVal = true;

        if
(validateRadio('field_44','fieldBox_44','radio',3,1) == false)
retVal=false;

        if
(validateRadio('field_45','fieldBox_45','radio',3,1) == false)
retVal=false;

        if
(validateRadio('field_46','fieldBox_46','radio',3,1) == false)
retVal=false;

        if
(validateRadio('field_47','fieldBox_47','radio',2,1) == false)
retVal=false;

        if
(validateRadio('field_48','fieldBox_48','radio',2,1) == false)
retVal=false;

        if
(validateRadio('field_49','fieldBox_49','radio',3,1) == false)
retVal=false;

        if
(validateRadio('field_50','fieldBox_50','radio',3,1) == false)
retVal=false;

        if
(validateRadio('field_51','fieldBox_51','radio',3,1) == false)
retVal=false;

        if
(validateRadio('field_52','fieldBox_52','radio',3,1) == false)
retVal=false;

        if
(validateRadio('field_53','fieldBox_53','radio',2,1) == false)
retVal=false;
```



```

        if
(validateRadio('field_54','fieldBox_54','radio',3,1) == false)
retVal=false;

        if(retVal == false){
        alert('Please correct the error. Items
marked with an asterisk must be filled (*)');
        return false;
        }
        return retVal;
    }
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
    <input type=button onclick="if
(validatePage5()) { collapseElem('mainForm_5');
expandElem('mainForm_6');}" class="mainForm" value="Go to Page 6"/>
    </li>
<!-- close the display stuff for this page -->
</ul><ul class=mainForm id="mainForm_6">

    <h2>Page 6</h2>

    <li class="mainForm" id="fieldBox_55">
        <label
class="formFieldQuestion"> Do I tend to have any tightness / pressure
sensation in the chest? (42) *</label><span>
            <input class=mainForm type=radio
name=field_55 id=field_55_option_1 value="C" /><label
class=formFieldOption for="field_55_option_1"> Yes </label>
            <input class=mainForm type=radio
name=field_55 id=field_55_option_2 value="0" /><label
class=formFieldOption for="field_55_option_2"> That does not happen to
me </label></span></li>

    <li class="mainForm" id="fieldBox_56">
        <label
class="formFieldQuestion"> Do I tend to cough frequently for no
apparent reason? (43) *</label><span>
            <input class=mainForm type=radio
name=field_56 id=field_56_option_1 value="C" /><label
class=formFieldOption for="field_56_option_1"> Yes </label>
            <input class=mainForm type=radio
name=field_56 id=field_56_option_2 value="0" /><label
class=formFieldOption for="field_56_option_2"> That does not happen to
me </label></span></li>

    <li class="mainForm" id="fieldBox_57">
        <label
class="formFieldQuestion"> Do I tend to sneeze 1 or 2x after eating
for no apparent reason? (51) *</label><span>
            <input class=mainForm type=radio
name=field_57 id=field_57_option_1 value="C" /><label
class=formFieldOption for="field_57_option_1"> Yes </label>
            <input class=mainForm type=radio
name=field_57 id=field_57_option_2 value="A" /><label
class=formFieldOption for="field_57_option_2"> No </label>

```

```

                <input class=mainForm type=radio
name=field_57 id=field_57_option_3 value="B" /><label
class=formFieldOption for="field_57_option_3"> Rarely
</label></span></li>

```

```

                <li class="mainForm" id="fieldBox_58">
                    <label
class="formFieldQuestion"> How thick / thin are my fingernails? (58)
* </label><span>

```

```

                        <input class=mainForm type=radio
name=field_58 id=field_58_option_1 value="C" /><label
class=formFieldOption for="field_58_option_1"> They are rather thin
and chip easily </label>

```

```

                        <input class=mainForm type=radio
name=field_58 id=field_58_option_2 value="A" /><label
class=formFieldOption for="field_58_option_2"> They are rather thick
and sturdy </label>

```

```

                        <input class=mainForm type=radio
name=field_58 id=field_58_option_3 value="B" /><label
class=formFieldOption for="field_58_option_3"> Normal
</label></span></li>

```

```

                <li class="mainForm" id="fieldBox_59">
                    <label
class="formFieldQuestion"> Do I have a strong vomit reflex? (59)
* </label><span>

```

```

                        <input class=mainForm type=radio
name=field_59 id=field_59_option_1 value="C" /><label
class=formFieldOption for="field_59_option_1"> Yes, for example: while
brushing my teeth or with certain foods </label>

```

```

                        <input class=mainForm type=radio
name=field_59 id=field_59_option_2 value="A" /><label
class=formFieldOption for="field_59_option_2"> No, I rarely do
</label>

```

```

                        <input class=mainForm type=radio
name=field_59 id=field_59_option_3 value="B" /><label
class=formFieldOption for="field_59_option_3"> I have a normal vomit
reflex </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_60">
                    <label
class="formFieldQuestion"> Do my eyes itch frequently without a
particular reason? (63) *&nbsp;  <a class=info href=#><img
src=http://metabolic-direct.com/form/imgs/tip_small.png border=0><span
class=info>Allergies and Candida infection excluded
</span></a></label><span>

```

```

                        <input class=mainForm type=radio
name=field_60 id=field_60_option_1 value="C" /><label
class=formFieldOption for="field_60_option_1"> Yes </label>

```

```

                        <input class=mainForm type=radio
name=field_60 id=field_60_option_2 value="0" /><label
class=formFieldOption for="field_60_option_2"> That does not happen to
me </label></span></li>

```

```

                <li class="mainForm" id="fieldBox_61">
                    <label
class="formFieldQuestion">Do I like to go to social obligations? (64)
* </label><span>

```

```

                        <input class=mainForm type=radio
name=field_61 id=field_61_option_1 value="C" /><label

```

```
class=formFieldOption for="field_61_option_1"> Yes, I like to go to
parties, I do not like to be alone </label>
        <input class=mainForm type=radio
name=field_61 id=field_61_option_2 value="A" /><label
class=formFieldOption for="field_61_option_2"> No, I do not like
parties much </label>
        <input class=mainForm type=radio
name=field_61 id=field_61_option_3 value="B" /><label
class=formFieldOption for="field_61_option_3"> Now and then I go to a
party that I like, but I also love the quietness of home
</label></span></li>
```

```
        <li class="mainForm" id="fieldBox_62">
        <label
class="formFieldQuestion"> Am I a more extroverted or introverted
character? (65) *</label><span>
        <input class=mainForm type=radio
name=field_62 id=field_62_option_1 value="C" /><label
class=formFieldOption for="field_62_option_1"> Extroverted, like
meeting people and preferring company </label>
        <input class=mainForm type=radio
name=field_62 id=field_62_option_2 value="A" /><label
class=formFieldOption for="field_62_option_2"> Introverted, like
keeping my distance away from strangers </label>
        <input class=mainForm type=radio
name=field_62 id=field_62_option_3 value="B" /><label
class=formFieldOption for="field_62_option_3"> Normal, in my case it
is neither one nor the other of the marked options in particular
</label></span></li>
```

```
        <li class="mainForm" id="fieldBox_63">
        <label
class="formFieldQuestion"> What is the diameter of my pupil (the dark
space/disk in the eye), in contrast to the Iris? (57) *&nbsp;<a
class=info href=#><img src=http://metabolic-
direct.com/form/imgs/tip_small.png border=0><span class=infobox>
Please take a mirror and go into a normally lit space.
<span></a></label><span>
        <input class=mainForm type=radio
name=field_63 id=field_63_option_1 value="C" /><label
class=formFieldOption for="field_63_option_1"> It is smaller than my
iris </label>
        <input class=mainForm type=radio
name=field_63 id=field_63_option_2 value="A" /><label
class=formFieldOption for="field_63_option_2"> It is larger than my
iris </label>
        <input class=mainForm type=radio
name=field_63 id=field_63_option_3 value="B" /><label
class=formFieldOption for="field_63_option_3"> It is about the same
size as my iris </label></span></li>
```

```
<!-- end of this page -->
```

```
<!-- page validation -->
```

```
<SCRIPT type=text/javascript>
```

```
<!--
```

```
function validatePage6()
```

```
{
```

```
    retVal = true;
```

```

        if
(validateRadio('field_55','fieldBox_55','radio',2,1) == false)
retVal=false;
        if
(validateRadio('field_56','fieldBox_56','radio',2,1) == false)
retVal=false;
        if
(validateRadio('field_57','fieldBox_57','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_58','fieldBox_58','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_59','fieldBox_59','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_60','fieldBox_60','radio',2,1) == false)
retVal=false;
        if
(validateRadio('field_61','fieldBox_61','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_62','fieldBox_62','radio',3,1) == false)
retVal=false;
        if
(validateRadio('field_63','fieldBox_63','radio',3,1) == false)
retVal=false;

        if(retVal == false)
        {
            alert('Please correct the error.
Items marked with an asterisk must be filled. (*)');
            return false;
        }
        return retVal;
    }
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
<input type=button onclick="if (validatePage6()) {
collapseElem('mainForm_6'); expandElem('mainForm_7');}"
class="mainForm" value=" Go to Page 7"/>
</li>

<!-- close the display stuff for this page -->
</ul><ul class=mainForm id="mainForm_7">

<h2>Page 7</h2>

<li class="mainForm" id="fieldBox_83">
<label
class="formFieldQuestion">Gender&nbsp;*</label><span>
<input class=mainForm type=radio
name=field_83 id=field_83_option_1 value="Female" /><label
class=formFieldOption for="field_83_option_1">Female</label>
<input class=mainForm type=radio
name=field_83 id=field_83_option_2 value="Male" /><label
class=formFieldOption for="field_83_option_2">Male</label></span></li>

```

```
<li class="mainForm" id="fieldBox_64">
  <label
class="formFieldQuestion">Weight&nbsp;*&nbsp;<a class=info href=#><img
src=http://metabolic-direct.com/form/imgs/tip_small.png border=0><span
class=infobox> Please enter your current weight in
KG.</span></a></label>
    <input class=mainForm type=text
name=field_64 id=field_64 size='10' value=''></li>

  <li class="mainForm" id="fieldBox_65">
    <label
class="formFieldQuestion">Desired weight&nbsp;*&nbsp;<a class=info
href=#><img src=http://metabolic-direct.com/form/imgs/tip_small.png
border=0><span class=infobox> Please enter your desired weight in
KG.</span></a></label>
      <input class=mainForm type=text
name=field_65 id=field_65 size='10' value=''></li>

    <li class="mainForm" id="fieldBox_66">
      <label
class="formFieldQuestion">Height&nbsp;*&nbsp;<a class=info href=#><img
src=http://metabolic-direct.com/form/imgs/tip_small.png border=0><span
class=infobox>Please enter your height in cm.</span></a></label>
        <input class=mainForm type=text
name=field_66 id=field_66 size='10' value=''></li>

      <li class="mainForm" id="fieldBox_67">
        <label
class="formFieldQuestion"> Diameter at navel height in
cm&nbsp;*</label>
          <input class=mainForm type=text
name=field_67 id=field_67 size='20' value=''></li>

        <li class="mainForm" id="fieldBox_68">
          <label
class="formFieldQuestion">Waist diameter in cm&nbsp;*</label>
            <input class=mainForm type=text
name=field_68 id=field_68 size='20' value=''></li>

          <li class="mainForm" id="fieldBox_69">
            <label
class="formFieldQuestion">Thighs diameter in cm&nbsp;*</label>
              <input class=mainForm type=text
name=field_69 id=field_69 size='10' value=''></li>

            <li class="mainForm" id="fieldBox_77">
              <label
class="formFieldQuestion">Neck size in cm&nbsp;*</label>
                <input class=mainForm type=text
name=field_77 id=field_77 size='20' value=''></li>

              <li class="mainForm" id="fieldBox_81">
                <label
class="formFieldQuestion">Upper arm diameter in cm&nbsp;*</label>
                  <input class=mainForm type=text
name=field_81 id=field_81 size='20' value=''></li>

                <li class="mainForm" id="fieldBox_70">
                  <label
class="formFieldQuestion">Your profession&nbsp;*</label>
```

```
                <input class=mainForm type=text
name=field_70 id=field_70 size='30' value=''></li>
```

```
                <li class="mainForm" id="fieldBox_71">
                    <label
class="formFieldQuestion">Do you suffer from one or more of the
following illnesses? &nbsp;&nbsp;&nbsp;*</label><span>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_1 value="Skin
illnesses" /><label class=formFieldOption for="field_71_option_1">
Skin illnesses </label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_2 value=" Fungal
infection (nail, foot fungus or candida)" /><label
class=formFieldOption for="field_71_option_2"> Fungal infection (nail,
foot fungus or candida)</label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_3 value=" High Blood
Pressure " /><label class=formFieldOption
for="field_71_option_3"> High Blood Pressure </label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_4 value=" Thyroid "
/><label class=formFieldOption for="field_71_option_4"> Thyroid
</label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_5 value="Diabetes"
/><label class=formFieldOption
for="field_71_option_5">Diabetes</label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_6 value=" Kidney
problems " /><label class=formFieldOption for="field_71_option_6">
Kidney problems </label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_7 value="
Cardiovascular Diseases " /><label class=formFieldOption
for="field_71_option_7"> Cardiovascular Diseases </label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_8 value="Vertigo"
/><label class=formFieldOption for="field_71_option_8"> Vertigo
</label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_9 value=" Arthralgia
" /><label class=formFieldOption for="field_71_option_9"> Arthralgia
</label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_10 value=" Gout "
/><label class=formFieldOption for="field_71_option_10"> Gout </label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_11 value=" High Uric
Acid " /><label class=formFieldOption for="field_71_option_11"> High
Uric Acid </label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_12 value=" Insomnia "
/><label class=formFieldOption for="field_71_option_12"> Insomnia
</label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_13 value="Depression"
/><label class=formFieldOption
for="field_71_option_13">Depression</label>
                    <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_14 value="
```

```

Indigestion " /><label class=formFieldOption
for="field_71_option_14">Indigestion</label>
      <input class=mainForm
type=checkbox name=field_71[] id=field_71_option_15 value=" No
illnesses " /><label class=formFieldOption for="field_71_option_15">
No illnesses </label>
      </span></li>

      <li class="mainForm" id="fieldBox_72">
      <label
class="formFieldQuestion"> Do you suffer from allergies?
&nbsp;*</label><span>
      <input class=mainForm type=radio
name=field_72 id=field_72_option_1 value="Yes" /><label
class=formFieldOption for="field_72_option_1">Yes</label>
      <input class=mainForm type=radio
name=field_72 id=field_72_option_2 value="No" /><label
class=formFieldOption for="field_72_option_2">No</label></span></li>

      <li class="mainForm" id="fieldBox_73">
      <label
class="formFieldQuestion"> Do you take
medication?&nbsp;*</label><span>
      <input class=mainForm
type=checkbox name=field_73[] id=field_73_option_1 value="Nein"
/><label class=formFieldOption for="field_73_option_1">No</label>
      <input class=mainForm
type=checkbox name=field_73[] id=field_73_option_2 value=" Lipid-
lowering drugs " /><label class=formFieldOption
for="field_73_option_2"> Lipid-lowering drugs </label>
      <input class=mainForm
type=checkbox name=field_73[] id=field_73_option_3 value="Uric Acid
Agent" /><label class=formFieldOption for="field_73_option_3"> Uric
Acid Agent </label>
      <input class=mainForm
type=checkbox name=field_73[] id=field_73_option_4 value="Diabetes
Agent" /><label class=formFieldOption for="field_73_option_4">
Diabetes Agent</label>
      <input class=mainForm
type=checkbox name=field_73[] id=field_73_option_5 value=" Agents for
thyroid dysfunction " /><label class=formFieldOption
for="field_73_option_5"> Agents for thyroid dysfunction </label>
      <input class=mainForm
type=checkbox name=field_73[] id=field_73_option_6 value=" Pill /
Hormones " /><label class=formFieldOption for="field_73_option_6">
Pill / Hormones </label>
      <input class=mainForm
type=checkbox name=field_73[] id=field_73_option_7
value="Antidepressives" /><label class=formFieldOption
for="field_73_option_7">Antidepressives</label></span></li>

      <li class="mainForm" id="fieldBox_74">
      <label
class="formFieldQuestion">I eat these less often&nbsp;*</label><span>
      <input class=mainForm
type=checkbox name=field_74[] id=field_74_option_1 value="Meat"
/><label class=formFieldOption for="field_74_option_1">Meat</label>
      <input class=mainForm
type=checkbox name=field_74[] id=field_74_option_2 value="Fish"
/><label class=formFieldOption for="field_74_option_2"> Fish </label>

```

```

                <input class=mainForm
type=checkbox name=field_74[] id=field_74_option_3 value="Cheese"
/><label class=formFieldOption for="field_74_option_3"> Cheese
</label>
                <input class=mainForm
type=checkbox name=field_74[] id=field_74_option_4 value="Milk"
/><label class=formFieldOption for="field_74_option_4">Milk</label>
                <input class=mainForm
type=checkbox name=field_74[] id=field_74_option_5 value="Poultry"
/><label class=formFieldOption for="field_74_option_5"> Poultry
</label>
                <input class=mainForm
type=checkbox name=field_74[] id=field_74_option_6 value=" I eat
everything " /><label class=formFieldOption for="field_74_option_6"> I
eat everything </label>
                </span></li>

                <li class="mainForm" id="fieldBox_75">
                <label
class="formFieldQuestion"> I do not eat &nbsp;&nbsp;*</label><span>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_1 value="Meat"
/><label class=formFieldOption for="field_75_option_1">Meat</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_2 value="Poultry"
/><label class=formFieldOption for="field_75_option_2">Poultry</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_3 value="Milk"
/><label class=formFieldOption for="field_75_option_3">Milk</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_4 value=" Natural
yoghurt " /><label class=formFieldOption for="field_75_option_4">
Natural yoghurt </label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_5 value="Fish"
/><label class=formFieldOption for="field_75_option_5">Fish</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_6 value="Cheese"
/><label class=formFieldOption for="field_75_option_6">Cheese</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_7 value="Pig"
/><label class=formFieldOption for="field_75_option_7">Pig</label>
                <input class=mainForm
type=checkbox name=field_75[] id=field_75_option_8 value="I eat
everything" /><label class=formFieldOption for="field_75_option_8">I
eat everything</label>
                </span></li>

                <li class="mainForm" id="fieldBox_76">
                <label
class="formFieldQuestion">Surname&nbsp;&nbsp;*</label>
                <input class=mainForm type=text
name=field_76 id=field_76 size='25' disabled value='<?php echo
$_GET['last_name']; ?>'></li>

                <li class="mainForm" id="fieldBox_78">
                <label
class="formFieldQuestion">First name&nbsp;&nbsp;*</label>

```



```
                <input class=mainForm type=text
name=field_78 id=field_78 size='25' disabled value='<?php echo
$_GET['first_name']; ?>'></li>
```

```
                <li class="mainForm" id="fieldBox_79">
                    <label
class="formFieldQuestion">Date of birth (DD.MM.YYYY) *</label>
                    <input class=mainForm type=text
name=field_79 id=field_79 size='25' value=''>
```

```
                </li>
```

```
                <li class="mainForm" id="fieldBox_80">
                    <label
class="formFieldQuestion">Email *</label>
                    <input class=mainForm type=email
name=field_80 id=field_80 size=20 disabled value="<?php echo
$_GET['email']; ?>" style="background-image:url(http://metabolic-
direct.com/form/imgs/email.png); background-repeat: no-repeat;
padding: 2px 2px 2px 25px;"></li>
```

```
                <li class="mainForm" id="fieldBox_82">
                    <label
class="formFieldQuestion">Country</label><select class=mainForm
name=field_82 id=field_82><option value=''> </option><option
value="Abkhazia">Abkhazia</option><option
value="Afghanistan">Afghanistan</option><option
value="Aland">Aland</option><option
value="Albania">Albania</option><option
value="Algeria">Algeria</option><option value="American
Samoa">American Samoa</option><option
value="Andorra">Andorra</option><option
value="Angola">Angola</option><option
value="Anguilla">Anguilla</option><option
value="Antarctica">Antarctica</option><option value="Antigua and
Barbuda">Antigua and Barbuda</option><option
value="Argentina">Argentina</option><option
value="Armenia">Armenia</option><option
value="Aruba">Aruba</option><option
value="Ascension">Ascension</option><option value="Ashmore and Cartier
Islands">Ashmore and Cartier Islands</option><option
value="Australia">Australia</option><option value="Australian
Antarctic Territory">Australian Antarctic Territory</option><option
value="Austria">Austria</option><option
value="Azerbaijan">Azerbaijan</option><option value="Bahamas,
The">Bahamas, The</option><option
value="Bahrain">Bahrain</option><option value="Baker Island">Baker
Island</option><option value="Bangladesh">Bangladesh</option><option
value="Barbados">Barbados</option><option
value="Belarus">Belarus</option><option
value="Belgium">Belgium</option><option
value="Belize">Belize</option><option
value="Benin">Benin</option><option
value="Bermuda">Bermuda</option><option
value="Bhutan">Bhutan</option><option
value="Bolivia">Bolivia</option><option value="Bosnia and
Herzegovina">Bosnia and Herzegovina</option><option
value="Botswana">Botswana</option><option value="Bouvet Island">Bouvet
```

Island</option><option value="Brazil">Brazil</option><option value="British Antarctic Territory">British Antarctic Territory</option><option value="British Indian Ocean Territory">British Indian Ocean Territory</option><option value="British Sovereign Base Areas">British Sovereign Base Areas</option><option value="British Virgin Islands">British Virgin Islands</option><option value="Brunei">Brunei</option><option value="Bulgaria">Bulgaria</option><option value="Burkina Faso">Burkina Faso</option><option value="Burundi">Burundi</option><option value="Cambodia">Cambodia</option><option value="Cameroon">Cameroon</option><option value="Canada">Canada</option><option value="Cape Verde">Cape Verde</option><option value="Cayman Islands">Cayman Islands</option><option value="Central African Republic">Central African Republic</option><option value="Chad">Chad</option><option value="Chile">Chile</option><option value="China, People's Republic of">China, People's Republic of</option><option value="China, Republic of (Taiwan)">China, Republic of (Taiwan)</option><option value="Christmas Island">Christmas Island</option><option value="Clipperton Island">Clipperton Island</option><option value="Cocos (Keeling) Islands">Cocos (Keeling) Islands</option><option value="Colombia">Colombia</option><option value="Comoros">Comoros</option><option value="Congo, Democratic Republic of the (Congo Kinshasa)">Congo, Democratic Republic of the (Congo Kinshasa)</option><option value="Congo, Republic of the (Congo Brazzaville)">Congo, Republic of the (Congo Brazzaville)</option><option value="Cook Islands">Cook Islands</option><option value="Coral Sea Islands">Coral Sea Islands</option><option value="Costa Rica">Costa Rica</option><option value="Cote d'Ivoire (Ivory Coast)">Cote d'Ivoire (Ivory Coast)</option><option value="Croatia">Croatia</option><option value="Cuba">Cuba</option><option value="Cyprus">Cyprus</option><option value="Czech Republic">Czech Republic</option><option value="Denmark">Denmark</option><option value="Djibouti">Djibouti</option><option value="Dominica">Dominica</option><option value="Dominican Republic">Dominican Republic</option><option value="Ecuador">Ecuador</option><option value="Egypt">Egypt</option><option value="El Salvador">El Salvador</option><option value="Equatorial Guinea">Equatorial Guinea</option><option value="Eritrea">Eritrea</option><option value="Estonia">Estonia</option><option value="Ethiopia">Ethiopia</option><option value="Falkland Islands (Islas Malvinas)">Falkland Islands (Islas Malvinas)</option><option value="Faroe Islands">Faroe Islands</option><option value="Fiji">Fiji</option><option value="Finland">Finland</option><option value="France">France</option><option value="French Guiana">French Guiana</option><option value="French Polynesia">French Polynesia</option><option value="French Scattered Islands in the Indian Ocean">French Scattered Islands in the Indian Ocean</option><option value="French Southern and Antarctic Lands">French Southern and Antarctic Lands</option><option value="Gabon">Gabon</option><option value="Gambia, The">Gambia, The</option><option value="Georgia">Georgia</option><option value="Germany">Germany</option><option value="Ghana">Ghana</option><option value="Gibraltar">Gibraltar</option><option value="Greece">Greece</option><option value="Greenland">Greenland</option><option value="Grenada">Grenada</option><option

value="Guadeloupe">Guadeloupe</option><option
value="Guam">Guam</option><option
value="Guatemala">Guatemala</option><option
value="Guernsey">Guernsey</option><option
value="Guinea">Guinea</option><option value="Guinea-Bissau">Guinea-
Bissau</option><option value="Guyana">Guyana</option><option
value="Haiti">Haiti</option><option value="Heard Island and McDonald
Islands">Heard Island and McDonald Islands</option><option
value="Honduras">Honduras</option><option value="Hong Kong">Hong
Kong</option><option value="Howland Island">Howland
Island</option><option value="Hungary">Hungary</option><option
value="Iceland">Iceland</option><option
value="India">India</option><option
value="Indonesia">Indonesia</option><option
value="Iran">Iran</option><option value="Iraq">Iraq</option><option
value="Ireland">Ireland</option><option value="Isle of Man">Isle of
Man</option><option value="Israel">Israel</option><option
value="Italy">Italy</option><option
value="Jamaica">Jamaica</option><option
value="Japan">Japan</option><option value="Jarvis Island">Jarvis
Island</option><option value="Jersey">Jersey</option><option
value="Johnston Atoll">Johnston Atoll</option><option
value="Jordan">Jordan</option><option
value="Kazakhstan">Kazakhstan</option><option
value="Kenya">Kenya</option><option value="Kingman Reef">Kingman
Reef</option><option value="Kiribati">Kiribati</option><option
value="Korea, Democratic People's Republic of (North Korea)">Korea,
Democratic People's Republic of (North Korea)</option><option
value="Korea, Republic of (South Korea)">Korea, Republic of (South
Korea)</option><option value="Kosovo">Kosovo</option><option
value="Kuwait">Kuwait</option><option
value="Kyrgyzstan">Kyrgyzstan</option><option
value="Laos">Laos</option><option
value="Latvia">Latvia</option><option
value="Lebanon">Lebanon</option><option
value="Lesotho">Lesotho</option><option
value="Liberia">Liberia</option><option
value="Libya">Libya</option><option
value="Liechtenstein">Liechtenstein</option><option
value="Lithuania">Lithuania</option><option
value="Luxembourg">Luxembourg</option><option
value="Macau">Macau</option><option
value="Macedonia">Macedonia</option><option
value="Madagascar">Madagascar</option><option
value="Malawi">Malawi</option><option
value="Malaysia">Malaysia</option><option
value="Maldives">Maldives</option><option
value="Mali">Mali</option><option value="Malta">Malta</option><option
value="Marshall Islands">Marshall Islands</option><option
value="Martinique">Martinique</option><option
value="Mauritania">Mauritania</option><option
value="Mauritius">Mauritius</option><option
value="Mayotte">Mayotte</option><option
value="Mexico">Mexico</option><option
value="Micronesia">Micronesia</option><option value="Midway
Islands">Midway Islands</option><option
value="Moldova">Moldova</option><option
value="Monaco">Monaco</option><option
value="Mongolia">Mongolia</option><option
value="Montenegro">Montenegro</option><option
value="Montserrat">Montserrat</option><option

value="Morocco">Morocco</option><option
value="Mozambique">Mozambique</option><option value="Myanmar
(Burma)">Myanmar (Burma)</option><option value="Nagorno-
Karabakh">Nagorno-Karabakh</option><option
value="Namibia">Namibia</option><option
value="Nauru">Nauru</option><option value="Navassa Island">Navassa
Island</option><option value="Nepal">Nepal</option><option
value="Netherlands">Netherlands</option><option value="Netherlands
Antilles">Netherlands Antilles</option><option value="New
Caledonia">New Caledonia</option><option value="New Zealand">New
Zealand</option><option value="Nicaragua">Nicaragua</option><option
value="Niger">Niger</option><option
value="Nigeria">Nigeria</option><option
value="Niue">Niue</option><option value="Norfolk Island">Norfolk
Island</option><option value="Northern Cyprus">Northern
Cyprus</option><option value="Northern Mariana Islands">Northern
Mariana Islands</option><option value="Norway">Norway</option><option
value="Oman">Oman</option><option
value="Pakistan">Pakistan</option><option
value="Palau">Palau</option><option
value="Palestine">Palestine</option><option value="Palmyra
Atoll">Palmyra Atoll</option><option
value="Panama">Panama</option><option value="Papua New Guinea">Papua
New Guinea</option><option value="Paraguay">Paraguay</option><option
value="Peru">Peru</option><option value="Peter I Island">Peter I
Island</option><option value="Philippines">Philippines</option><option
value="Pitcairn Islands">Pitcairn Islands</option><option
value="Poland">Poland</option><option
value="Portugal">Portugal</option><option value="Pridnestrovie
(Transnistria)">Pridnestrovie (Transnistria)</option><option
value="Puerto Rico">Puerto Rico</option><option
value="Qatar">Qatar</option><option value="Queen Maud Land">Queen Maud
Land</option><option value="Reunion">Reunion</option><option
value="Romania">Romania</option><option value="Ross Dependency">Ross
Dependency</option><option value="Russia">Russia</option><option
value="Rwanda">Rwanda</option><option value="Saint Helena">Saint
Helena</option><option value="Saint Kitts and Nevis">Saint Kitts and
Nevis</option><option value="Saint Lucia">Saint Lucia</option><option
value="Saint Pierre and Miquelon">Saint Pierre and
Miquelon</option><option value="Saint Vincent and the
Grenadines">Saint Vincent and the Grenadines</option><option
value="Samoa">Samoa</option><option value="San Marino">San
Marino</option><option value="Sao Tome and Principe">Sao Tome and
Principe</option><option value="Saudi Arabia">Saudi
Arabia</option><option value="Senegal">Senegal</option><option
value="Serbia">Serbia</option><option
value="Seychelles">Seychelles</option><option value="Sierra
Leone">Sierra Leone</option><option
value="Singapore">Singapore</option><option
value="Slovakia">Slovakia</option><option
value="Slovenia">Slovenia</option><option value="Solomon
Islands">Solomon Islands</option><option
value="Somalia">Somalia</option><option
value="Somaliland">Somaliland</option><option value="South
Africa">South Africa</option><option value="South Georgia and the
South Sandwich Islands">South Georgia and the South Sandwich
Islands</option><option value="South Ossetia">South
Ossetia</option><option value="Spain">Spain</option><option value="Sri
Lanka">Sri Lanka</option><option value="Sudan">Sudan</option><option
value="Suriname">Suriname</option><option
value="Svalbard">Svalbard</option><option

```
value="Swaziland">Swaziland</option><option
value="Sweden">Sweden</option><option
value="Switzerland">Switzerland</option><option
value="Syria">Syria</option><option
value="Tajikistan">Tajikistan</option><option
value="Tanzania">Tanzania</option><option
value="Thailand">Thailand</option><option value="Timor-Leste (East
Timor)">Timor-Leste (East Timor)</option><option
value="Togo">Togo</option><option
value="Tokelau">Tokelau</option><option
value="Tonga">Tonga</option><option value="Trinidad and
Tobago">Trinidad and Tobago</option><option value="Tristan da
Cunha">Tristan da Cunha</option><option
value="Tunisia">Tunisia</option><option
value="Turkey">Turkey</option><option
value="Turkmenistan">Turkmenistan</option><option value="Turks and
Caicos Islands">Turks and Caicos Islands</option><option
value="Tuvalu">Tuvalu</option><option value="U.S. Virgin Islands">U.S.
Virgin Islands</option><option value="Uganda">Uganda</option><option
value="Ukraine">Ukraine</option><option value="United Arab
Emirates">United Arab Emirates</option><option value="United
Kingdom">United Kingdom</option><option value="United States">United
States</option><option value="Uruguay">Uruguay</option><option
value="Uzbekistan">Uzbekistan</option><option
value="Vanuatu">Vanuatu</option><option value="Vatican City">Vatican
City</option><option value="Venezuela">Venezuela</option><option
value="Viet Nam">Viet Nam</option><option value="Wake Island">Wake
Island</option><option value="Wallis and Futuna">Wallis and
Futuna</option><option value="Western Sahara">Western
Sahara</option><option value="Yemen">Yemen</option><option
value="Zambia">Zambia</option><option
value="Zimbabwe">Zimbabwe</option></SELECT></li>
```

```
<!-- end of this page -->
```

```
<!-- page validation -->
```

```
<SCRIPT type=text/javascript>
```

```
<!--
```

```
function validatePage7()
{
    retVal = true;

    if (validateRadio('field_83','fieldBox_83','radio',2,1)
== false) retVal=false;
    if (validateField('field_64','fieldBox_64','text',1) ==
false) retVal=false;
    if (validateField('field_65','fieldBox_65','text',1) ==
false) retVal=false;
    if (validateField('field_66','fieldBox_66','text',1) ==
false) retVal=false;
    if (validateField('field_67','fieldBox_67','text',1) ==
false) retVal=false;
    if (validateField('field_68','fieldBox_68','text',1) ==
false) retVal=false;
    if (validateField('field_69','fieldBox_69','text',1) ==
false) retVal=false;
    if (validateField('field_77','fieldBox_77','text',1) ==
false) retVal=false;
```

```

        if (validateField('field_81','fieldBox_81','text',1) ==
false) retVal=false;
        if (validateField('field_70','fieldBox_70','text',1) ==
false) retVal=false;
        if
(validateField('field_71','fieldBox_71','checkbox',1) == false)
retVal=false;
        if (validateRadio('field_72','fieldBox_72','radio',2,1)
== false) retVal=false;
        if
(validateField('field_73','fieldBox_73','checkbox',1) == false)
retVal=false;
        if
(validateField('field_74','fieldBox_74','checkbox',1) == false)
retVal=false;
        if
(validateField('field_75','fieldBox_75','checkbox',1) == false)
retVal=false;
        if (validateField('field_76','fieldBox_76','text',1) ==
false) retVal=false;
        if (validateField('field_78','fieldBox_78','text',1) ==
false) retVal=false;
        if (validateField('field_79','fieldBox_79','text',1) ==
false) retVal=false;
        if (validateField('field_80','fieldBox_80','email',1)
== false) retVal=false;
        if (validateField('field_82','fieldBox_82','country',0)
== false) retVal=false;

        if(retVal == false)
        {
            alert('Please correct the error. Items
marked with an asterisk must be filled. (*)');
            return false;
        }
        return retVal;
    }
//-->
</SCRIPT>

<!-- end page validaton -->

<!-- next page buttons --><li class="mainForm">
<input id="saveForm" class="mainForm" type="submit"
value="Save" />
    </li>

</form>
<!-- end of form -->
<!-- close the display stuff for this page -->
</ul></div><div id="footer"><p class="footer"><a
class=footer href=#>Generated and Copyright by metabolic
direct</a></p></div>

</body>
</html>

```