

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=currently) | 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

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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 | 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

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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

13

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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

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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) |

NOTES:

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)