

Section 2

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

Section 3

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

Section 4

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

Section 5

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

Section 6

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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=currenty) | 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

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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

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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 (Cheilosis) |
| 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

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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

29

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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 |

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

Section 11

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

Section 12 – Men Only

27

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

Section 13 – Women Only

60

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

Section 14

30

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

Section 15

13

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

Section 16

30

- 312. 0 1 2 3 Runny or drippy nose
- 313. 0 1 2 3 Catch colds at the beginning of winter
- 314. 0 1 2 3 Mucus producing cough
- 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)
- 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)
- 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)
- 318. 0 1 2 3 Acne (adult)
- 319. 0 1 2 3 Itchy skin (Dermatitis)
- 320. 0 1 2 3 Cysts, boils, rashes
- 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)

KEY: 0=No, symptom does not occur	2=Moderate symptom, occurs occasionally (weekly)
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