# Nutritional Assessment Questionnaire 1.5

Name:			Da	ate:	//	
Birth Date:						
Please list your five major health co		mnortanco:				
1.		Notes:				
PART I Read the following que	estions and circle the	number that applie	es:			
KEY: 0 = Do not consume or use 1 = Consume or use 2 to 3 tin		2 = Consu	me or use week me or use daily			
DIET					58	
<ol> <li>0 1 2 3 Alcohol</li> <li>0 1 2 3 Artificial sweeteners</li> <li>0 1 2 3 Confectionary or other sweets</li> <li>0 1 2 3 Fizzy drinks</li> <li>0 1 2 3 Chewing tobacco</li> <li>0 1 2 3 Cigarettes</li> </ol>	7.       0       1       2       3       Cigar         8.       0       1       2       3       Caffe         9.       0       1       2       3       Fast f         10.       0       1       2       3       Fried         11.       0       1       2       3       Tinne         12.       0       1       2       3       Marga         13.       0       1       2       3       Milk p	nated beverages oods foods d meats/hot dogs arine	<b>16.</b> 0 1 2 3 <b>17.</b> 0 1 2 3 <b>18.</b> 0 1 2 3 <b>19.</b> 0 1 2 3	Refined flou Vitamins an Water, disti Water, tap Water, well		
LIFESTYLE					12	
<ul> <li>21. 0 1 2 3 Exercise per week (0 = 2 or month)</li> <li>22. 0 1 2 3 Changed jobs (0 = over 12</li> <li>23. 0 1 2 3 Divorced (0 = never, over 2</li> <li>24. 0 1 2 3 Work over 60 hours/week (0</li> </ul>	months ago, 1 = within years ago, 1 = within la	last 12 months, 2 = lst 2 years, 2 = with	within last 6 mon in last year, 3 = v	iths, 3 = with	in last 2 months)	
MEDICATIONS Indicate any medie	cations you're current	ly taking or have ta	aken in the last	month (0=n	<b>o, 1=yes):</b> 54	
<ol> <li>0 1 Antacids</li> <li>0 1 Antacids</li> <li>0 1 Antianxiety medications</li> <li>1 Antibiotics</li> <li>0 1 Anticonvulsants</li> <li>0 1 Antidepressants</li> <li>0 1 Antifungals</li> <li>1 Aspirin/Ibuprofen/Paracetamol</li> <li>0 1 Asthma inhalers</li> <li>0 1 Beta blockers</li> <li>0 1 Birth control pills/implant contra</li> <li>0 1 Chemotherapy</li> <li>0 1 Cortisone/steroids</li> <li>0 1 Diabetic medications/insulin</li> </ol>		40.       0       1       Oes preserved preserve	retics strogen or proges scription) strogen or proges art medications h blood pressure atives creational drugs axants/Sleeping tosterone (natura rroid medication etaminophen (Tyl- er medications lenafal citrate (Vi-	sterone (natu medications pills al or prescrip enol)	ıral)	
				agra)		

#### Section 1 **52.** 0 1 2 3 Belching or gas within one hour after eating Feel like skipping breakfast **61.** 0 1 2 3 **53.** 0 1 2 3 Heartburn or acid reflux **62.** 0 1 2 3 **63.** 0 1 2 3 **54.** 0 1 2 3 Bloating within one hour after eating **55.** 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, **64.** 0 1 2 3 1=yes) **65.** 0 1 2 3 **56.** 0 1 2 3 Bad breath (halitosis) **66.** 0 1 2 3 **57.** 0 1 2 3 Loss of taste for meat **67.** 0 1 2 3 Sweat has a strong odor **58.** 0 1 2 3 **68.** 0 1 2 3 Stomach upset by taking vitamins **59.** 0 1 2 3 **69.** 0 1 2 3 **60.** 0 1 2 3

Feel better if you don't eat Sleepy after meals Fingernails chip, peel or break easily Anemia unresponsive to iron Stomach pains or cramps Diarrhoea, chronic Diarrhoea shortly after meals Black or tarry colored stools Sense of excess fullness after meals **70.** 0 1 2 3 Undigested food in stool

55

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

Sec	tion 2				68
71.	0 1 2 3	Pain between shoulder blades	85.	0 1	Easily hung over if you were to drink wine (0=no,
72.	0123	Stomach upset by greasy foods			1=yes)
73.	0 1 2 3	Greasy or shiny stools		0 1 2 3	
74.		Nausea		0 1	Recovering alcoholic (0=no, 1=yes)
75.	0 1 2 3	Sea, car, airplane or motion sickness		0 1	History of drug or alcohol abuse (0=no, 1=yes)
76.	0 1	History of morning sickness (0 = no, 1 = yes)		0 1	History of hepatitis (0=no, 1=yes)
77.		Light or clay colored stools	90.	0 1	Long term use of prescription/recreational drugs
	0 1 2 3	Dry skin, itchy feet or skin peels on feet			(0=no, 1=yes)
79.		Headache over eyes	91.	0 1 2 3	· · · · · · · · · · · · · · · · · · ·
80.	0123	Gallbladder attacks (0=never, 1=years ago,	~~		agents, etc.)
04		2=within last year, 3=within past 3 months)			Sensitive to tobacco smoke
81.		Gallbladder removed (0=no, 1=yes)			Exposure to diesel fumes
82.	0123				Pain under right side of rib cage
83.	0 1	Become sick if you were to drink wine (0=no,			Haemorrhoids or varicose veins Nutrasweet (aspartame) consumption
84.	0 1	1=yes) Easily intoxicated if you were to drink wine		0 1 2 3	
04.	0 1	(0=no, 1=yes)			Chronic fatigue or Fibromyalgia
		(0-110, 1-903)	50.	0123	
	tion 3				47
	0123	Food allergies	108.	0123	Crohn's disease (0 =no, 1=yes in the past,
		Abdominal bloating 1 to 2 hours after eating			2=currently mild condition, 3=severe)
101.	0 1	Specific foods make you tired or bloated (0=no,			Wheat or grain sensitivity
400		1=yes)			Dairy sensitivity
	0 1 2 3	Pulse speeds after eating	111.	01	Are there foods you could not give up (0=no,
		Airborne allergies	440		1=yes)
		Experience hives Sinus congestion, "stuffy head"			Asthma, sinus infections, stuffy nose Bizarre vivid dreams, nightmares
	0123	Crave bread or noodles			Use over-the-counter pain medications
		Alternating constipation and diarrhoea			Feel spacey or unreal
			110.	0123	
	tion 4				58
	0123	Anus itches	126.	0123	<b>U</b>
	0123	Coated tongue			shaped
	0 1 2 3	Feel worse in mouldy or musty place		0123	
119.	0 1 2 3	Taken antibiotic for a total accumulated time of		0123	
		(0=never, 1= <1 month, 2= <3 months, 3= >3		0 1 2 3	
400		months)		0 1 2 3	
	0 1 2 3	Fungus or yeast infections			Excessive foul smelling lower bowel gas
	0 1 2 3 0 1 2 3	Ring worm, "jock itch", "athletes foot", nail fungus		0123	Bad breath or strong body odours
122.	0123	Yeast symptoms increase with sugar, starch or alcohol	155.	0123	Painful to press along outer sides of thighs (Iliotibial Band)
123.	0 1 2 3	Stools hard or difficult to pass	134	0 1 2 3	Cramping in lower abdominal region
	0123	History of parasites (0=no, 1=yes)			Dark circles under eyes
	0 1 2 3	Less than one bowel movement per day	100.	0123	
	tion 5				75
		Listen, of cornel tupped syndrome (0-ne, 1-yes)	450	0.4	
136. 137.	0 1 0 1	History of carpal tunnel syndrome (0=no, 1=yes) History of lower right abdominal pains or	150.		History of bone spurs (0=no, 1=yes) Morning stiffness
137.	0 1			0 1 2 3 0 1 2 3	
	•	ilaaaaal yalyo problema (0-ng, 1-yaa)			
		ileocecal valve problems (0=no, 1=yes)			
138.	0 1	History of stress fracture (0=no, 1=yes)	153.	0123	Crave chocolate
138. 139.	0 1 0 1 2 3	History of stress fracture (0=no, 1=yes) Bone loss (reduced density on bone scan)	153. 154.	0 1 2 3 0 1 2 3	Crave chocolate Feet have a strong odour
138. 139.	0 1 0 1 2 3	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,	153. 154. 155.	0 1 2 3 0 1 2 3 0 1 2 3	Crave chocolate Feet have a strong odour History of anaemia
138. 139. 140.	0 1 0 1 2 3 0 1	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)	153. 154. 155. 156.	0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3	Crave chocolate Feet have a strong odour History of anaemia Whites of eyes (sclera) blue tinted
138. 139. 140. 141.	0 1 0 1 2 3 0 1 0 1 2 3	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	153. 154. 155. 156. 157.	0 1 2 3 0 1 2 3	Crave chocolate Feet have a strong odour History of anaemia Whites of eyes (sclera) blue tinted Hoarseness
138. 139. 140. 141. 142.	0 1 0 1 2 3 0 1 0 1 2 3 0 1 2 3	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	153. 154. 155. 156. 157. 158.	0 1 2 3 0 1 2 3	Crave chocolate Feet have a strong odour History of anaemia Whites of eyes (sclera) blue tinted Hoarseness Difficulty swallowing
138. 139. 140. 141. 142. 143.	0 1 0 1 2 3 0 1 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3	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	153. 154. 155. 156. 157. 158. 159.	0 1 2 3 0 1 2 3	Crave chocolate Feet have a strong odour History of anaemia Whites of eyes (sclera) blue tinted Hoarseness Difficulty swallowing Lump in throat
138. 139. 140. 141. 142. 143. 144.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	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	153. 154. 155. 156. 157. 158. 159. 160.	0 1 2 3 0 1 2 3	Crave chocolate Feet have a strong odour History of anaemia Whites of eyes (sclera) blue tinted Hoarseness Difficulty swallowing Lump in throat Dry mouth, eyes and/or nose
138. 139. 140. 141. 142. 143. 144. 145.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	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)	153. 154. 155. 156. 157. 158. 159. 160. 161.	$\begin{array}{ccccccc} 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ \end{array}$	Crave chocolate Feet have a strong odour History of anaemia Whites of eyes (sclera) blue tinted Hoarseness Difficulty swallowing Lump in throat Dry mouth, eyes and/or nose Gag easily
138. 139. 140. 141. 142. 143. 144. 145. 146.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	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"	153. 154. 155. 156. 157. 158. 159. 160. 161. 162.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Crave chocolate Feet have a strong odour History of anaemia Whites of eyes (sclera) blue tinted Hoarseness Difficulty swallowing Lump in throat Dry mouth, eyes and/or nose Gag easily White spots on fingernails
138. 139. 140. 141. 142. 143. 144. 145. 146. 147.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	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	153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Crave chocolate Feet have a strong odour History of anaemia 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
138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	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	153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163.	$\begin{array}{cccccccc} 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \end{array}$	Crave chocolate Feet have a strong odour History of anaemia 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

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### **Nutritional Assessment Questionnaire 1.5**

Sec	tion 6				22
167.	0 1 0 1 2 3 0 1 2 3 0 1 2 3		170. 171.		
Sec	tion 7				39
174. 175. 176. 177. 178.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Crave coffee or sugar in the afternoon Sleepy in afternoon	181. 182. 183. 184.	0 1 2 3 0 1 2 3	
Sec	tion 8				81
187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198.		Enlarged heart or congestive heart failure Pulse below 65 per minute (0=no, 1=yes) Ringing in the ears (Tinnitus) Numbness, tingling or itching in hands and feet Depressed Fear of impending doom Worrier, apprehensive, anxious Nervous or agitated	201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211.	$ \begin{smallmatrix} 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 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ 0 & 1 & 2 & 3 \\ \end{matrix} $	Whole body or limb jerk as falling asleep Night sweats Restless leg syndrome Cracks at corner of mouth (Cheilosis) Fragile skin, easily chaffed, as in shaving Polyps or warts MSG sensitivity Wake up without remembering dreams Small bumps on back of arms Strong light at night irritates eyes Nose bleeds and/or tend to bruise easily
Sec	tion 9				78
214. 215. 216. 217. 218. 219.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Tend to be a "night person" Difficulty falling asleep Slow starter in the morning Tend to be keyed up, trouble calming down Blood pressure above 120/80 Headache after exercising Feeling wired or jittery after drinking coffee Clench or grind teeth Calm on the outside, troubled on the inside Chronic low back pain, worse with fatigue Become dizzy when standing up suddenly Difficulty maintaining manipulative correction Pain after manipulative correction	227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237.	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Salt foods before tasting Perspire easily Chronic fatigue, or get drowsy often Afternoon yawning Afternoon headache Asthma, wheezing or difficulty breathing Pain on the medial or inner side of the knee Tendency to sprain ankles or "shin splints" Tendency to need sunglasses Allergies and/or hives
Sec	tion 10				29
239. 240. 241. 242. 243. 244.	0 1 0 1 2 3 0 1 2 3	Height over 6' 6" (0=no, 1=yes) Early sexual development (before age 10) (0=no, 1=yes) Increased libido Splitting type headache Memory failing Tolerate sugar, feel fine when eating sugar (0=no, 1=yes)	250.	0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3	Excessive thirst Weight gain around hips or waist Menstrual disorders Delayed sexual development (after age 13) (0=no, 1=yes)

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### **Nutritional Assessment Questionnaire 1.5**

Section 11252. 0 1 2 3Sensitive/allergic to iodine260. 0 1 2 3Mentally sluggish, reduced initiative253. 0 1 2 3Difficulty gaining weight, even with large papetite261. 0 1 2 3Sensitive to cold, poor circulation (cold hanc and feet)255. 0 1 2 3Inverse entropy Inverse to high temperatures263. 0 1 2 3Constipation, chronic 2 3255. 0 1 2 3Flush easily264. 0 1 2 3Excessive hair loss and/or coarse hair 2 3257. 0 1 2 3Flush easily264. 0 1 2 3Constipation, chronic 2 3258. 0 1 2 3Indicance to high temperatures 2 3266. 0 1 2 3Loss of lateral 1/3 of eyebrow259. 0 1 2 3Difficulty losing weight267. 0 1 2 3Seasonal sadness266. 0 1 2 3Difficulty losing weight273. 0 1 2 3Waking to urinate at night Interruption of stream during urination 276. 0 1 2 3271. 0 1 2 3Difficulty outing arine stream 271. 0 1 2 32 3Making to urinate at night Interruption of stream during urination 276. 0 1 2 3277. 0 1 2 3Depression during periods 278. 0 1 2 3277. 0 1 2 3Breast fibroids, benign masses 288. 0 1 2 3278. 0 1 2 3Depression during periods 289. 0 1 2 3287. 0 1 2 3Breast fibroids, benign masses 288. 0 1 2 3278. 0 1 2 3Depression during periods 289. 0 1 2 3287. 0 1 2 3Section 14289. 0 1 2 3Difficulty out and periods 289. 0 1 2 3289. 0 1 2 3280. 0 1 2 3Section 14290. 0 1 2 3281. 0 1 2 3Concolate arround periods 289. 0 1	Sect						
253.       0:1 2 3       Difficulty gaining weight, even with large appetite       261.       0:1 2 3       Easily failuid, sleepy during the day and feely.         254.       0:1 2 3       Nervous, emotional, can't work under pressure       263.       0:1 2 3       Sensitive to cold, poor circulation (cold hance and feet).         255.       0:1 2 3       Flush easily       264.       0:1 2 3       Constpiation, chronic         257.       0:1 2 3       Flush easily       265.       0:1 2 3       Moring headaches, wear off during the day and feet).         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 obsing weight       272.       0:1 2 3       Seasonal sadness         268.       0:1 2 3       Difficulty with urination, dribbling       273.       0:1 2 3       Interruption of stream during urination         270.       0:1 2 3       Difficulty with urination, dribbling       273.       0:1 2 3       Painor burning with urination         271.       0:1 2 3       Depression during periods       274.       0:1 2 3       Breast fibroids, benign masses         278.       0:1 2 3       Depression during periods       289.       0:1 2 3       Vaginal dryneess         278. <th></th> <th>ion 11:</th> <th></th> <th></th> <th></th> <th></th> <th>48</th>		ion 11:					48
253.       0:1 2 3       Difficulty gaining weight, even with large appetite       261.       0:1 2 3       Easily failuid, sleepy during the day and feely.         254.       0:1 2 3       Nervous, emotional, can't work under pressure       263.       0:1 2 3       Sensitive to cold, poor circulation (cold hance and feet).         255.       0:1 2 3       Flush easily       264.       0:1 2 3       Constpiation, chronic         257.       0:1 2 3       Flush easily       265.       0:1 2 3       Moring headaches, wear off during the day and feet).         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 obsing weight       272.       0:1 2 3       Seasonal sadness         268.       0:1 2 3       Difficulty with urination, dribbling       273.       0:1 2 3       Interruption of stream during urination         270.       0:1 2 3       Difficulty with urination, dribbling       273.       0:1 2 3       Painor burning with urination         271.       0:1 2 3       Depression during periods       274.       0:1 2 3       Breast fibroids, benign masses         278.       0:1 2 3       Depression during periods       289.       0:1 2 3       Vaginal dryneess         278. <th>252.</th> <th>0 1 2 3</th> <th>Sensitive/allergic to iodine</th> <th>260.</th> <th>0 1 2</th> <th>Mentally sluggish, reduced initiative</th> <th></th>	252.	0 1 2 3	Sensitive/allergic to iodine	260.	0 1 2	Mentally sluggish, reduced initiative	
254.0123Brevous, emotional, can't work under pressure and feet)255.0123Inward trembling263.0123Cassibility food (cold hance and feet)255.0123Flush easily263.0123Cassibility food and feet)256.0123Fast pulse at rest263.0123Morning headaches, wear off during the day 266.0123Cossibility food 23Morning headaches, wear off during the day 266.0123Cossibility food 23Morning headaches, wear off during the day 266.0123Cossibility food 23Cossibility food 2Cossibility food 22Cossibility food 23Cossibility food 23Cossibility food 2Cossibility							
254.       0 1 2 3       Nervous, emotional, can't work under pressure       and feet)         256.       0 1 2 3       Inward trembing       261.       0 1 2 3       Constipation, chronic         256.       0 1 2 3       Flush easily       263.       0 1 2 3       Excessive hair loss and/or coarse hair         257.       0 1 2 3       Intolerance to high temperatures       266.       0 1 2 3       Seasonal sadness         258.       0 1 2 3       Difficulty losing weight       267.       0 1 2 3       Waking to urinate at night         268.       0 1 2 3       Difficulty to start and stop urine stream       274.       0 1 2 3       Deressed sexual function         271.       0 1 2 3       Deression during periods       287.       0 1 2 3       Breast fibroids, benign masses         274.       0 1 2 3       Deression during periods       287.       0 1 2 3       Breast fibroids, benign masses         275.       0 1 2 3       Deression during periods       287.       0 1 2 3       Breast fibroids, benign masses         276.       0 1 2 3       Scatch of the dreness associated with cycle       290.       0 1 2 3       Vaginal dryness         277.       0 1 2 3       Scatch of the dreness associated with cycle       290.       1 2 3       Vaginal dryness							
255.       0 1 2 3       Inward trembling       263.       0 1 2 3       Excessive hair loss and/or coarse hair         256.       0 1 2 3       Flush easily       264.       0 1 2 3       Excessive hair loss and/or coarse hair         257.       0 1 2 3       Flush easily       266.       0 1 2 3       Morning headaches, wear off during the day         258.       0 1 2 3       Difficulty losing weight       267.       0 1 2 3       Seasonal sadness         266.       0 1 2 3       Difficulty losing weight       267.       0 1 2 3       Waking to urinate at night         269.       0 1 2 3       Difficulty with urination, dribbling       273.       0 1 2 3       Waking to urinate at night         270.       0 1 2 3       Difficulty with urination       274.       0 1 2 3       Feeling of incomplete bowel evacuation         271.       0 1 2 3       Depression during periods       274.       0 1 2 3       Breast fibroids, benign masses         277.       0 1 2 3       Depression during periods       288.       0 1 2 3       Vaginal discharge         280.       0 1 2 3       Breast tendemess associated with cycle       290.       0 1 2 3       Vaginal discharge         280.       0 1 2 3       Scarbiolof Mow during periods       292.       0 1 2 3	254	0 1 2 3			012		
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301. 0 1 2 3       Shortness of breath with moderate exertion       into right arm, worse with exertion         306. 0 1 2 3       Muscle cramps with exertion         Section 15       307. 0 1 2 3       Pain in mid-back region         308. 0 1 2 3       Puffy around the eyes, dark circles under eyes       310. 0 1 2 3         309. 0 1       Puffy around the eyes, dark circles under eyes       311. 0 1 2 3         Section 16       Section 16	299.	0123	"Air hunger" or sigh frequently	304.	0 1 2	Blush or face turns red for no reason	
301. 0 1 2 3       Shortness of breath with moderate exertion       into right arm, worse with exertion         306. 0 1 2 3       Muscle cramps with exertion         Section 15       307. 0 1 2 3       Pain in mid-back region         308. 0 1 2 3       Puffy around the eyes, dark circles under eyes       310. 0 1 2 3         309. 0 1       Puffy around the eyes, dark circles under eyes       311. 0 1 2 3         Section 16       Section 16	300.	0 1 2 3	Compelled to open windows in a closed room	305.	0 1 2	Dull pain or tightness in chest and/or radiate	
306.       0 1 2 3       Muscle cramps with exertion         Section 15       307.       0 1 2 3       Pain in mid-back region         308.       0 1 2 3       Puffy around the eyes, dark circles under eyes       310.       0 1 2 3       Cloudy, bloody or darkened urine         309.       0 1       1       1       1       2       1       1         Section 16       5       5       5       5       5       5       5							
<b>307.</b> 0       1       2       3       Pain in mid-back region <b>310.</b> 0       1       2       3       Cloudy, bloody or darkened urine <b>308.</b> 0       1       2       3       Puffy around the eyes, dark circles under eyes, <b>311.</b> 0       1       2       3       Urine has a strong odor <b>309.</b> 0       1       2       3       External odder       Urine has a strong odor <b>Section 16</b> 5       5       5       5       5       5       5				306.	0 1 2		
<b>307.</b> 0       1       2       3       Pain in mid-back region <b>310.</b> 0       1       2       3       Cloudy, bloody or darkened urine <b>308.</b> 0       1       2       3       Puffy around the eyes, dark circles under eyes, <b>311.</b> 0       1       2       3       Urine has a strong odor <b>309.</b> 0       1       2       3       External odder       Urine has a strong odor <b>Section 16</b> 5       5       5       5       5       5       5	Sect	ion 15					13
308.0123Puffy around the eyes, dark circles under eyes History of kidney stones (0=no, 1=yes)311.0123Urine has a strong odor309.0111123Urine has a strong odorSection 16			Pain in mid-back region	310	0 1 0	Cloudy, bloody or darkoned urine	
309.         0         1         History of kidney stones (0=no, 1=yes)           Section 16         Image: Comparison of the stone stone of							
Section 16				311.	0 1 2	Urine has a strong odor	
	309.	0 1	History of kidney stones (0=no, 1=yes)				
<b>312.</b> 0 1 2 3 Runny or drippy nose <b>317.</b> 0 1 2 3 Never get sick (0 = sick only 1 or 2 times in	Sect	ion 16					30
	312	0123	Runny or drippy nose	317	0 1 2	Never get sick (0 = sick only 1 or 2 times in las	st
<b>313.</b> 0 1 2 3 Catch colds at the beginning of winter 2 years, 1 = not sick in last 2 years, 2 = not					~ I L		•
						sick in last 4 years, 3 = not sick in last 7 years)	<b>`</b>
				240	0 4 0		,
<b>315.</b> 0 1 2 3 Frequent colds or flu (0=1 or less per year, 1=2 <b>318.</b> 0 1 2 3 Acne (adult)	515.	0123					
to 3 times per year, 2=4 to 5 times per year, 3=6 <b>319.</b> 0 1 2 3 Itchy skin (Dermatitis)							
or more times per year) <b>320.</b> 0 1 2 3 Cysts, boils, rashes							
<b>316.</b> 0 1 2 3 Other infections (sinus, ear, lung, skin, bladder, <b>321.</b> 0 1 2 3 History of Epstein Bar, Mono, Herpes,	316.	0 1 2 3	Other infections (sinus, ear, lung, skin, bladder,	321.	0 1 2	B History of Epstein Bar, Mono, Herpes,	
						Shingles, Chronic Fatigue Syndrome, Hepatitis	S
						or other chronic viral condition ( $0 = no, 1 = yes$	
							-
severe)							
			more times per year)			in the past, 2 = currently mild condition, 3 =	

## NOTES:

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