Nutritional Assessment Questionnaire 1.5

PART Read the following questions and circle the number that applies:	Name: (2942)	ebog! verous of Date:
PART Read the following questions and circle the number that applies:	Birth Date:	
PART Read the following questions and circle the number that applies:	Please list your five major health concerns in order or	
PART Read the following questions and circle the number that applies:	(sever jornal) strategy (sever)	The second secon
PART Read the following questions and circle the number that applies:		78 c 3 Dzy saki ito: feet or sir less on fess
PART Read the following questions and circle the number that applies: REY:	processor amount alexaments characteristics.	
DIET	2001/15, 91C.)	ODE STREET AND AND THE TREET OF THE CONTROL OF THE
DIET	saintel (Sapris de Paparage)	CE CONTROL CON
DIET	DADT I Book the following word in a sind of the	
1		
1. 0 2 3 Alcohol		
1. 0 1 2 3 Alcohol 7. 0 1 2 3 Cigars/pipes 14, 0 1 Radiation exposure (0=n0, 1=yes) 2 0 al 2 3 Artificial sweeteners 8. 0 1 2 3 Cigars/pipes 15. 0 1 2 3 Refined flour/baked goods 15. 0 1 2 3 Water, tap 10. 0 1 2 3 Fast foods 17. 0 1 2 3 Water, tap 10. 0 1 2 3 Fast foods 17. 0 1 2 3 Water, tap 15. 0 1 2 3 Water, tap 15. 0 1 2 3 Carbonaled beverages 11. 0 1 2 3 Luncheon meats 18. 0 1 2 3 Water, tap 15. 0 1 2 3 Carbonaled beverages 11. 0 1 2 3 Margarine 19. 0 1 2 3 Water, tap 15. 0 1 2 3 Carbonaled beverages 11. 0 1 2 3 Margarine 19. 0 1 2 3 Water, tap 15. 0 1 2 3 Carbonaled beverages 11. 0 1 2 3 Margarine 19. 0 1 2 3 Water, tap 15. 0 1 2 3 Water, tap 15. 0 1 2 3 Carbonaled beverages 11. 0 1 2 3 Milk products 20. 0 1 2 3 Diet often for weight control 15. 0 1 2 3 Carbonaled beverages 12. 0 1 2 3 Milk products 20. 0 1 2 3 Diet often for weight control 15. 0 1 2 3 Water, tap 15. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0 1 Analois 20. 1 2 3 Water, tap 25. 0	ciniayenas (2 to 4 to 4 to 6 to 5	MR STATE OF STATE
2. 0 1 2 3 Artifical sweeteners		
1		
Sugar		
5. 0 1 2 3 Chewing tobacco 12. 0 1 2 3 Milk products 13. 0 1 2 3 Milk products 20. 0 1 2 3 Diet often for weight control LIFESTYLE 21. 0 1 2 3 Exercise per week (0 = 2 or more times a week, 1 = 1 time a week, 2 = 1 or 2 times a month, 3 = never, less than once a month) 22. 0 1 2 3 Changed jobs (0 = over 12 months ago, 1 = within last 12 months, 2 = within last 6 months, 3 = within last 2 months) 23. 0 1 2 3 Divorced (0 = never, over 2 years ago, 1 = within last 2 years, 2 = within last year, 3 = within last 6 months) MEDICATIONS Indicate any medications you're currently taking or have taken in the last month (0=no, 1=yes): 25. 0 1 Antiacids 26. 0 1 Antiacids 27. 0 1 Antibiotics 28. 0 1 Antibiotics 29. 0 1 Antibiotics 29. 0 1 Antibiotics 29. 0 1 Antibiotics 29. 0 1 Antibiotics 20. 0 1 Aspirin/buprofen 20. 0 1 Asthma inhalers 20. 0 1 Chemotherapy 21. 0 1 Actimic endications/insulin 23. 0 1 Cholesterol lowering medications 24. 0 1 2 3 Belab blockers 25. 0 1 2 3 Belabing or gas within one hour after eating 26. 0 1 2 3 Belabing or gas within one hour after eating 27. 0 1 Asthma inhalers 28. 0 1 Chemotherapy 29. 0 1 Antibiotics 29. 0 1 Asthma inhalers 29. 0 1 Antibiotics 29. 0 1 Asthma inhalers 29. 0 1 Antibiotics 29. 0 1 Asthma inhalers 29. 0 1 2 3 Belabing or make the inhale inhale inhale inhale inhale		d foods 17. 0 1 2 3 Water, distilled
13. 0 1 2 3 Cigarettes 13. 0 1 2 3 Milk products 20. 0 1 2 3 Diet often for weight control		
21. 0 1 2 3 Exercise per week (0 = 2 or more times a week, 1 = 1 time a week, 2 = 1 or 2 times a month, 3 = never, less than once a month)		
21. 0 1 2 3 Exercise per week (0 = 2 or more times a week, 1 = 1 time a week, 2 = 1 or 2 times a month, 3 = never, less than once a month) 22. 0 1 2 3 Changed jobs (0 = over 12 months ago, 1 = within last 12 months, 2 = within last 6 months, 3 = within last 2 months) 23. 0 1 2 3 Divorced (0 = never, over 2 years ago, 1 = within last 2 years, 2 = within last 6 months) 24. 0 1 2 3 Work over 60 hours/week (0 = never, 1 = occasionally, 2 = usually, 3 = always) MEDICATIONS Indicate any medications you're currently taking or have taken in the last month (0=no, 1=yes): 25. 0 1 Antacids 26. 0 1 Antianxiety medications 27. 0 1 Antianxiety medications 40. 0 1 Estrogen or progesterone (pharmaceutical, prescription) 28. 0 1 Anticorvulsants 41. 0 1 Estrogen or progesterone (natural) 42. 0 1 High blood pressure medications 43. 0 1 Estrogen or progesterone (natural) 43. 0 1 Estrogen or progesterone (natural) 44. 0 1 Laxatives 43. 0 1 High blood pressure medications 44. 0 1 Laxatives 45. 0 1 Recreational drugs 46. 0 1 Relaxamis/Sleeping pills 47. 0 1 Testosterone (natural or prescription) 48. 0 1 Thyroid medication 48. 0 1 Thyroid medication 48. 0 1 Thyroid medications 48. 0 1 Diabetic medications/insulin 50. 0 1 Chemetherapy 48. 0 1 Diabetic medications/insulin 51. 0 1 Ulcer medications 52. 0 1 2 3 Belching or gas within one hour after eating 53. 0 1 Cholesterol lowering medications 54. 0 1 2 3 Feel like skipping breakfast 55. 0 1 2 3 Belching or gas within one hour after eating 56. 0 1 2 3 Belching or gas within one hour after eating 57. 0 1 2 3 Belching within one hour after eating 58. 0 1 2 3 Belching within one hour after eating 59. 0 1 2 3 Bod breath (halitosis) 50. 0 1 2 3 Somean the sation of cour 50. 0 1 2 3 Somean the sation of cour 50. 0 1 2 3 Somean the sation of cour 50. 0 1 2 3 Somean the sation of cour 50. 0 1 2 3 Somean the sation of cour	The state of the s	products 20. 0 1 2 3 Diet often for weight control
22. 0 1 2 3 Changed jobs (0 = over 12 months ago, 1 = within last 12 months, 2 = within last 6 months, 3 = within last 2 months) 23. 0 1 2 3 Divorced (0 = never, over 2 years ago, 1 = within last 2 years, 2 = within last year, 3 = within last 6 months) 24. 0 1 2 3 Work over 60 hours/week (0 = never, 1 = occasionally, 2 = usually, 3 = always) MEDICATIONS Indicate any medications you're currently taking or have taken in the last month (0=no, 1=yes): 25. 0 1 Antacids 39. 0 1 Diuretics 26. 0 1 Antacids 40. 0 1 Estrogen or progesterone (pharmaceutical, prescription) 27. 0 1 Antibiotics 40. 0 1 Estrogen or progesterone (natural) 28. 0 1 Anticonvulsants 41. 0 1 Estrogen or progesterone (natural) 29. 0 1 Antifungals 43. 0 1 High bodo pressure medications 31. 0 1 Aspirin/huprofen 44. 0 1 Laxatives 32. 0 1 Asthma inhalers 45. 0 1 Recreational drugs 33. 0 1 Beta blockers 46. 0 1 Relaxants/Sleeping pills 34. 0 1 Birth control pills/implant contraceptives 47. 0 1 Testosterone (natural or prescription) 35. 0 1 Chemotherapy 48. 0 1 Thyroid medication 36. 0 1 Cholesterol lowering medications 49. 0 1 Acetaminophen (Tylenol) 37. 0 1 Contisone/steroids 50. 0 1 Ulcer medications 38. 0 1 Diabetic medications/insulin 51. 0 1 Sildenafii citrate (Viagra) 55. 0 1 Vagan diet (no dairy, meat, fish or eggs) (0=no, 1=yes) 56. 0 1 2 3 Bloating within one hour after eating 63. 0 1 2 3 Sleepy after meals 57. 0 1 2 3 Sleepy after meals 58. 0 1 2 3 Sweat has a strong odor 68. 0 1 2 3 Stomach pains or cramps 58. 0 1 2 3 Sweat has a strong odor 68. 0 1 2 3 Stomach pains or cramps 58. 0 1 2 3 Sweat has a strong odor 68. 0 1 2 3 Diarrhea, chronic 69. 0 1 2 3 Stomach pains or cramps 58. 0 1 2 3 Sweat has a strong odor 69. 0 1 2 3 Stomach pains or cramps 59. 0 1 2 3 Sweat has a strong odor 69. 0 1 2 3 Stomach pains or cramps 50. 0 1 2 3 Sweat has a strong odor 69. 0 1 2 3 Stomach pains or cramps 50. 0 1 2 3 Sweat has a strong odor 69. 0 1 2 3 Stomach pains or cramps 50. 0 1 2 3 Sweat has a strong odor 69. 0 1 2 3 Stomach pa		
22. 0 1 2 3	21. 0 1 2 3 Exercise per week (0 = 2 or more times a week, '	I = 1 time a week, 2 = 1 or 2 times a month, 3 = never, less than once a
23. 0 1 2 3 Divorced (0 = never, over 2 years ago, 1 = within last 2 years, 2 = within last year, 3 = within last 6 months) MEDICATIONS Indicate any medications you're currently taking or have taken in the last month (0=no, 1=yes): 54 25. 0 1 Antacids 39. 0 1 Diuretics 26. 0 1 Antacids 40. 0 1 Estrogen or progesterone (pharmaceutical, prescription) 27. 0 1 Antibiotics 41. 0 1 Estrogen or progesterone (natural) 29. 0 1 Anticonvulsants 41. 0 1 Estrogen or progesterone (natural) 29. 0 1 Anticopressants 42. 0 1 Heart medications 30. 0 1 Antifungals 43. 0 1 High blood pressure medications 31. 0 1 Aspirin/Ibuprofen 44. 0 1 Laxalives 32. 0 1 Asthma inhalers 45. 0 1 Recreational drugs 33. 0 1 Beta blockers 46. 0 1 Relaxants/Sleeping pills 34. 0 1 Birth control pills/implant contraceptives 47. 0 1 Testosterone (natural or prescription) 35. 0 1 Cholesterol lowering medications 49. 0 1 Acetaminophen (Tylenol) 36. 0 1 Cholesterol lowering medications 49. 0 1 Acetaminophen (Tylenol) 37. 0 1 Cortisone/steroids 50. 0 1 Ulcer medications 38. 0 1 Diabetic medications/insulin 51. 0 1 Sildenafii citrate (Viagra) PART II (See key at bottom of page) 55 56 O 1 2 3 Belching or gas within one hour after eating 62. 0 1 2 3 Feel like skipping breakfast 62. 0 1 2 3 Fingernalis chip, peel or break easily 1=yes) 57. 0 1 2 3 Bloating within one hour after eating 63. 0 1 2 3 Sleepy after meals 56. 0 1 2 3 Bloating within one hour after eating 65. 0 1 2 3 Stomach upset by taking vitamins 69. 0 1 2 3 Stomach upset by taking vitamins 69. 0 1 2 3 Diarrhea, chronic 59. 0 1 2 3 Sense of excess fullness after meals 70. 0 1 2 3 Undigested food in stool KEY: 0=No, symptom does not occur		n last 12 months 2 = within last 6 months 3 = within last 2 months)
MEDICATIONS Indicate any medications you're currently taking or have taken in the last month (0=no, 1=yes): 54	23. 0 1 2 3 Divorced (0 = never over 2 years ago 1 = within	last 2 years 2 = within last vear 3 = within last 6 months)
MEDICATIONS Indicate any medications you're currently taking or have taken in the last month (0=no, 1=yes): 25. 0 1	24. 0 1 2 3 Work over 60 hours/week (0 = never, 1 = occasion	onally, 2 = usually, 3 = always)
25. 0 1 Antacids 26. 0 1 Antacids 27. 0 1 Antianxiety medications 28. 0 1 Antianxiety medications 29. 0 1 Antibiotics 29. 0 1 Antibiotics 29. 0 1 Antidepressants 30. 0 1 Estrogen or progesterone (pharmaceutical, prescription) 30. 0 1 Antidepressants 31. 0 1 Aspirin/Ibuprofen 32. 0 1 Astima inhalers 33. 0 1 Beta blockers 34. 0 1 Recreational drugs 33. 0 1 Beta blockers 34. 0 1 Recreational drugs 35. 0 1 Chemotherapy 46. 0 1 Relaxants/Sleeping pills 47. 0 1 Testosterone (natural or prescription) 48. 0 1 Thyroid medication 49. 0 1 Acataminophen (Tylenol) 40. 0 1 Relaxants/Sleeping pills 41. 0 1 Testosterone (natural or prescription) 42. 0 1 Relaxants/Sleeping pills 43. 0 1 Diabetic medications/insulin 45. 0 1 Thyroid medication 46. 0 1 Relaxants/Sleeping pills 47. 0 1 Testosterone (natural or prescription) 48. 0 1 Thyroid medication 49. 0 1 Acataminophen (Tylenol) 40. 0 1 Relaxants/Sleeping pills 41. 0 1 Testosterone (natural or prescription) 42. 0 1 Liver medications 43. 0 1 Diabetic medications/insulin 45. 0 1 Relaxants/Sleeping pills 46. 0 1 Relaxants/Sleeping pills 47. 0 1 Testosterone (natural) 48. 0 1 Thyroid medication 49. 0 1 Acataminophen (Tylenol) 49. 0 1 Acataminophen (Tylenol) 49. 0 1 Acataminophen (Tylenol) 49. 0 1 Sildenafii citrate (Viagra) 49. 0 1 Sildenafii citrate (Viagra) 40. 0 1 2 3 Feel like skipping breakfast 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't eat 40. 0 1 2 3 Feel better if you don't e	MEDICATIONS Indicate any modications varies arres	- All Addison as house Addison in the Leader M. (O. a.d.)
26. 0 1 Antianxiety medications 27. 0 1 Antibiotics 28. 0 1 Antibiotics 29. 0 1 Anticonvulsants 20. 0 1 Heart medications 20. 0 1 Heart medications 21. 0 1 Recreational drugs 22. 0 1 Recreational drugs 23. 0 1 Recreational drugs 23. 0 1 Recreational drugs 24. 0 1 Recreational drugs 25. 0 1 Recreational drugs 26. 0 1 Recreational drugs 27. 0 1 Testosterone (natural or prescription) 28. 0 1 Thyroid medication 29. 0 1 Acetaminophen (Tylenol) 29. 0 1 Acetaminophen (Tylenol) 29. 0 1 Acetaminophen (Tylenol) 20. 0 1 2 3 Belching or gas within one hour after eating 20. 0 1 2 3 Belching or gas within one hour after eating 20. 0 1 2 3 Feel like skipping breakfast 20. 0 1 2 3 Feel better if you don't eat 20. 0 1 2	The state of the s	
27. 0 1 Antibiotics 28. 0 1 Anticonvulsants 29. 0 1 Anticonvulsants 30. 0 1 Antidepressants 30. 0 1 Antifungals 31. 0 1 Aspirin/Ibuprofen 32. 0 1 Asthma inhalers 33. 0 1 Beta blockers 34. 0 1 Recreational drugs 33. 0 1 Beta blockers 34. 0 1 Recreational drugs 35. 0 1 Chemotherapy 36. 0 1 Chemotherapy 37. 0 1 Cortisone/steroids 38. 0 1 Diabetic medications 38. 0 1 Diabetic medications 38. 0 1 Diabetic medications 38. 0 1 Diabetic medications/insulin PART II (See key at bottom of page) Section 1 — Upper Gastrointestinal System 55. 0 1 2 3 Bloating within one hour after eating 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1 yes) 56. 0 1 2 3 Bod breath (halitosis) 57. 0 1 2 3 Sweat has a strong odor 58. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Bloaton without one cour KEY: 0=No, symptom does not occur 2=Moderate symptom, occurs occasionally (weekly) 41. 0 1 Estrogen or progesterone (natural) 42. 0 1 Heart medications 42. 0 1 Leart medications 43. 0 1 High blood pressure medications 44. 0 1 Lexatives 45. 0 1 Recreational drugs 46. 0 1 Relaxants/Sleeping pills 47. 0 1 Testosterone (natural) 48. 0 1 Pigh blood pressure medications 49. 0 1 Relaxants/Sleeping pills 49. 0 1 Relaxants/Sleeping pills 40. 0 1 Relaxants/Sleeping pills 41. 0 1 Lexatives 42. 0 1 Lexatives 43. 0 1 Lexatives 45. 0 1 Testosterone (natural) 45. 0 1 Relaxants/Sleeping pills 45. 0 1 Necleants/Sleeping pills 45. 0 1 Necleants/Sleeping pills 46. 0 1 Relaxants/Sleeping pills 47. 0 1 Testosterone (natural) 48. 0 1 Thyroid medication 49. 0 1 Acetaminophen (Tylenol) 48. 0 1 Vibroridations 49. 0 1 Acetaminophen (Tylenol) 40. 0 1 Z 3 Feel like skipping breakfast 60. 0 1 Z 3 Feel like skipping breakfast 61. 0 1 Z 3 Feel like skipping breakfast 62. 0 1 Z 3 Feel like skipping breakfast 63. 0 1 Z 3 Feel like skipping breakfast 64. 0 1 Z 3 Feel like skipping breakfa		
28. 0 1 Anticonvulsants 41. 0 1 Estrogen or progesterone (natural) 29. 0 1 Antidepressants 42. 0 1 Heart medications 30. 0 1 Antifungals 43. 0 1 High blood pressure medications 43. 0 1 High blood pressure medications 44. 0 1 Laxatives 45. 0 1 Recreational drugs 46. 0 1 Relaxants/Sleeping pills 47. 0 1 Testosterone (natural or prescription) 48. 0 1 Relaxants/Sleeping pills 49. 0 1 Acetaminophen (Tylenol) 49. 0 1 Sildenafil citrate (Viagra) PART II (See key at bottom of page) Section 1 — Upper Gastrointestinal System 52. 0 1 2 3 Belching or gas within one hour after eating 53. 0 1 2 3 Heartburn or acid reflux 54. 0 1 2 3 Bloating within one hour after eating 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes) 56. 0 1 2 3 Boating within one hour after eating 57. 0 1 2 3 Loss of taste for meat 58. 0 1 2 3 Sweat has a strong odor 58. 0 1 2 3 Sweat has a strong odor 58. 0 1 2 3 Stomach upset by taking vitamins 59. 0 1 2 3 Stomach upset by taking vitamins 59. 0 1 2 3 Stomach of excess fullness after meals KEY: 0=No, symptom does not occur 59. 0 1 2 3 Semet of excess fullness after meals 41. 0 1 Heart medications 42. 0 1 Heart medications 43. 0 1 Heart medications 43. 0 1 Heart medications 44. 0 1 Laxatives 45. 0 1 Recreational drugs 46. 0 1 Calcants Selection (natural) 47. 0 1 Testosterone (natural) 48. 0 1 Thyroid medication 49. 0 1 Acetaminophen (Tylenol) 49. 0 1 Acetaminophen (Tylenol) 49. 0 1 Acetaminophen (Tylenol) 49. 0 1 Vicer medications 50. 0 1 2 3 Feel like skipping breakfast 50. 0 1 2 3 Feel like skipping breakfast 50. 0 1 2 3 Feel like skipping breakfast 50. 0 1 2 3 Feel like skipping breakfast 61. 0 1 2 3 Feel like skipping breakfast 62. 0 1 2 3 Feel like skipping breakfast 63. 0 1 2 3 Feel like skipping breakfast 64. 0 1 2 3 Feel like skipping breakfast 65. 0 1 2 3 Feel like skipping breakfast 66. 0 1 2 3 Feel like skipping breakfast 67. 0 1 2 3 Diarhea, chronic		av. of Estrogen or progesterone (pharmaceutical,
29. 0 1 Antidepresants 30. 0 1 Antidepresants 31. 0 1 Aspirin/Ibuprofen 32. 0 1 Asthma inhalers 32. 0 1 Asthma inhalers 33. 0 1 Beta blockers 34. 0 1 Recreational drugs 33. 0 1 Beta blockers 45. 0 1 Recreational drugs 34. 0 1 Birth control pills/implant contraceptives 46. 0 1 Thyroid medication 36. 0 1 Chemotherapy 48. 0 1 Thyroid medication 37. 0 1 Cortisone/steroids 38. 0 1 Diabetic medications/insulin 49. 0 1 Acetaminophen (Tylenol) 37. 0 1 Cortisone/steroids 50. 0 1 Ulcer medications 38. 0 1 Diabetic medications/insulin 51. 0 1 Sildenafil citrate (Viagra) 52. 0 1 2 3 Belching or gas within one hour after eating 53. 0 1 2 3 Bloating within one hour after eating 54. 0 1 2 3 Bloating within one hour after eating 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes) 56. 0 1 2 3 Bad breath (halitosis) 57. 0 1 2 3 Sweat has a strong odor 58. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Stomach upset by taking vitamins 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals		
31. 0 1 Aspirin/Ibuprofen 32. 0 1 Asthma Inhalers 32. 0 1 Asthma Inhalers 33. 0 1 Beta blockers 34. 0 1 Birth control pills/implant contraceptives 35. 0 1 Chemotherapy 48. 0 1 Testosterone (natural or prescription) 48. 0 1 Thyroid medication 49. 0 1 Acetaminophen (Tylenol) 49. 0 1 Ulcer medications 50. 0 1 Ulcer medications 51. 0 1 Sildenafil citrate (Viagra) PART II (See key at bottom of page) Section 1 — Upper Gastrointestinal System 52. 0 1 2 3 Belching or gas within one hour after eating 53. 0 1 2 3 Heartburn or acid reflux 54. 0 1 2 3 Bloating within one hour after eating 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1-yes) 56. 0 1 2 3 Both breath (halitosis) 57. 0 1 2 3 Loss of taste for meat 58. 0 1 2 3 Sweat has a strong odor 58. 0 1 2 3 Sweat has a strong odor 58. 0 1 2 3 Sweat has a strong odor 58. 0 1 2 3 Sense of excess fullness after meals 69. 0 1 2 3 Bloak or tarry colored stools 60. 0 1 2 3 Sense of excess fullness after meals 69. 0 1 2 3 Undigested food in stool KEY: 0=No, symptom does not occur	29. 0 1 Antidepressants	42. 0 1 Heart medications
32. 0 1 Asthma inhalers 33. 0 1 Beta blockers 34. 0 1 Birth control pills/implant contraceptives 34. 0 1 Chemotherapy 35. 0 1 Chemotherapy 48. 0 1 Testosterone (natural or prescription) 36. 0 1 Cholesterol lowering medications 37. 0 1 Cortisone/steroids 38. 0 1 Diabetic medications/insulin PART II (See key at bottom of page) Section 1 — Upper Gastrointestinal System 52. 0 1 2 3 Belching or gas within one hour after eating 53. 0 1 2 3 Belching or gas within one hour after eating 54. 0 1 2 3 Feel like skipping breakfast 55. 0 1 2 3 Bloating within one hour after eating 55. 0 1 2 3 Bloating within one hour after eating 56. 0 1 2 3 Bloating within one hour after eating 57. 0 1 2 3 Bloating within one hour after eating 58. 0 1 2 3 Bad breath (halitosis) 59. 0 1 2 3 Bad breath (halitosis) 59. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Stomach upset by taking vitamins 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals		
33. 0 1 Beta blockers 46. 0 1 Relaxants/Sleeping pills 34. 0 1 Birth control pills/implant contraceptives 47. 0 1 Testosterone (natural or prescription) 48. 0 1 Thyroid medication 49. 0 1 Acetaminophen (Tylenol) 37. 0 1 Cortisone/steroids 50. 0 1 Ulcer medications 38. 0 1 Diabetic medications/insulin 50. 0 1 Ulcer medications 51. 0 1 Sildenafil citrate (Viagra) PART II (See key at bottom of page) Section 1 — Upper Gastrointestinal System 52. 0 1 2 3 Belching or gas within one hour after eating 54. 0 1 2 3 Heartburn or acid reflux 55. 0 1 2 3 Bloating within one hour after eating 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1-yes) 56. 0 1 2 3 Bab breath (halitosis) 57. 0 1 2 3 Loss of taste for meat 58. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Sweat has a strong odor 50. 0 1 2 3 Sweat has a strong odor 50. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 60. 0 1 2 3 Block or tarry colored stools 70. 0 1 2 3 Undigested food in stool KEY: 0=No, symptom does not occur 2=Moderate symptom, occurs occasionally (weekly)	31. 0 1 Aspirin/Ibuproten	
34. 0 1 Birth control pills/implant contraceptives 47. 0 1 Testosterone (natural or prescription) 35. 0 1 Chemotherapy 48. 0 1 Thyroid medication 36. 0 1 Cholesterol lowering medications 49. 0 1 Acetaminophen (Tylenol) 37. 0 1 Cortisone/steroids 50. 0 1 Ulcer medications 38. 0 1 Diabetic medications/insulin 51. 0 1 Sildenafil citrate (Viagra) PART II (See key at bottom of page) Section 1 — Upper Gastrointestinal System 55. 0 1 2 3 Belching or gas within one hour after eating 53. 0 1 2 3 Heartburn or acid reflux 62. 0 1 2 3 Feel bite skipping breakfast 55. 0 1 2 3 Bloating within one hour after eating 63. 0 1 2 3 Sleepy after meals 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1 yes) 65. 0 1 2 3 Supply and the first of the f		
35. 0 1 Chemotherapy 36. 0 1 Cholesterol lowering medications 37. 0 1 Cortisones/steroids 38. 0 1 Diabetic medications/insulin PART II (See key at bottom of page) Section 1 — Upper Gastrointestinal System 55. 0 1 2 3 Belching or gas within one hour after eating 54. 0 1 2 3 Belching or gas within one hour after eating 55. 0 1 2 3 Bloating within one hour after eating 56. 0 1 2 3 Bloating within one hour after eating 57. 0 1 2 3 Bloating within one hour after eating 58. 0 1 2 3 Boundary meat, fish or eggs) (0=no, 1=yes) 58. 0 1 2 3 Bad breath (halitosis) 59. 0 1 2 3 Boundary meat for meat 59. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Sense of excess fullness after meals		
36. 0 1 Cholesterol lowering medications 37. 0 1 Diabetic medications/insulin PART II (See key at bottom of page) Section 1 — Upper Gastrointestinal System 52. 0 1 2 3 Belching or gas within one hour after eating 53. 0 1 2 3 Heartburn or acid reflux 54. 0 1 2 3 Bloating within one hour after eating 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1-yes) 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1-yes) 56. 0 1 2 3 Bad breath (halitosis) 57. 0 1 2 3 Loss of taste for meat 58. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Scenach paste by taking vitamins 69. 0 1 2 3 Diarrhea, chronic 68. 0 1 2 3 Diarrhea, chronic 69. 0 1 2 3 Bloat or tarry colored stools 60. 0 1 2 3 Scenach paste by taking vitamins 69. 0 1 2 3 Undigested food in stool KEY: 0=No, symptom does not occur 49. 0 1 1 Acetaminophen (Tylenol) Ulcer medications 50. 0 1 1 2 3 Fieldina Skidens 61. 0 1 2 3 Feel like skipping breakfast 62. 0 1 2 3 Feel like skipping breakfast 62. 0 1 2 3 Sleepy after meals 63. 0 1 2 3 Fingernails chip, peel or break easily 64. 0 1 2 3 Fingernails chip, peel or break easily 65. 0 1 2 3 Diarrhea, chronic 68. 0 1 2 3 Diarrhea, chronic 69. 0 1 2 3 Stomach paste by taking vitamins 69. 0 1 2 3 Undigested food in stool 69. 0 1 2 3 Sense of excess fullness after meals 69. 0 1 2 3 Undigested food in stool		(interest property
38. 0 1 Diabetic medications/insulin 51. 0 1 Sildenafii citrate (Viagra) PART II (See key at bottom of page) Section 1 - Upper Gastrointestinal System 52. 0 1 2 3 Belching or gas within one hour after eating 53. 0 1 2 3 Heartburn or acid reflux 54. 0 1 2 3 Bloating within one hour after eating 55. 0 1 2 3 Bloating within one hour after eating 56. 0 1 2 3 Bloating within one hour after eating 57. 0 1 2 3 Bloating within one hour after eating 58. 0 1 2 3 Bloating within one hour after eating 58. 0 1 2 3 Bloating within one hour after eating 59. 0 1 2 3 Bloating within one hour after eating 59. 0 1 2 3 Bloating within one hour after eating 59. 0 1 2 3 Bloating within one hour after eating 59. 0 1 2 3 Bloating within one hour after eating 59. 0 1 2 3 Bloating within one hour after eating 59. 0 1 2 3 Bloating within one hour after eating 60. 0 1 2 3 Bloating within one hour after eating 61. 0 1 2 3 Feel like skipping breakfast 62. 0 1 2 3 Feel better if you don't eat 63. 0 1 2 3 Feel better if you don't eat 64. 0 1 2 3 Fingernails chip, peel or break easily 65. 0 1 2 3 Fingernails chip, peel or break easily 65. 0 1 2 3 Stomach pains or cramps 66. 0 1 2 3 Stomach upset by taking vitamins 67. 0 1 2 3 Diarrhea, chronic 68. 0 1 2 3 Diarrhea, chronic 69. 0 1 2 3 Black or tarry colored stools 69. 0 1 2 3 Black or tarry colored stools 70. 0 1 2 3 Undigested food in stool KEY: 0=No, symptom does not occur 2=Moderate symptom, occurs occasionally (weekly)		
PART II (See key at bottom of page) Section 1 — Upper Gastrointestinal System 52. 0 1 2 3 Belching or gas within one hour after eating 54. 0 1 2 3 Heartburn or acid reflux 55. 0 1 2 3 Bloating within one hour after eating 56. 0 1 2 3 Bloating within one hour after eating 57. 0 1 2 3 Bloating within one hour after eating 58. 0 1 2 3 Bad breath (halitosis) 59. 0 1 2 3 Bad breath (halitosis) 59. 0 1 2 3 Loss of taste for meat 59. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Stomach upset by taking vitamins 59. 0 1 2 3 Stomach upset by taking vitamins 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Sense of excess fullness after meals 59. 0 1 2 3 Support does not occur 2=Moderate symptom, occurs occasionally (weekly)		
Section 1 — Upper Gastrointestinal System 52. 0 1 2 3 Belching or gas within one hour after eating 53. 0 1 2 3 Heartburn or acid reflux 62. 0 1 2 3 Feel like skipping breakfast 62. 0 1 2 3 Feel better if you don't eat 63. 0 1 2 3 Sleepy after meals 63. 0 1 2 3 Sleepy after meals 64. 0 1 2 3 Fingernails chip, peel or break easily 65. 0 1 2 3 Sleepy after meals 66. 0 1 2 3 Fingernails chip, peel or break easily 66. 0 1 2 3 Sleepy after meals 67. 0 1 2 3 Sleepy after meals 68. 0 1 2 3 Sleepy after meals 69. 0 1 2 3 Sleepy a	38. 0 1 Diabetic medications/insulin	51. 0 1 Sildenafil citrate (Viagra)
52. 0 1 2 3 Belching or gas within one hour after eating 53. 0 1 2 3 Heartburn or acid reflux 54. 0 1 2 3 Bloating within one hour after eating 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes) 56. 0 1 2 3 Bad breath (halitosis) 57. 0 1 2 3 Bad breath (halitosis) 58. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Stomach upset by taking vitamins 69. 0 1 2 3 Bloak or tarry colored stools 60. 0 1 2 3 Bloak or tarry colored stools 60. 0 1 2 3 Sunse of excess fullness after meals 61. 0 1 2 3 Feel like skipping breakfast 62. 0 1 2 3 Sleepy after meals 63. 0 1 2 3 Sleepy after meals 64. 0 1 2 3 Feel like skipping breakfast 62. 0 1 2 3 Sleepy after meals 63. 0 1 2 3 Sleepy after meals 64. 0 1 2 3 Sleepy after meals 65. 0 1 2 3 Stomach pains or cramps 66. 0 1 2 3 Diarrhea, chronic 68. 0 1 2 3 Diarrhea shortly after meals 69. 0 1 2 3 Black or tarry colored stools 70. 0 1 2 3 Undigested food in stool KEY: 0=No, symptom does not occur 2=Moderate symptom, occurs occasionally (weekly)	PART II (See key at bottom of page)	28. c 1 c 2 Eone ibes (mapped donelly on bottle scent) 134
52. 0 1 2 3 Belching or gas within one hour after eating 53. 0 1 2 3 Heartburn or acid reflux 54. 0 1 2 3 Bloating within one hour after eating 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes) 56. 0 1 2 3 Bad breath (halitosis) 57. 0 1 2 3 Bad breath (halitosis) 58. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Stomach upset by taking vitamins 69. 0 1 2 3 Bloak or tarry colored stools 60. 0 1 2 3 Bloak or tarry colored stools 60. 0 1 2 3 Sunse of excess fullness after meals 61. 0 1 2 3 Feel like skipping breakfast 62. 0 1 2 3 Sleepy after meals 63. 0 1 2 3 Sleepy after meals 64. 0 1 2 3 Feel like skipping breakfast 62. 0 1 2 3 Sleepy after meals 63. 0 1 2 3 Sleepy after meals 64. 0 1 2 3 Sleepy after meals 65. 0 1 2 3 Stomach pains or cramps 66. 0 1 2 3 Diarrhea, chronic 68. 0 1 2 3 Diarrhea shortly after meals 69. 0 1 2 3 Black or tarry colored stools 70. 0 1 2 3 Undigested food in stool KEY: 0=No, symptom does not occur 2=Moderate symptom, occurs occasionally (weekly)	Section 1 – Unner Gastrointestinal System	The state of the s
53. 0 1 2 3 Heartburn or acid reflux 54. 0 1 2 3 Bloating within one hour after eating 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes) 56. 0 1 2 3 Bad breath (halitosis) 57. 0 1 2 3 Loss of taste for meat 57. 0 1 2 3 Loss of taste for meat 58. 0 1 2 3 Stomach upset by taking vitamins 59. 0 1 2 3 Stomach upset by taking vitamins 60. 0 1 2 3 Black or tarry colored stools 60. 0 1 2 3 Black or tarry colored stools 60. 0 1 2 3 Black or tarry colored stools 60. 0 1 2 3 Stomach upset by taking vitamins 61. 0 1 2 3 Diarrhea, chronic 62. 0 1 2 3 Diarrhea, chronic 63. 0 1 2 3 Diarrhea, chronic 64. 0 1 2 3 Diarrhea, chronic 65. 0 1 2 3 Diarrhea, chronic 66. 0 1 2 3 Diarrhea, chronic 67. 0 1 2 3 Diarrhea, chronic 68. 0 1 2 3 Diarrhea, chronic 69. 0 1 2 3 Diarrhea, chronic	State a proper de social a policie de social d	
54. 0 1 2 3 Bloating within one hour after eating Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes) 55. 0 1 2 3 Bloating within one hour after eating Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes) 65. 0 1 2 3 Anemia unresponsive to iron 66. 0 1 2 3 Stomach pains or cramps 67. 0 1 2 3 Diarrhea, chronic Diarrhea shortly after meals 68. 0 1 2 3 Stomach upset by taking vitamins 69. 0 1 2 3 Black or tarry colored stools 69. 0 1 2 3 Black or tarry colored stools 69. 0 1 2 3 Black or tarry colored stools 69. 0 1 2 3 Undigested food in stool KEY: 0=No, symptom does not occur 2=Moderate symptom, occurs occasionally (weekly)		
55. 0 1		
1=yes) 65. 0 1 2 3 Anemia unresponsive to iron 66. 0 1 2 3 Stornach pains or cramps 57. 0 1 2 3 Sweat has a strong odor 68. 0 1 2 3 Diarrhea, chronic 68. 0 1 2 3 Diarrhea shortly after meals 69. 0 1 2 3 Stornach upset by taking vitamins 69. 0 1 2 3 Black or tarry colored stools 60. 0 1 2 3 Sense of excess fullness after meals		
57. 0 1 2 3 Loss of taste for meat 67. 0 1 2 3 Diarrhea, chronic 58. 0 1 2 3 Sweat has a strong odor 68. 0 1 2 3 Diarrhea shortly after meals 59. 0 1 2 3 Stomach upset by taking vitamins 69. 0 1 2 3 Black or tarry colored stools 60. 0 1 2 3 Sense of excess fullness after meals 70. 0 1 2 3 Undigested food in stool KEY: 0=No, symptom does not occur 2=Moderate symptom, occurs occasionally (weekly)	1=yes)	65. 0 1 2 3 Anemia unresponsive to iron
58. 0 1 2 3 Sweat has a strong odor 68. 0 1 2 3 Diarrhea shortly after meals 59. 0 1 2 3 Stomach upset by taking vitamins 69. 0 1 2 3 Black or tarry colored stools 60. 0 1 2 3 Sense of excess fullness after meals 70. 0 1 2 3 Undigested food in stool KEY: 0=No, symptom does not occur 2=Moderate symptom, occurs occasionally (weekly)		66. 0 1 2 3 Stornach pains or cramps
59. 0 1 2 3 Stomach upset by taking vitamins 69. 0 1 2 3 Black or tarry colored stools 60. 0 1 2 3 Sense of excess fullness after meals 70. 0 1 2 3 Undigested food in stool KEY: 0=No, symptom does not occur 2=Moderate symptom, occurs occasionally (weekly)		
60. 0 1 2 3 Sense of excess fullness after meals 70. 0 1 2 3 Undigested food in stool KEY: 0=No, symptom does not occur 2=Moderate symptom, occurs occasionally (weekly)		
KEY: 0=No, symptom does not occur 2=Moderate symptom, occurs occasionally (weekly)		
	1=Yes, minor or mild symptom, rarely occurs (monthly)	2=Moderate symptom, occurs occasionally (weekly) 3=Severe symptom, occurs frequently (daily)

©2003 Nutritional Therapy Association, Inc.® All Rights Reserved.

Sec	41 0				_				
	tion 2 -	- Liver and Gallbladder					2/	Nutritional /	6
71.	0 1 2	Pain between shoulder blades	85.	0	1			Easily hung over if you were to drink wine (0=	
72.	0 1 2	Stomach upset by greasy foods						1=yes)	110,
73.	0 1 2	Greasy or shiny stools	86.	0	1	2	3	Alcohol per week (0=<3, 1=<7, 2 =<14, 3=>14	1)
74.	0 1 2	Nausea	87.					Recovering alcoholic (0=no, 1=yes)	.,
75.	0 1 2	Sea, car, airplane or motion sickness	88.	0	1			History of drug or alcohol abuse (0=no, 1=yes	(2
76.	0 1	History of morning sickness (0 = no, 1 = yes)	89.					History of hepatitis (0=no, 1=yes)	-/
77.	0 1 2 3	B Light or clay colored stools	90.	0	1			Long term use of prescription/recreational dru	as
78.	0 1 2 3	Dry skin, itchy feet or skin peels on feet						(0=no, 1=ves)	90
79.	0 1 2	Headache over eyes	91.	0	1	2	3	Sensitive to chemicals (perfume, cleaning	
80.	0 1 2 3	Gallbladder attacks (0=never, 1=years ago,						agents, etc.)	
		2=within last year, 3=within past 3 months)	92.	0	1	2	3	Sensitive to tobacco smoke	
81.	0 1	Gallbladder removed (0=no, 1=yes)	93.	0	1	2	3	Exposure to diesel fumes	
82.	0 1 2 3	Bitter taste in mouth, especially after meals	94.			2		Pain under right side of rib cage	
83.	0 1	Become sick if you were to drink wine (0=no,	95.	0	1	2	3	Hemorrhoids or varicose veins	
		1=yes)	96.	0	1	2	3	NutraSweet (aspartame) consumption	
84.	0 1	Easily intoxicated if you were to drink wine	97.	0	1	2	3	Sensitive to NutraSweet (aspartame)	
		(0=no, 1=yes)	98.	0	1	2	3	Chronic fatigue or Fibromyalgia	
Sect	tion 3 -	Small Intestine							4
99.	012	Food allergies	108.	0	1	2	2	Crobp's discoss (0 =no. 1=upo in the upot	4
100.		Abdominal bloating 1 to 2 hours after eating	.00.	U	- (-	9	Crohn's disease (0 =no, 1=yes in the past, 2=currently mild condition, 3=severe)	
101.	0 1	Specific foods make you tired or bloated (0=no,	109.	0	1	2	2	Wheat or grain sensitivity	
		1=ves)	110.			2		Dairy sensitivity	
102.	0 1 2 3		111.	0		2	2	Are there foods you could not give up (0=no.	
103.	0 1 2 3		10.000	·	-			1=yes)	
104.		Experience hives	112.	0	1	2	3	Asthma, sinus infections, stuffy nose	
105.		Sinus congestion, "stuffy head"	113.					Bizarre vivid dreams, nightmares	
106.		Crave bread or noodles	114.					Use over-the-counter pain medications	
107.		Alternating constipation and diarrhea	115.					Feel spacey or unreal	
		Large Intestine		-		_		Antanta	
		A SAME AND DESCRIPTION OF THE PROPERTY OF THE	Mal nu					rammer ST ave a Orado pagain or or or o	5
	0 1 2 3		126.	0	1	2 :	3	Stools have corners or edges, are flat or ribbor	n
	0 1 2 3							shaped	
	0 1 2 3		127.					Stools are not well formed (loose)	
119.	0 1 2 3	Taken antibiotic for a total accumulated time of	128.			2 :		Irritable bowel or mucus colitis	
		(0=never, 1= <1 month, 2= <3 months, 3= >3	129.					Blood in stool	
	1.5	months) (g) engretaegong to nogonatile and the	130.					Mucus in stool	
120.	0 1 2 3	Fungus or yeast infections	131.					Excessive foul smelling lower bowel gas	
		Ring worm, "jock itch", "athletes foot", nail fungus	132.					Bad breath or strong body odors	
	0 1 2 3					2 3	3	Painful to press along outer sides of thighs	
	0 1 2 3	Yeast symptoms increase with sugar, starch or	133.	0	1				
122.	0 1 2 3	alcohol and them should be also de						(Iliotibial Band)	
122.	0 1 2 3	alcohol Stools hard or difficult to pass	134.	0	1	2 3		Cramping in lower abdominal region	
22. 23. 24.	0 1 2 3 0 1 2 3 0 1	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes)		0	1	2 3			
22. 23. 24. 25.	0 1 2 3 0 1 2 3 0 1 0 1 2 3	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day	134.	0	1	2 3		Cramping in lower abdominal region	
22. 23. 24. 25. Sect	0 1 2 3 0 1 2 3 0 1 0 1 2 3	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs	134. 135.	0	1	2 3	3	Cramping in lower abdominal region Dark circles under eyes	7
23. 24. 25. Sect	0 1 2 3 0 1 2 3 0 1 0 1 2 3 ion 5 —	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes)	134. 135.	0	1 1 1	2 3 2 3	3	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes)	7
122. 123. 124. 125. Sect	0 1 2 3 0 1 2 3 0 1 0 1 2 3 ion 5 —	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or	134. 135. 150. 151.	0 0	1 1 1	2 3 2 3	3	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness	7
122. 123. 124. 125. Sect 136.	0 1 2 3 0 1 2 3 0 1 0 1 2 3 ion 5 — 0 1 0 1	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes)	134. 135. 150. 151. 152.	0 0 0 0 0	1 1 1 1 1	2 3 2 3 2 3	3	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting	7
22. 23. 24. 25. Sect 36. 37.	0 1 2 3 0 1 2 3 0 1 0 1 2 3 ion 5 -	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) History of stress fracture (0=no, 1=yes)	134. 135. 150. 151. 152. 153.	0 0 0 0 0	1 1 1 1 1 1 1	2 3 2 3 2 3 2 3	3 3 3 3 3	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting Crave chocolate	7
122. 123. 124. 125. Sect 136. 137.	0 1 2 3 0 1 2 3 0 1 0 1 2 3 ion 5 - 0 1 0 1 0 1 0 1 0 1 0 1 2 3	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) History of stress fracture (0=no, 1=yes) Bone loss (reduced density on bone scan)	134. 135. 150. 151. 152. 153. 154.	0 0 0 0 0 0	1 1 1 1 1 1 1	2 3 2 3 2 3 2 3 2 3	3 3 3 3 3	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting Crave chocolate Feet have a strong odor	7
22. 23. 24. 25. 36. 37. 38. 39.	0 1 2 3 0 1 2 3 0 1 0 1 2 3 ion 5 -	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) History of stress fracture (0=no, 1=yes) Bone loss (reduced density on bone scan) Are you shorter than you used to be? (0=no,	134. 135. 150. 151. 152. 153. 154. 155.	0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1	2 3 2 3 2 3 2 3 2 3 2 3 2 3 3 3 2 3 3 3 2 3 3 3 2 3 3 3 2 3 3 3 3 2 3 3 3 3 3 3 3 3 3 3 3 2 3	3 3 3 3 3 3 3	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting Crave chocolate Feet have a strong odor History of anemia	7
23. 24. 25. Sect 36. 37. 38. 39. 40.	0 1 2 3 0 1 2 3 0 1 2 3 ion 5 — 0 1 0 1 2 3	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) History of stress fracture (0=no, 1=yes) Bone loss (reduced density on bone scan) Are you shorter than you used to be? (0=no, 1=yes)	134. 135. 150. 151. 152. 153. 154. 155. 156.	0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1	2 3 2 3 2 3 2 3 2 3 2 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3	33 33 33 33 33 33 33 33 33 33 33 33 33	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting Crave chocolate Feet have a strong odor History of anemia Whites of eyes (sclera) blue tinted	7
122. 123. 124. 125. Sect 136. 137. 138. 139. 140.	0 1 2 3 0 1 2 3 0 1 2 3 ion 5 - 0 1 0 1 0 1 2 3 ion 5 - 0 1 0 1 0 1 0 1 2 3	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) History of stress fracture (0=no, 1=yes) Bone loss (reduced density on bone scan) Are you shorter than you used to be? (0=no, 1=yes) Calf, foot or toe cramps at rest	134. 135. 150. 151. 152. 153. 154. 155. 156. 157.	0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1	2 3 2 3 2 3 2 3 2 3 2 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3 3 2 3	33 33 33 33 33 33 33 33 33 33 33 33 33	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting Crave chocolate Feet have a strong odor History of anemia Whites of eyes (sclera) blue tinted Hoarseness	7
122. 123. 124. 125. Sect 136. 137. 138. 139. 140.	0 1 2 3 0 1 2 3 0 1 2 3 ion 5 — 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 2 3 0 1	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) History of stress fracture (0=no, 1=yes) Bone loss (reduced density on bone scan) Are you shorter than you used to be? (0=no, 1=yes) Calf, foot or toe cramps at rest Cold sores, fever blisters or herpes lesions	134. 135. 150. 151. 152. 153. 154. 155. 156. 157. 158.	0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	33 33 33 33 33 33 33 33 33 33 33 33 33	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting Crave chocolate Feet have a strong odor History of anemia Whites of eyes (sclera) blue tinted Hoarseness Difficulty swallowing	7
122. 123. 124. 125. Sect 136. 137. 138. 139. 140.	0 1 2 3 0 1 2 3 0 1 2 3 ion 5 — 0 1 0 1 0 1 0 1 2 3 0 1 0 1 2 3 0 1 2 3	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) History of stress fracture (0=no, 1=yes) Bone loss (reduced density on bone scan) Are you shorter than you used to be? (0=no, 1=yes) Calf, foot or toe cramps at rest Cold sores, fever blisters or herpes lesions Frequent fevers	134. 135. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159.	0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	33 33 33 33 33 33 33 33 33 33 33 33 33	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting Crave chocolate Feet have a strong odor History of anemia Whiles of eyes (sclera) blue tinted Hoarseness Difficulty swallowing Lump in throat	7
122. 123. 124. 125. Sect 136. 137. 138. 140. 141. 142. 143.	0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 ion 5 — 0 1 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) History of stress fracture (0=no, 1=yes) Bone loss (reduced density on bone scan) Are you shorter than you used to be? (0=no, 1=yes) Calf, foot or toe cramps at rest Cold sores, fever blisters or herpes lesions Frequent fevers Frequent skin rashes and/or hives	134. 135. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160.	0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	33 33 33 33 33 33 33 33 33 33 33 33 33	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting Crave chocolate Feet have a strong odor History of anemia Whites of eyes (sclera) blue tinted Hoarseness Difficulty swallowing	7
122. 123. 124. 125. Sect 136. 137. 138. 140. 141. 142. 143. 144.	0 1 2 3 0 1 2 3 0 1 2 3 0 1 0 1 2 3 ion 5 — 0 1 0 1 0 1 2 3 0 1 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) History of stress fracture (0=no, 1=yes) Bone loss (reduced density on bone scan) Are you shorter than you used to be? (0=no, 1=yes) Calf, foot or toe cramps at rest Cold sores, fever blisters or herpes lesions Frequent fevers Frequent skin rashes and/or hives Herniated disc (0=no, 1=yes)	134. 135. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161.	0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	33 33 33 33 33 33 33 33 33 33 33 33 33	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting Crave chocolate Feet have a strong odor History of anemia Whites of eyes (sclera) blue tinted Hoarseness Difficulty swallowing Lump in throat Dry mouth, eyes and/or nose Gag easily	7
122. 123. 124. 125. Sect 136. 137. 138. 139. 141. 142. 143. 144. 145. 146.	0 1 2 3 0 1 2 3 0 1 2 3 0 1 0 1 2 3 ion 5 - 0 1 0 1 0 1 2 3 0 1 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) History of stress fracture (0=no, 1=yes) Bone loss (reduced density on bone scan) Are you shorter than you used to be? (0=no, 1=yes) Calf, foot or toe cramps at rest Cold sores, fever blisters or herpes lesions Frequent fevers Frequent skin rashes and/or hives Herniated disc (0=no, 1=yes) Excessively flexible joints, "double jointed"	134. 135. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161.	0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	33 33 33 33 33 33 33 33 33 33 33 33 33	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting Crave chocolate Feet have a strong odor History of anemia Whites of eyes (sclera) blue tinted Hoarseness Difficulty swallowing Lump in throat Dry mouth, eyes and/or nose	7!
122. 123. 124. 125. Sect 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147.	0 1 2 3 0 1 2 3 0 1 2 3 0 1 0 1 2 3 ion 5 — 0 1 0 1 2 3 0 1 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) History of stress fracture (0=no, 1=yes) Bone loss (reduced density on bone scan) Are you shorter than you used to be? (0=no, 1=yes) Calf, foot or toe cramps at rest Cold sores, fever blisters or herpes lesions Frequent fevers Frequent skin rashes and/or hives Herniated disc (0=no, 1=yes) Excessively flexible joints, "double jointed" Joints pop or click	134. 135. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	33 33 33 33 33 34 34 34 34 34 34 34 34 3	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting Crave chocolate Feet have a strong odor History of anemia Whites of eyes (sclera) blue tinted Hoarseness Difficulty swallowing Lump in throat Dry mouth, eyes and/or nose Gag easily White spots on fingernails Cuts heal slowly and/or scar easily	7:
122. 123. 124. 125. Sect 136. 137. 138. 139. 141. 142. 143. 144. 144. 145. 146. 147. 148.	0 1 2 3 0 1 2 3 0 1 2 3 0 1 0 1 2 3 ion 5 - 0 1 0 1 0 1 2 3 0 1 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3	alcohol Stools hard or difficult to pass History of parasites (0=no, 1=yes) Less than one bowel movement per day Mineral Needs History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) History of stress fracture (0=no, 1=yes) Bone loss (reduced density on bone scan) Are you shorter than you used to be? (0=no, 1=yes) Calf, foot or toe cramps at rest Cold sores, fever blisters or herpes lesions Frequent fevers Frequent skin rashes and/or hives Herniated disc (0=no, 1=yes) Excessively flexible joints, "double jointed"	134. 135. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3	33 33 33 33 33 34 34 34 34 34 34 34 34 3	Cramping in lower abdominal region Dark circles under eyes History of bone spurs (0=no, 1=yes) Morning stiffness Nausea with vomiting Crave chocolate Feet have a strong odor History of anemia Whites of eyes (sclera) blue tinted Hoarseness Difficulty swallowing Lump in throat Dry mouth, eyes and/or nose Gag easily White spots on fingernails	7!

KEY: 0=No, symptom does not occur
1=Yes, miner or mild symptom, rarely occurs (monthly) ur 2=Moderate symptom, occurs occasionally (weekly)
n, rarcly occurs (monthly) 3=Severe symptom, occurs frequently (dally)
©2003 Nutritional Therapy Association, inc.® All Rights Reserved.

Sec	tion 6 -	Essential Fatty Acids					acount - 17 ages	22
165.	0 1	Experience pain relief with aspirin (0=no, 1=yes)	169.	0	1 2	2 3	Headaches when out in the hot sun	-
166.	0 1 2 3	Crave fatty or greasy foods	170.				Sunburn easily or suffer sun poisoning	
167.	0 1 2 3	Low- or reduced-fat diet (0=never, 1=years ago,	171.	0	1 2	2 3	Muscles easily fatigued	
		2=within past year, 3=currently)	172.					
168.	0 1 2 3	Tension headaches at base of skull					modrael revol	
Sec	tion 7 –	Sugar Handling						39
173.	0 1 2 3	Awaken a few hours after falling asleep, hard to	180.	٥	1 :	2 3	Headache if meals are skipped or delayed	
		get back to sleep	181.				Irritable before meals	
174.	0 1 2 3	Crave sweets	182.				Shaky if meals delayed	
175.	0 1 2 3	Binge or uncontrolled eating	183.				Family members with diabetes (0=none, 1=1	or
176.	0 1 2 3			1000	0 17		2, 2=3 or 4, 3=more than 4)	01
177.	0 1 2 3		184.	0	1 2	2 3	Frequent thirst	
178.	0 1 2 3	Sleepy in afternoon	185.					
179.	0 1 2 3	Fatigue that is relieved by eating						
Sec	tion 8 –	Vitamin Need	7	ī			-	81
186.	0 1 2 3	Muscles become easily fatigued	200.	0 -	1 2	2 3	Can hear heart beat on pillow at night	-97
187.	0 1 2 3	Feel exhausted or sore after moderate exercise	201.	0 1			Whole body or limb jerk as falling asleep	
	0 1 2 3	Vulnerable to insect bites	202.	0 1			Night sweats	
	0 1 2 3		203.			2 3		
190.	0 1 2 3	Enlarged heart or congestive heart failure	204.				Cracks at corner of mouth (Chellosis)	
191.	0 1 2 3		205.	0 1			Fragile skin, easily chaffed, as in shaving	
192.	0 1 2 3	Ringing in the ears (Tinnitus)	206.			2 3		
193.	0 1 2 3		207.					
	0 1 2 3	Depressed	208.					
	0 1 2 3	Fear of impending doom	209.					
	0 1 2 3	Worrier, apprehensive, anxious	210.					
	0 1 2 3	Nervous or agitated	211.					
198.	0 1 2 3	Feelings of insecurity	212.					h
199.	0 1 2 3	Heart races					Hill Variation of the Control of the	hei
Sec	tion 9 –	Adrenal			2111	17/11	gaft title (fair is befored)	78
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.				Crave salty foods	
215.	0 1 2 3	Slow starter in the morning	228.					
216.	0 1 2 3	Tend to be keyed up, trouble calming down	229.				Perspire easily	
		Blood pressure above 120/80	230.				Chronic fatigue, or get drowsy often	
		Headache after exercising	231.	0 1				
119.	0 1 2 3	Feeling wired or jittery after drinking coffee	232.					
		Clench or grind teeth					Asthma, wheezing or difficulty breathing	
		Calm on the outside, troubled on the inside	234.					
		Chronic low back pain, worse with fatigue	235.				Tendency to sprain ankles or "shin splints"	
23.	0 1 2 3		236.				Tendency to need sunglasses	
224.	0 1 2 3		237.				Allergies and/or hives	
225.	0 1 2 3	Pain after manipulative correction	238.				Weakness, dizziness	
Sec	tion 10 -	Pituitary & Annual Research	**************************************				CIAN- DAVIDAGE CONTRACTOR	29
239.	0 1	Height over 6' 6" (0=no, 1=yes)	245.	0 1			Height under 4' 10" (0=no, 1=yes)	
40.	0 1	Early sexual development (before age 10) (0=no,	246.	0 1	2	2	Decreased libido	
		1=ves)	247.				Excessive thirst	
41.	0 1 2 3	Increased libido	248.					
42.		Splitting type headache	249.				Weight gain around hips or waist Menstrual disorders	
		Memory failing	250.			3		
43			250.	UI			Delayed sexual development (after age 13)	
	0.1	I olerate sugar teel tine when eating cugar						
243. 244.	0 1	Tolerate sugar, feel fine when eating sugar (0=no, 1=yes)	254				(0=no, 1=yes) Tendency to ulcers or colitis	

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)
--	--

Sec	tion	11	1 -	Thyroid					Butth this section of	4
				Sensitive/allergic to iodine	260.	0	1	2 3	Mentally sluggish, reduced initiative	8
253.	0	1 2	3	Difficulty gaining weight, even with large	261.			2 3		
				appetite beughst vilese volceufd	262.			2 3		
254.	0	1 2	3	Nervous, emotional, can't work under pressure		•			and feet)	
255.	0	1 2	3	Inward trembling	263.	0	1	2 3	To design the company of the contract of the c	
256.	0	1 2	3	Flush easily	264.			2 3		
257.	0	1 2	3	Fast pulse at rest	265.			2 3		
258.	0	1 2	3	Intolerance to high temperatures	266.			2 3		
259.				Difficulty losing weight				2 3		
Sec	tior	1 12	2 -	Men Only					gritsa balipimaansi si-griidi.	-
268.	0	1 2	3	Prostate problems	272.	0	1	2 3	Waking to urinate at night	6
269.	0	1 2	3	Difficulty with urination, dribbling	273.			2 3	Interruption of stream during urination	
270.	0	1 2	3	Difficult to start and stop urine stream	274.			2 3		
271.	0	1 2		Pain or burning with urination	275.			2 3		
					276.			2 3		
Sec	tior	13	3 -	Women Only	2				Muscles become wastly fatigues	6
277.	0	1 2	3	Depression during periods	287.	0	1	2 3	Breast fibroids, benign masses	
278.		1 2		Mood swings associated with periods (PMS)	288.			2 3	Painful intercourse (dysparenia)	
279.		1 2		Crave chocolate around periods	289.			2 3	Vaginal discharge	
280.	0 '	1 2	3	Breast tenderness associated with cycle	290.			2 3	Vaginal dryness	
281.	0 :	1 2	3	Excessive menstrual flow	291.			2 3	Vaginal itchiness	
282.	0	1 2	3	Scanty blood flow during periods	292.			2 3	Gain weight around hips, thighs and buttocks	
283.	0	1 2	3	Occasional skipped periods	293.			2 3	Excess facial or body hair	
284.	0 .	1 2	3	Variations in menstrual cycles	294.			2 3	Hot flashes	
285.	0 -	1 2	3	Endometriosis de la manufactura del la manufactura del la manufactura de la manufact	295.			2 3	Night sweats (in menopausal females)	
286.	0 -	1 2	3	Uterine fibroids	296.			2 3	Thinning skin	
Sect	tion	14		Cardiovascular	£		-16.5		American II application	5/1
297.				Aware of heavy and/or irregular breathing	000		- 12			3
					302.			2 3	Ankles swell, especially at end of day	
298.				Discomfort at high altitudes	303.			2 3	Cough at night	
299.				"Air hunger" or sigh frequently	304.			2 3	Blush or face turns red for no reason	
300. 301.				Compelled to open windows in a closed room Shortness of breath with moderate exertion	305.	0	1	2 3	Dull pain or tightness in chest and/or radiate into right arm, worse with exertion	
		0		29 Care Perspire easily	306.	0	1	2 3		
				Kidney and Bladder	2				grantize tons store (P	1;
307.				Pain in mid-back region	310.	0	1	2 3	Cloudy, bloody or darkened urine	
308. 309.				Puffy around the eyes, dark circles under eyes History of kidney stones (0=no, 1=yes)	311.	0	1	2 3	Urine has a strong odor	
Sect	ion	16	_	Immune system				I GOR	TE ON BUILDING WAS A STATE OF THE TANK OF	30
312.		2 :		Runny or drippy nose	317.	0	1	2 3	Never get sick (0 = gick only 1 or 2 the	
313.				Catch colds at the beginning of winter	317.	U	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	I
314.				Mucus producing cough						
15.				Frequent colds or flu (0=1 or less per year, 1=2	318.	0	1	2 3	sick in last 4 years, 3 = not sick in last 7 years) Acne (adult)	
		25310		to 3 times per year, 2=4 to 5 times per year, 3=6	319.			23	Itchy skin (Dermatitis)	
				or more times per year)	320.			2 3		
16.	0 1	2 3		Other infections (sinus, ear, lung, skin, bladder.	321.			2 3	Cysts, boils, rashes	
	0 1	- '		kidney, etc.) (0=1 or less per year, 1=2 to 3	321.	U	1	2 3	History of Epstein Bar, Mono, Herpes,	
				times per year, 2=4 to 5 times per year, 3=6 or					Shingles, Chronic Fatigue Syndrome, Hepatitis	
									or other characteristic viral condition (0 = no, 1 = yes	
				more times per year)					in the past, 2 = currently mild condition, 3 =	
									severe)	

KEY: 0=No, symptom does not occur 1=Yes, minor or mild symptom, rarely occurs (monthly)

zr 2=Moderate symptom, occurs occasionally (weekly)
n, rarely occurs (monthly) 3=Severe symptom, occurs frequently (daily)
©2003 Nutritional Therapy Association, Inc.® All Rights Reserved.