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| Name:  |  |
| <b>Check:</b> 1 for mild or rarely occurring, 2 for moderate or regularly occurring, 3 for severe or often occurring, or <b>leave blank</b> if the symptom/statement does not apply. |  |

| #  | Symptom/statement                           | Fill in: |
|----|---|----------|
| 1  | General fatigue or weakness                 |          |
| 2  | Difficulty losing weight                    |          |
| 3  | Frequent illness/infections                 |          |
| 4  | High stress Lifestyle                       |          |
| 5  | Smoking                                     |          |
| 6  | Drinking more than 2 cups of coffee per day |          |
| 7  | Bad breath and/or body odour                |          |
| 8  | Constipation                                |          |
| 9  | Bags under eyes                             |          |
| 10 | Craves sugars, bread, alcohol               |          |
| 11 | Difficulty digesting certain foods          |          |
| 12 | Have used antibiotics in the past 10 years  |          |
| 13 | Allergies                                   |          |
| 14 | Poor concentration or memory                |          |
| 15 | Belching or burping after meals             |          |
| 16 | Skin/complexion problems                    |          |
| 17 | Frequent consumption of red meat            |          |
| 18 | Regular use of dairy products               |          |
| 19 | Heavy alcohol consumption                   |          |
| 20 | Exposure to toxins/chemicals                |          |
| 21 | Frequent mood swings                        |          |
| 22 | Depressed and/or irritable                  |          |
| 23 | Brittle fingernails                         |          |
| 24 | Dry, brittle hair, split ends               |          |
| 25 | High fat/high cholesterol diet              |          |
| 26 | Nervousness/anxiety/tension/worry           |          |
| 27 | Insomnia/restless sleep                     |          |
| 28 | Low fibre diet                              |          |
| 29 | Muscle cramps                               |          |
| 30 | Sleepy when sitting up                      |          |
| 31 | Female: menstrual cramps                    |          |
| 32 | Brnchitis/asthma/pneumonia/emphysema        |          |
| 33 | Cellulite                                   |          |
| 34 | Cold hands and feet                         |          |
| 35 | Varicose veins                              |          |
| 36 | Feeling out of control                      |          |
| 37 | Food/chemical sensitivities                 |          |
| 38 | Freqeunt yeats/fungus problems              |          |
| 39 | Bones break easily, osteoporosis            |          |
| 40 | Too little exercise                         |          |

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| 41 | Excessive mucous                            |  |
| 42 | Short of breath climbing stairs             |  |
| 43 | Tingling in lips, fingers, arms, legs       |  |
| 44 | Chest pains                                 |  |
| 45 | Very rapid or slow heart beat               |  |
| 46 | Painful, hard or thin bowel movements       |  |
| 47 | Alternating constipation/diarrhea           |  |
| 48 | Recurrent bladder infections                |  |
| 49 | Female: Menopause, hot flashes              |  |
| 50 | Female: PMS                                 |  |
| 51 | Difficult urination                         |  |
| 52 | Swollen glands, puffy throat                |  |
| 53 | Lower abdominal pain                        |  |
| 54 | Frequent need to urinate                    |  |
| 55 | Joint pain                                  |  |
| 56 | Sinus inflammation/discharge                |  |
| 57 | Arthritis                                   |  |
| 58 | Sudden weight gain/loss                     |  |
| 59 | Headaches/Migrains                          |  |
| 60 | Female: Taking birth control pills          |  |
| 61 | Lower back pains                            |  |
| 62 | Dry, flaky skin                             |  |
| 63 | Drink less than 6 glasses of fluids per day |  |
| 64 | Water retention                             |  |
| 65 | Low sex drive                               |  |
| 66 | Feeling heavy/bloated after meals           |  |
| 67 | Chronic cough                               |  |