

Section 2 – Liver and Gallbladder

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71.	0 1 2 3	Pain between shoulder blades	85.	0 1	Easily hung over if you were to drink wine (0=no, 1=yes)
72.	0 1 2 3	Stomach upset by greasy foods	86.	0 1 2 3	Alcohol per week (0=<3, 1=<7, 2 =<14, 3=>14)
73.	0 1 2 3	Greasy or shiny stools	87.	0 1	Recovering alcoholic (0=no, 1=yes)
74.	0 1 2 3	Nausea	88.	0 1	History of drug or alcohol abuse (0=no, 1=yes)
75.	0 1 2 3	Sea, car, airplane or motion sickness	89.	0 1	History of hepatitis (0=no, 1=yes)
76.	0 1	History of morning sickness (0 = no, 1 = yes)	90.	0 1	Long term use of prescription/recreational drugs (0=no, 1=yes)
77.	0 1 2 3	Light or clay colored stools	91.	0 1 2 3	Sensitive to chemicals (perfume, cleaning agents, etc.)
78.	0 1 2 3	Dry skin, itchy feet or skin peels on feet	92.	0 1 2 3	Sensitive to tobacco smoke
79.	0 1 2 3	Headache over eyes	93.	0 1 2 3	Exposure to diesel fumes
80.	0 1 2 3	Gallbladder attacks (0=never, 1=years ago, 2=within last year, 3=within past 3 months)	94.	0 1 2 3	Pain under right side of rib cage
81.	0 1	Gallbladder removed (0=no, 1=yes)	95.	0 1 2 3	Hemorrhoids or varicose veins
82.	0 1 2 3	Bitter taste in mouth, especially after meals	96.	0 1 2 3	NutraSweet (aspartame) consumption
83.	0 1	Become sick if you were to drink wine (0=no, 1=yes)	97.	0 1 2 3	Sensitive to NutraSweet (aspartame)
84.	0 1	Easily intoxicated if you were to drink wine (0=no, 1=yes)	98.	0 1 2 3	Chronic fatigue or Fibromyalgia

Section 3 – Small Intestine

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99.	0 1 2 3	Food allergies	108.	0 1 2 3	Crohn's disease (0=no, 1=yes in the past, 2=current mild condition, 3=severe)
100.	0 1 2 3	Abdominal bloating 1 to 2 hours after eating	109.	0 1 2 3	Wheat or grain sensitivity
101.	0 1	Specific foods make you tired or bloated (0=no, 1=yes)	110.	0 1 2 3	Dairy sensitivity
102.	0 1 2 3	Pulse speeds after eating	111.	0 1	Are there foods you could not give up (0=no, 1=yes)
103.	0 1 2 3	Airborne allergies	112.	0 1 2 3	Asthma, sinus infections, stuffy nose
104.	0 1 2 3	Experience hives	113.	0 1 2 3	Bizarre vivid dreams, nightmares
105.	0 1 2 3	Sinus congestion, "stuffy head"	114.	0 1 2 3	Use over-the-counter pain medications
106.	0 1 2 3	Crave bread or noodles	115.	0 1 2 3	Feel spacey or unreal
107.	0 1 2 3	Alternating constipation and diarrhea			

Section 4 – Large Intestine

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116.	0 1 2 3	Anus itches	126.	0 1 2 3	Stools have corners or edges, are flat or ribbon shaped
117.	0 1 2 3	Coated tongue	127.	0 1 2 3	Stools are not well formed (loose)
118.	0 1 2 3	Feel worse in moldy or musty place	128.	0 1 2 3	Irritable bowel or mucus colitis
119.	0 1 2 3	Taken antibiotic for a total accumulated time of (0=never, 1= <1 month, 2= <3 months, 3= >3 months)	129.	0 1 2 3	Blood in stool
120.	0 1 2 3	Fungus or yeast Infections	130.	0 1 2 3	Mucus in stool
121.	0 1 2 3	Ring worm, "jock itch", "athletes foot", nail fungus	131.	0 1 2 3	Excessive foul smelling lower bowel gas
122.	0 1 2 3	Yeast symptoms increase with sugar, starch or alcohol	132.	0 1 2 3	Bad breath or strong body odors
123.	0 1 2 3	Stools hard or difficult to pass	133.	0 1 2 3	Painful to press along outer sides of thighs (Iliotibial Band)
124.	0 1	History of parasites (0=no, 1=yes)	134.	0 1 2 3	Cramping in lower abdominal region
125.	0 1 2 3	Less than one bowel movement per day	135.	0 1 2 3	Dark circles under eyes

Section 5 – Mineral Needs

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136.	0 1	History of carpal tunnel syndrome (0=no, 1=yes)	150.	0 1	History of bone spurs (0=no, 1=yes)
137.	0 1	History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes)	151.	0 1 2 3	Morning stiffness
138.	0 1	History of stress fracture (0=no, 1=yes)	152.	0 1 2 3	Nausea with vomiting
139.	0 1 2 3	Bone loss (reduced density on bone scan)	153.	0 1 2 3	Crave chocolate
140.	0 1	Are you shorter than you used to be? (0=no, 1=yes)	154.	0 1 2 3	Feet have a strong odor
141.	0 1 2 3	Calf, foot or toe cramps at rest	155.	0 1 2 3	History of anemia
142.	0 1 2 3	Cold sores, fever blisters or herpes lesions	156.	0 1 2 3	Whites of eyes (sclera) blue tinted
143.	0 1 2 3	Frequent fevers	157.	0 1 2 3	Hoarseness
144.	0 1 2 3	Frequent skin rashes and/or hives	158.	0 1 2 3	Difficulty swallowing
145.	0 1	Herniated disc (0=no, 1=yes)	159.	0 1 2 3	Lump in throat
146.	0 1 2 3	Excessively flexible joints, "double jointed"	160.	0 1 2 3	Dry mouth, eyes and/or nose
147.	0 1 2 3	Joints pop or click	161.	0 1 2 3	Gag easily
148.	0 1 2 3	Pain or swelling in joints	162.	0 1 2 3	White spots on fingernails
149.	0 1 2 3	Bursitis or tendonitis	163.	0 1 2 3	Cuts heal slowly and/or scar easily
			164.	0 1 2 3	Decreased sense of taste or smell

KEY: 0=No, symptom does not occur
 1=Yes, minor or mild symptom, rarely occurs (monthly)
 2=Moderate symptom, occurs occasionally (weekly)
 3=Severe symptom, occurs frequently (daily)

Section 6 – Essential Fatty Acids

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165.	0 1	Experience pain relief with aspirin (0=no, 1=yes)	169.	0 1 2 3	Headaches when out in the hot sun
166.	0 1 2 3	Crave fatty or greasy foods	170.	0 1 2 3	Sunburn easily or suffer sun poisoning
167.	0 1 2 3	Low- or reduced-fat diet (0=never, 1=years ago, 2=within past year, 3=current)	171.	0 1 2 3	Muscles easily fatigued
168.	0 1 2 3	Tension headaches at base of skull	172.	0 1 2 3	Dry flaky skin or dandruff

Section 7 – Sugar Handling

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173.	0 1 2 3	Awaken a few hours after falling asleep, hard to get back to sleep	180.	0 1 2 3	Headache if meals are skipped or delayed
174.	0 1 2 3	Crave sweets	181.	0 1 2 3	Irritable before meals
175.	0 1 2 3	Binge or uncontrolled eating	182.	0 1 2 3	Shaky if meals delayed
176.	0 1 2 3	Excessive appetite	183.	0 1 2 3	Family members with diabetes (0=none, 1=1 or 2, 2=3 or 4, 3=more than 4)
177.	0 1 2 3	Crave coffee or sugar in the afternoon	184.	0 1 2 3	Frequent thirst
178.	0 1 2 3	Sleepy in afternoon	185.	0 1 2 3	Frequent urination
179.	0 1 2 3	Fatigue that is relieved by eating			

Section 8 – Vitamin Need

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186.	0 1 2 3	Muscles become easily fatigued	200.	0 1 2 3	Can hear heart beat on pillow at night
187.	0 1 2 3	Feel exhausted or sore after moderate exercise	201.	0 1 2 3	Whole body or limb jerk as falling asleep
188.	0 1 2 3	Vulnerable to insect bites	202.	0 1 2 3	Night sweats
189.	0 1 2 3	Loss of muscle tone, heaviness in arms/legs	203.	0 1 2 3	Restless leg syndrome
190.	0 1 2 3	Enlarged heart or congestive heart failure	204.	0 1 2 3	Cracks at corner of mouth (Chelosis)
191.	0 1 2 3	Pulse below 65 per minute (0=no, 1=yes)	205.	0 1 2 3	Fragile skin, easily chaffed, as in shaving
192.	0 1 2 3	Ringing in the ears (Tinnitus)	206.	0 1 2 3	Polyps or warts
193.	0 1 2 3	Numbness, tingling or itching in hands and feet	207.	0 1 2 3	MSG sensitivity
194.	0 1 2 3	Depressed	208.	0 1 2 3	Wake up without remembering dreams
195.	0 1 2 3	Fear of impending doom	209.	0 1 2 3	Small bumps on back of arms
196.	0 1 2 3	Worrier, apprehensive, anxious	210.	0 1 2 3	Strong light at night irritates eyes
197.	0 1 2 3	Nervous or agitated	211.	0 1 2 3	Nose bleeds and/or tend to bruise easily
198.	0 1 2 3	Feelings of insecurity	212.	0 1 2 3	Bleeding gums especially when brushing teeth
199.	0 1 2 3	Heart races			

Section 9 – Adrenal

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213.	0 1 2 3	Tend to be a "night person"	226.	0 1 2 3	Arthritic tendencies
214.	0 1 2 3	Difficulty falling asleep	227.	0 1 2 3	Crave salty foods
215.	0 1 2 3	Slow starter in the morning	228.	0 1 2 3	Salt foods before tasting
216.	0 1 2 3	Tend to be keyed up, trouble calming down	229.	0 1 2 3	Perspire easily
217.	0 1 2 3	Blood pressure above 120/80	230.	0 1 2 3	Chronic fatigue, or get drowsy often
218.	0 1 2 3	Headache after exercising	231.	0 1 2 3	Afternoon yawning
219.	0 1 2 3	Feeling wired or jittery after drinking coffee	232.	0 1 2 3	Afternoon headache
220.	0 1 2 3	Clench or grind teeth	233.	0 1 2 3	Asthma, wheezing or difficulty breathing
221.	0 1 2 3	Calm on the outside, troubled on the inside	234.	0 1 2 3	Pain on the medial or inner side of the knee
222.	0 1 2 3	Chronic low back pain, worse with fatigue	235.	0 1 2 3	Tendency to sprain ankles or "shin splints"
223.	0 1 2 3	Become dizzy when standing up suddenly	236.	0 1 2 3	Tendency to need sunglasses
224.	0 1 2 3	Difficulty maintaining manipulative correction	237.	0 1 2 3	Allergies and/or hives
225.	0 1 2 3	Pain after manipulative correction	238.	0 1 2 3	Weakness, dizziness

Section 10 – Pituitary

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239.	0 1	Height over 6' 6" (0=no, 1=yes)	245.	0 1	Height under 4' 10" (0=no, 1=yes)
240.	0 1	Early sexual development (before age 10) (0=no, 1=yes)	246.	0 1 2 3	Decreased libido
241.	0 1 2 3	Increased libido	247.	0 1 2 3	Excessive thirst
242.	0 1 2 3	Splitting type headache	248.	0 1 2 3	Weight gain around hips or waist
243.	0 1 2 3	Memory failing	249.	0 1 2 3	Menstrual disorders
244.	0 1	Tolerate sugar, feel fine when eating sugar (0=no, 1=yes)	250.	0 1	Delayed sexual development (after age 13) (0=no, 1=yes)
			251.	0 1 2 3	Tendency to ulcers or colitis

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Section 11 – Thyroid

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252.	0 1 2 3	Sensitive/allergic to iodine	260.	0 1 2 3	Mentally sluggish, reduced initiative
253.	0 1 2 3	Difficulty gaining weight, even with large appetite	261.	0 1 2 3	Easily fatigued, sleepy during the day
254.	0 1 2 3	Nervous, emotional, can't work under pressure	262.	0 1 2 3	Sensitive to cold, poor circulation (cold hands and feet)
255.	0 1 2 3	Inward trembling	263.	0 1 2 3	Constipation, chronic
256.	0 1 2 3	Flush easily	264.	0 1 2 3	Excessive hair loss and/or coarse hair
257.	0 1 2 3	Fast pulse at rest	265.	0 1 2 3	Morning headaches, wear off during the day
258.	0 1 2 3	Intolerance to high temperatures	266.	0 1 2 3	Loss of lateral 1/3 of eyebrow
259.	0 1 2 3	Difficulty losing weight	267.	0 1 2 3	Seasonal sadness

Section 12 – Men Only

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268.	0 1 2 3	Prostate problems	272.	0 1 2 3	Waking to urinate at night
269.	0 1 2 3	Difficulty with urination, dribbling	273.	0 1 2 3	Interruption of stream during urination
270.	0 1 2 3	Difficult to start and stop urine stream	274.	0 1 2 3	Pain on inside of legs or heels
271.	0 1 2 3	Pain or burning with urination	275.	0 1 2 3	Feeling of incomplete bowel evacuation
			276.	0 1 2 3	Decreased sexual function

Section 13 – Women Only

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277.	0 1 2 3	Depression during periods	287.	0 1 2 3	Breast fibroids, benign masses
278.	0 1 2 3	Mood swings associated with periods (PMS)	288.	0 1 2 3	Painful intercourse (dysparenia)
279.	0 1 2 3	Crave chocolate around periods	289.	0 1 2 3	Vaginal discharge
280.	0 1 2 3	Breast tenderness associated with cycle	290.	0 1 2 3	Vaginal dryness
281.	0 1 2 3	Excessive menstrual flow	291.	0 1 2 3	Vaginal itchiness
282.	0 1 2 3	Scanty blood flow during periods	292.	0 1 2 3	Gain weight around hips, thighs and buttocks
283.	0 1 2 3	Occasional skipped periods	293.	0 1 2 3	Excess facial or body hair
284.	0 1 2 3	Variations in menstrual cycles	294.	0 1 2 3	Hot flashes
285.	0 1 2 3	Endometriosis	295.	0 1 2 3	Night sweats (in menopausal females)
286.	0 1 2 3	Uterine fibroids	296.	0 1 2 3	Thinning skin

Section 14 – Cardiovascular

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297.	0 1 2 3	Aware of heavy and/or irregular breathing	302.	0 1 2 3	Ankles swell, especially at end of day
298.	0 1 2 3	Discomfort at high altitudes	303.	0 1 2 3	Cough at night
299.	0 1 2 3	"Air hunger" or sigh frequently	304.	0 1 2 3	Blush or face turns red for no reason
300.	0 1 2 3	Compelled to open windows in a closed room	305.	0 1 2 3	Dull pain or tightness in chest and/or radiate into right arm, worse with exertion
301.	0 1 2 3	Shortness of breath with moderate exertion	306.	0 1 2 3	Muscle cramps with exertion

Section 15 – Kidney and Bladder

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307.	0 1 2 3	Pain in mid-back region	310.	0 1 2 3	Cloudy, bloody or darkened urine
308.	0 1 2 3	Puffy around the eyes, dark circles under eyes	311.	0 1 2 3	Urine has a strong odor
309.	0 1	History of kidney stones (0=no, 1=yes)			

Section 16 – Immune system

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312.	0 1 2 3	Runny or drippy nose	317.	0 1 2 3	Never get sick (0 = sick only 1 or 2 times in last 2 years, 1 = not sick in last 2 years, 2 = not sick in last 4 years, 3 = not sick in last 7 years)
313.	0 1 2 3	Catch colds at the beginning of winter	318.	0 1 2 3	Acne (adult)
314.	0 1 2 3	Mucus producing cough	319.	0 1 2 3	Itchy skin (Dermatitis)
315.	0 1 2 3	Frequent colds or flu (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)	320.	0 1 2 3	Cysts, boils, rashes
316.	0 1 2 3	Other infections (sinus, ear, lung, skin, bladder, kidney, etc.) (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)	321.	0 1 2 3	History of Epstein Bar, Mono, Herpes, Shingles, Chronic Fatigue Syndrome, Hepatitis or other chronic viral condition (0 = no, 1 = yes in the past, 2 = currently mild condition, 3 = severe)

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