



**SECTION 3 (continued)**

|                    |  |                    |                               |
|--------------------|--|--------------------|-------------------------------|
| <b>72.</b> 0 1 2 3 | Consumption of aspartame and/or other artificial sweeteners      | <b>74.</b> 0 1 2 3 | Sensitive to tobacco smoke    |
| <b>73.</b> 0 1 2 3 | Sensitive to chemicals (cleaning agents, hygiene products, etc.) | <b>75.</b> 0 1 2 3 | Pain below ribs on right side |
|                    |  | <b>76.</b> 0 1 2 3 | Varicose veins                |
|                    |  | <b>77.</b> 0 1 2 3 | Nose bleeds                   |
| <b>Total</b> _____ |  |                    |                               |

**SECTION 4**

|                    |   |                    |   |
|--------------------|---|--------------------|---|
| <b>78.</b> 0 1 2 3 | ringing in ears or noises in head                     | <b>86.</b> 0 1 2 3 | Hands and feet go numb easily   |
| <b>79.</b> 0 1 2 3 | Bruise easily   | <b>87.</b> 0 1 2 3 | Face turns red for no reason or you blush easily  |
| <b>80.</b> 0 1 2 3 | Yawn a lot in afternoon                               | <b>88.</b> 0 1 2 3 | Ankles swell, worse in the evening  |
| <b>81.</b> 0 1 2 3 | Become drowsy often                                   | <b>89.</b> 0 1 2 3 | Tendency to anemia  |
| <b>82.</b> 0 1 2 3 | Shortness of breath with moderate exertion            | <b>90.</b> 0 1 2 3 | Feeling of tightness in chest, radiates into right or left arm (worse with physical exertion) |
| <b>83.</b> 0 1 2 3 | Discomfort at high altitudes                          | <b>91.</b> 0 1 2 3 | Coughing in evening/in bed  |
| <b>84.</b> 0 1 2 3 | Irregular and/or heavy breathing                      |                    |   |
| <b>85.</b> 0 1 2 3 | Muscle cramps/"charley horses", worse during exercise |                    |   |
| <b>Total</b> _____ |   |                    |   |

**SECTION 5**

|                    |                                  |                    |                                     |
|--------------------|----------------------------------|--------------------|-------------------------------------|
| <b>92.</b> 0 1 2 3 | Urine has strong smell           | <b>95.</b> 0 1 2 3 | Pain in lower back                  |
| <b>93.</b> 0 1 2 3 | Urine is dark, bloody, or cloudy | <b>96.</b> 0 1 2 3 | Dark circles under eyes, puffy eyes |
| <b>94.</b> 0 1 2 3 | Kidney stones                    |                    |                                     |
| <b>Total</b> _____ |                                  |                    |                                     |

**SECTION 6**

|                     |  |                     |  |
|---------------------|--|---------------------|--|
| <b>97.</b> 0 1 2 3  | Have trouble falling asleep                        | <b>109.</b> 0 1 2 3 | Crave salt                                 |
| <b>98.</b> 0 1 2 3  | Trouble getting started in the morning             | <b>110.</b> 0 1 2 3 | Arthritis                                  |
| <b>99.</b> 0 1 2 3  | Tend to be a "night owl"                           | <b>111.</b> 0 1 2 3 | Sweat easily                               |
| <b>100.</b> 0 1 2 3 | Tend to feel "keyed up", hard to calm down         | <b>112.</b> 0 1 2 3 | Chronic fatigue, get drowsy a lot          |
| <b>101.</b> 0 1 2 3 | Feel wired/jittery after consuming coffee/caffeine | <b>113.</b> 0 1 2 3 | Weak ankles, get sprains or "shin splints" |
| <b>102.</b> 0 1 2 3 | Get dizzy if you stand up too quickly              | <b>114.</b> 0 1 2 3 | Get hives                                  |
| <b>103.</b> 0 1 2 3 | Get a headache after exercising                    | <b>115.</b> 0 1 2 3 | Weakness, dizziness                        |
| <b>104.</b> 0 1 2 3 | High blood pressure                                | <b>116.</b> 0 1 2 3 | Chronic low back pain                      |
| <b>105.</b> 0 1 2 3 | Get hot flashes                                    | <b>117.</b> 0 1 2 3 | Wheezing or difficulty breathing           |
| <b>106.</b> 0 1 2 3 | Hair growth on face (female)                       | <b>118.</b> 0 1 2 3 | Poor circulation                           |
| <b>107.</b> 0 1 2 3 | Masculine tendencies (female)                      | <b>119.</b> 0 1 2 3 | Brown spots or bronzing of skin            |
| <b>108.</b> 0 1 2 3 | Grind or clench teeth                              | <b>120.</b> 0 1 2 3 | Sensitive to light                         |
|                     |  | <b>121.</b> 0 1 2 3 | Low blood pressure                         |
| <b>Total</b> _____  |  |                     |  |

**SECTION 7**

|                     |   |                     |                                   |
|---------------------|---|---------------------|-----------------------------------|
| <b>122.</b> 0 1 2 3 | Need sunglasses a lot   | <b>127.</b> 0 1 2 3 | Get splitting headaches           |
| <b>123.</b> 0 1 2 3 | Failing memory  | <b>128.</b> 0 1 2 3 | Abnormal or excessive thirst      |
| <b>124.</b> 0 1 2 3 | Early sexual development (0=no, 1=age 14 or older, 2=age 12 or 13, 3=age 11 or younger) | <b>129.</b> 0 1 2 3 | Weight gain on hips or waist      |
| <b>125.</b> 0 1 2 3 | Increased sex drive   | <b>130.</b> 0 1 2 3 | Menstrual disorders               |
| <b>126.</b> 0 1 2 3 | Decreased sex drive   | <b>131.</b> 0 1 2 3 | Tendency to get ulcers or colitis |
|                     |   | <b>132.</b> 0 1 2 3 | Eating sugar causes symptoms      |
| <b>Total</b> _____  |   |                     |                                   |

**SECTION 8**

|                     |   |                     |  |
|---------------------|---|---------------------|--|
| <b>133.</b> 0 1 2 3 | Bloating of abdomen                                       | <b>142.</b> 0 1 2 3 | Intolerance to high temperatures                             |
| <b>134.</b> 0 1 2 3 | Very emotional  | <b>143.</b> 0 1 2 3 | Sensitive to cold, poor circulation with cold hands and feet |
| <b>135.</b> 0 1 2 3 | Seasonal sadness  | <b>144.</b> 0 1 2 3 | Sleepy during the day, fatigue easily                        |
| <b>136.</b> 0 1 2 3 | Nervous, difficult to work under pressure                 | <b>145.</b> 0 1 2 3 | Slow pulse (below 65)  |
| <b>137.</b> 0 1 2 3 | Coarse hair, falls out                                    | <b>146.</b> 0 1 2 3 | Fast pulse at rest   |
| <b>138.</b> 0 1 2 3 | Sensitive or allergic to iodine                           | <b>147.</b> 0 1 2 3 | Flush easily   |
| <b>139.</b> 0 1 2 3 | Increased appetite without weight gain                    | <b>148.</b> 0 1 2 3 | Eyelids and/or face twitch                                   |
| <b>140.</b> 0 1 2 3 | Frequent constipation                                     | <b>149.</b> 0 1 2 3 | Dry or scaly skin  |
| <b>141.</b> 0 1 2 3 | Morning headaches which gradually wear off during the day | <b>150.</b> 0 1 2 3 | Thin, moist skin   |

**SECTION 8 (continued)**

|                                     |  |
|-------------------------------------|--|
| 151. 0 1 2 3 Irritable and restless | 156. 0 1 2 3 Heart palpitates          |
| 152. 0 1 2 3 Increase in weight     | 157. 0 1 2 3 Night sweats              |
| 153. 0 1 2 3 Decrease in appetite   | 158. 0 1 2 3 Ringing in ears           |
| 154. 0 1 2 3 Frequent urination     | 159. 0 1 2 3 Brain "fog", sluggishness |
| 155. 0 1 2 3 Impaired hearing       |  |
|                                     | <b>Total</b> _____                     |

**SECTION 9**

|   |  |
|---|--|
| 160. 0 1 2 3 Reduced ambition   | 166. 0 1 2 3 Allergies   |
| 161. 0 1 2 3 Boils, rashes, and/or cysts  | 167. 0 1 2 3 Dermatitis (itchy skin)   |
| 162. 0 1 2 3 Catch colds in winter  | 168. 0 1 2 3 Acne  |
| 163. 0 1 2 3 Mucus producing cough  | 169. 0 1 2 3 History of Chronic Fatigue Syndrome, Mono, Shingles, Hepatitis, Herpes, or other chronic viral condition (0=no, 1=yes in the past, 2=currently mild condition, 3= severe) |
| 164. 0 1 2 3 Frequent flu/colds (0=1 or less per year, 1=2 to 3 times per year, 2=4 to 5 times per year, 3=6 or more times per year)  |  |
| 165. 0 1 2 3 Frequency of sinus, ear, kidney, bladder, skin, and lung infections (0=1 or less per year, 1=2 to 3 times per year, 2=4 to 5 times per year, 3=6 or more times per year) | 170. 0 1 2 3 Asthma  |
|   | <b>Total</b> _____   |

**SECTION 10**

|   |  |
|---|--|
| 171. 0 1 2 3 Get "light headed" or "shaky" if meals delayed | 178. 0 1 2 3 Awake at night and find it hard to go back to sleep |
| 172. 0 1 2 3 Abnormal craving for sweets/snacks             | 179. 0 1 2 3 Sleepy in afternoon                                 |
| 173. 0 1 2 3 Uncontrolled/binge eating                      | 180. 0 1 2 3 Frequent urination                                  |
| 174. 0 1 2 3 Headache if a meal is skipped                  | 181. 0 1 2 3 Moody, get the "blues" or melancholy                |
| 175. 0 1 2 3 Frequent thirst                                | 182. 0 1 2 3 Heart flutters/palpitates if meals missed           |
| 176. 0 1 2 3 Fatigue alleviated by eating                   |  |
| 177. 0 1 2 3 Crave caffeine or sugar in afternoon           |  |
|   | <b>Total</b> _____   |

**SECTION 11**

|  |   |
|--|---|
| 183. 0 1 2 3 Cracks on corner of mouth                   | 197. 0 1 2 3 Hard to concentrate/focus, confused    |
| 184. 0 1 2 3 Restless leg syndrome                       | 198. 0 1 2 3 Indigestion                            |
| 185. 0 1 2 3 Feel tired and sore after moderate exercise | 199. 0 1 2 3 Fearful/nervous                        |
| 186. 0 1 2 3 Muscles are easily fatigued                 | 200. 0 1 2 3 Heaviness in legs/arms                 |
| 187. 0 1 2 3 Depressed                                   | 201. 0 1 2 3 Small bumps on back of arms            |
| 188. 0 1 2 3 Heart races                                 | 202. 0 1 2 3 Tingling or numbness in hands and feet |
| 189. 0 1 2 3 Noise sensitivity                           | 203. 0 1 2 3 Anorexia                               |
| 190. 0 1 2 3 Headaches                                   | 204. 0 1 2 3 Tendency to get hives                  |
| 191. 0 1 2 3 Insomnia                                    | 205. 0 1 2 3 Poor appetite                          |
| 192. 0 1 2 3 Food allergies                              | 206. 0 1 2 3 Night sweats                           |
| 193. 0 1 2 3 Loose joints                                | 207. 0 1 2 3 Gums bleed easily                      |
| 194. 0 1 2 3 Tinnitus (ringing in the ears)              | 208. 0 1 2 3 Sinus infections, stuffy nose          |
| 195. 0 1 2 3 Warts or polyps                             | 209. 0 1 2 3 Bruise easily                          |
| 196. 0 1 2 3 Sensitive to MSG (monosodium glutamate)     | 210. 0 1 2 3 Nose bleeds                            |
|  | <b>Total</b> _____                                  |

**SECTION 12**

|  |  |
|--|--|
| 211. 0 1 2 3 Dry, flaky skin and dandruff  | 215. 0 1 2 3 Crave greasy or fatty foods   |
| 212. 0 1 2 3 Headaches when out in hot sun | 216. 0 1 2 3 Aspirin provides pain relief (0=no, 3=yes)                                  |
| 213. 0 1 2 3 Sunburn easily                | 217. 0 1 2 3 Eat a low-fat diet (0=never, 1=years ago, 2=within past year, 3= currently) |
| 214. 0 1 2 3 Have tension headaches        |  |
|  | <b>Total</b> _____   |

**SECTION 13**

|                     |  |                     |   |
|---------------------|--|---------------------|---|
| <b>218.</b> 0 1 2 3 | Mood swings/irritability                           | <b>233.</b> 0 1 2 3 | Canker sores in the mouth   |
| <b>219.</b> 0 1 2 3 | Enraged behavior/anger for no reason               | <b>234.</b> 0 1 2 3 | Metallic taste in mouth   |
| <b>220.</b> 0 1 2 3 | Sensitivity to sound                               | <b>235.</b> 0 1 2 3 | Twitching eyelids   |
| <b>221.</b> 0 1 2 3 | Dizziness  | <b>236.</b> 0 1 2 3 | Low iron/low hemoglobin/anemia  |
| <b>222.</b> 0 1 2 3 | Body temperature is low (below 97.5°)              | <b>237.</b> 0 1 2 3 | Abnormal baldness (not normal male pattern), hair falling out                     |
| <b>223.</b> 0 1 2 3 | Trouble with insomnia                              | <b>238.</b> 0 1 2 3 | Dry skin  |
| <b>224.</b> 0 1 2 3 | Ringing in ears or hearing your heart beat         | <b>239.</b> 0 1 2 3 | Bad breath  |
| <b>225.</b> 0 1 2 3 | Psychological problems (e.g., thoughts of suicide) | <b>240.</b> 0 1 2 3 | # of amalgam (silver) fillings in teeth (0=none, 1=1 to 2, 2=3 to 4, 3=5 or more) |
| <b>226.</b> 0 1 2 3 | Feel overwhelmed or afraid                         | <b>241.</b> 0 1 2 3 | # of flu shots you have received (0=none, 1=1 to 2, 2=3 to 4, 3=5 or more)        |
| <b>227.</b> 0 1 2 3 | Sensitive teeth/bleeding gums                      | <b>242.</b> 0 1 2 3 | # of vaccines you have received (0=none, 1=1 to 2, 2=3 to 4, 3=5 or more)         |
| <b>228.</b> 0 1 2 3 | Dyslexia/lose place while reading                  | <b>243.</b> 0 1 2 3 | Weak extensor muscles or wrist/ankle drop   |
| <b>229.</b> 0 1 2 3 | Angina (heart pain)                                | <b>244.</b> 0 1 2 3 | Eyelids swell   |
| <b>230.</b> 0 1 2 3 | Gout   |                     |   |
| <b>231.</b> 0 1 2 3 | Pain in upper back/shoulders                       |                     |   |
| <b>232.</b> 0 1 2 3 | Depression   |                     |   |
| <b>Total</b> _____  |  |                     |   |

**SECTION 14**

|                     |   |                     |   |
|---------------------|---|---------------------|---|
| <b>245.</b> 0 1 2 3 | Weakness/chronic fatigue  | <b>251.</b> 0 1 2 3 | Shortness of breath with very little exertion |
| <b>246.</b> 0 1 2 3 | Feel stiff in the morning   | <b>252.</b> 0 1 2 3 | Red eyes                                      |
| <b>247.</b> 0 1 2 3 | Blurred vision  | <b>253.</b> 0 1 2 3 | Sensitivity to light                          |
| <b>248.</b> 0 1 2 3 | Poor night vision/see halos around lights   | <b>254.</b> 0 1 2 3 | Excessive thirst and/or frequent urination    |
| <b>249.</b> 0 1 2 3 | Do not feel rested in mornings  | <b>255.</b> 0 1 2 3 | Feel worse after exercising                   |
| <b>250.</b> 0 1 2 3 | Sensitive to smells (chemicals like air fresheners, petrochemicals, perfumes, etc.) |                     |   |
| <b>Total</b> _____  |   |                     |   |

**SECTION 15 - MEN ONLY**

|                     |  |                     |                                 |
|---------------------|--|---------------------|---------------------------------|
| <b>256.</b> 0 1 2 3 | Frequent urination at night                              | <b>261.</b> 0 1 2 3 | Pain on inside of legs or heels |
| <b>257.</b> 0 1 2 3 | Painful or burning sensation when urinating              | <b>262.</b> 0 1 2 3 | Depressed                       |
| <b>258.</b> 0 1 2 3 | Difficulty starting and stopping urine stream, dribbling | <b>263.</b> 0 1 2 3 | Get fatigued easily             |
| <b>259.</b> 0 1 2 3 | Feeling of incomplete bowel evacuation                   | <b>264.</b> 0 1 2 3 | Decreased libido                |
| <b>260.</b> 0 1 2 3 | Problems with prostate                                   | <b>265.</b> 0 1 2 3 | Migrating aches and pains       |
| <b>Total</b> _____  |  |                     |                                 |

**SECTION 16 - WOMEN ONLY**

|                     |                                       |                     |   |
|---------------------|---------------------------------------|---------------------|---|
| <b>266.</b> 0 1 2 3 | Mood swings with cycle (PMS)          | <b>276.</b> 0 1 2 3 | Breast or uterine fibroids, benign lumps/tumors |
| <b>267.</b> 0 1 2 3 | Depression                            | <b>277.</b> 0 1 2 3 | Endometriosis                                   |
| <b>268.</b> 0 1 2 3 | Craving of chocolate around period    | <b>278.</b> 0 1 2 3 | Painful intercourse                             |
| <b>269.</b> 0 1 2 3 | Painful menses                        | <b>279.</b> 0 1 2 3 | Hot flashes                                     |
| <b>270.</b> 0 1 2 3 | Excessive menstrual flow              | <b>280.</b> 0 1 2 3 | Vaginal discharge                               |
| <b>271.</b> 0 1 2 3 | Scarcely any blood flow during period | <b>281.</b> 0 1 2 3 | Vaginal dryness/itchiness                       |
| <b>272.</b> 0 1 2 3 | Skipped periods                       | <b>282.</b> 0 1 2 3 | Excess facial or body hair                      |
| <b>273.</b> 0 1 2 3 | Menstruate too frequently             | <b>283.</b> 0 1 2 3 | Weight gain on buttocks, thighs, and hips       |
| <b>274.</b> 0 1 2 3 | Period lasts too long or prolonged    | <b>284.</b> 0 1 2 3 | Become tired easily                             |
| <b>275.</b> 0 1 2 3 | Breasts painful/tender                | <b>285.</b> 0 1 2 3 | Trouble with acne                               |
| <b>Total</b> _____  |                                       |                     |   |