



**Section 2 – Liver and Gallbladder**

68

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

**Section 3 – Small Intestine**

47

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

**Section 4 – Large Intestine**

58

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

**Section 5 – Mineral Needs**

75

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

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 – Essential Fatty Acids**

22

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

**Section 7 – Sugar Handling**

39

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

**Section 8 – Vitamin Need**

81

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

**Section 9 – Adrenal**

78

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

**Section 10 – Pituitary**

29

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

48

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

**Section 12 – Men Only**

27

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

**Section 13 – Women Only**

60

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

**Section 14 – Cardiovascular**

30

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

**Section 15 – Kidney and Bladder**

13

- |  |  |
|--|--|
| <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 History of kidney stones (0=no, 1=yes)             |  |

**Section 16 – Immune system**

30

- |   |  |
|---|--|
| <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 last 2 years, 1 = not sick in last 2 years, 2 = not sick in last 4 years, 3 = not sick in last 7 years)  |
| <b>313.</b> 0 1 2 3 Catch colds at the beginning of winter  | <b>318.</b> 0 1 2 3 Acne (adult)   |
| <b>314.</b> 0 1 2 3 Mucus producing cough   | <b>319.</b> 0 1 2 3 Itchy skin (Dermatitis)  |
| <b>315.</b> 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)  | <b>320.</b> 0 1 2 3 Cysts, boils, rashes   |
| <b>316.</b> 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) | <b>321.</b> 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)
1=Yes, minor or mild symptom, rarely occurs (monthly)	3=Severe symptom, occurs frequently (daily)