

# Nutritec Software Symptom Survey Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX:  Male  Female

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BLOOD PRESSURE: Pulse:  Sitting: \_\_\_\_\_ Standing: \_\_\_\_\_

BP Sitting: \_\_\_\_\_ PB Lying: \_\_\_\_\_ BP Standing: \_\_\_\_\_

pH INDICATORS: AM Saliva: \_\_\_\_\_ AM Urine: \_\_\_\_\_

PM Saliva: \_\_\_\_\_ PM Urine: \_\_\_\_\_

INSTRUCTIONS: Completely black out one of the three circles:

**1-mild , 2-moderate, or 3-severe**

- MILD symptoms (once or twice last 6 month)
- MODERATE symptoms (once or twice last month)
- SEVERE symptoms (Chronic, once or twice last wk)
- Leave circles BLANK if they do not apply to you!

## 1 2 3 ----- GROUP 1 SYMPATHETIC DOMINANCE -----

- 1    Acid foods upset
- 2    Feel chilled often
- 3    "Lump" in throat
- 4    Dry mouth-eyes-nose
- 5    Pulse speeds after meals
- 6    Keyed up; unable to feel calm
- 7    Cuts heal slowly
- 8    Gag easily
- 9    Unable to relax; startles easily
- 10    Extremities cold and/or clammy
- 11    Strong light irritates
- 12    Urine amount reduced
- 13    Heart pounds after retiring
- 14    "Nervous" stomach
- 15    Appetite reduced
- 16    Cold sweats often
- 17    Body temperature rises easily
- 18    Skin sensitive to touch
- 19    Staring, blinks little
- 20    Frequently have a sour stomach

## -- GROUP 2 PARASYMPATHETIC DOMINANCE--

- 21    Joint stiffness after arising
- 22    Muscle-leg-toe cramps at night
- 23    "Butterfly" stomach, cramps
- 24    Eyes or nose watery
- 25    Eyes blink often
- 26    Eyelids swollen or puffy
- 27    Indigestion soon after meals
- 28    Always seem hungry; 'lightheaded' often
- 29    Food digests rapidly
- 30    Vomit frequently
- 31    Frequently hoarse
- 32    Irregular breathing
- 33    Pulse slow or feels "irregular"
- 34    Slow gag reflex
- 35    Difficulty swallowing
- 36    Alternating constipation and diarrhea
- 37    "Slow starter"
- 38    Not easily chilled
- 39    Perspire easily
- 40    Poor circulation or sensitive to cold
- 41    Subject to colds, asthma, bronchitis

## ----- GROUP 3 SUGAR HANDLING -----

- 42    Eat when nervous
- 43    Excessive appetite
- 44    Hungry between meals
- 45    Irritable before meals
- 46    Get "shaky" if hungry

- |    |                       |                       |                       |   |
|----|-----------------------|-----------------------|-----------------------|---|
| 1  | 2                     | 3                     | ----                  | GROUP 3 SUGAR HANDLING continued ----                     |
| 47 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Feeling fatigued, eating relieves                         |
| 48 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | "Lightheaded" if meals delayed                            |
| 49 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Heart palpitates if meals missed or delayed               |
| 50 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Afternoon headaches                                       |
| 51 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Upset feeling from excessive eating of sweets             |
| 52 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Awaken after a few hours sleep, hard to get back to sleep |
| 53 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Crave candy or coffee in afternoons                       |
| 54 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Moods of depression, "blues", or melancholy               |
| 55 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Abnormal craving for sweets or snacks                     |

## ----- GROUP 4 CARDIOVASCULAR -----

- |    |                       |                       |                       |   |
|----|-----------------------|-----------------------|-----------------------|---|
| 56 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Hands and feet go to sleep easily, numbness   |
| 57 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sigh frequently, "air hunger"   |
| 58 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Aware of "breathing heavily"  |
| 59 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Discomfort at high altitude   |
| 60 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Opens windows in closed room  |
| 61 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Susceptible to colds and fevers   |
| 62 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Afternoon "yawner"  |
| 63 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Get "drowsy" often  |
| 64 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Swollen ankles worse at night   |
| 65 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Muscle cramps, worse during exercise; "charley-horses"  |
| 66 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Shortness of breath on exertion   |
| 67 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dull pain in chest or radiating into left arm, worse on exertion                              |
| 68 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Bruise easily, "black/blue" spots on arms or legs   |
| 69 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tendency to anemia  |
| 70 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Frequently have "nose bleeds"   |
| 71 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | "Ringing in ears" or noises in head   |
| 72 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Tension under the breast-bone, or feeling of "tightness" in the chest, gets worse on exertion |

## ----- GROUP 5 LIVER/BILIARY -----

- |    |                       |                       |                       |   |
|----|-----------------------|-----------------------|-----------------------|---|
| 73 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dizziness   |
| 74 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dry skin  |
| 75 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Burning feet                                      |
| 76 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Blurred vision                                    |
| 77 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Itching skin and feet                             |
| 78 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Excessive falling hair                            |
| 79 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Frequent skin rashes                              |
| 80 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Bitter or metallic taste in mouth in the mornings |
| 81 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Bowel movements painful or difficult              |
| 82 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Feelings of worry, dread, or insecurity           |
| 83 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Feeling queasy; headache over eyes                |
| 84 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Greasy foods upset                                |
| 85 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Stools light-colored                              |
| 86 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Skin peels on foot soles                          |
| 87 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pain between shoulder blades                      |
| 88 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Using laxatives                                   |
| 89 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Stools alternate from soft to watery              |
| 90 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | History of gallbladder attacks or gall stones     |
| 91 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sneezing attacks                                  |
| 92 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Dreaming, nightmare-type bad dreams               |
| 93 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Bad breath (halitosis)                            |
| 94 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Milk products cause distress                      |
| 95 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Sensitive to hot weather                          |
| 96 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Burning or itching anus                           |
| 97 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Crave sweets                                      |

## ----- GROUP 6 DIGESTION -----

- |     |                       |                       |                       |   |
|-----|-----------------------|-----------------------|-----------------------|---|
| 98  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Loss of taste for meat                                      |
| 99  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Lower bowel gas several hours after eating                  |
| 100 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Burning stomach sensations, eating relieves                 |
| 101 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Coated tongue   |
| 102 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pass large amounts of foul smelling gas                     |
| 103 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Indigestion 1/2 -1 hour after eating; may be up to 3-4 hrs. |
| 104 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Mucus colitis or "irritable bowel"                          |
| 105 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Gas shortly after eating                                    |
| 106 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Stomach "bloating" after eating                             |

- 1 2 3 ----- GROUP 7A HYPERTHYROID -----**
- 107    Insomnia
  - 108    Nervousness
  - 109    Can't gain weight
  - 110    Intolerance to heat
  - 111    Highly emotional
  - 112    Flush easily
  - 113    Night sweats
  - 114    Skin is thin and moist
  - 115    Inward trembling
  - 116    Heart palpitates
  - 117    Increased appetite without weight gain
  - 118    Pulse races when resting
  - 119    Eyelids and face twitch
  - 120    Irritable and restless
  - 121    Can't work under pressure

- GROUP 7B HYPOTHYROID -----**
- 122    Noticable weight gain
  - 123    Decrease in appetite
  - 124    Easily fatigued
  - 125    Ringing in ears
  - 126    Sleepy during day
  - 127    Sensitive to cold
  - 128    Dry or scaly skin
  - 129    Constipation
  - 130    Mental sluggishness
  - 131    Hair coarse, falls out
  - 132    Headaches upon arising wear off during day
  - 133    Slow pulse, below 65
  - 134    Frequent urination
  - 135    Impaired hearing
  - 136    Reduced initiative

- GROUP 7C HYPERPITUITARY -----**
- 137    Failing memory
  - 138    Low blood pressure
  - 139    Increased sex drive
  - 140    Headaches, "splitting or rendering" type
  - 141    Decreased sugar tolerance

- GROUP 7D HYPOPITUITARY -----**
- 142    Abnormal thirst
  - 143    Bloating of the abdomen
  - 144    Weight gain around hips or waist
  - 145    Sex drive reduced or lacking
  - 146    Tendency toward ulcers and/or colitis
  - 147    Increased sugar tolerance
  - 148    (FEMALE) Menstrual disorders
  - 149    (YOUNG GIRLS) Lack of menstrual function

- GROUP 7E HYPERADRENAL -----**
- 150    Dizziness
  - 151    Headaches
  - 152    Hot flashes
  - 153    Increased blood pressure
  - 154    (FEMALE) Hair growth on face or body
  - 155    Sugar in urine (not diabetes)
  - 156    (FEMALE) Masculine tendencies

- GROUP 7F HYPOADRENAL -----**
- 157    Weakness and/or dizziness
  - 158    Chronic fatigue
  - 159    Low blood pressure
  - 160    Nails weak and/or ridged
  - 161    Tendency toward hives
  - 162    Arthritic tendencies
  - 163    Perspiration increase
  - 164    Bowel disorders
  - 165    Poor circulation
  - 166    Swollen ankles
  - 167    Crave salt
  - 168    Brown spots or bronzing of skin
  - 169    Allergies - tendency to asthma
  - 170    Weakness after colds or influenza
  - 171    Muscular and nervous exhaustion
  - 172    Respiratory disorders

- 1 2 3 ----- GROUP 8 FOUNDATIONAL ISSUES-----**
- 173    Apprehension
  - 174    Irritability
  - 175    Morbid fears
  - 176    Never seems to get well
  - 177    Forgetfulness
  - 178    Indigestion
  - 179    Poor appetite
  - 180    Craving for sweets
  - 181    Muscular soreness
  - 182    Depression; feelings of dread
  - 183    Noise sensitivity
  - 184    Acoustic hallucinations
  - 185    Tendency to cry without reason
  - 186    Hair is coarse and/or thinning
  - 187    Weakness
  - 188    Fatigue
  - 189    Skin sensitive to touch
  - 190    Tendency toward hives
  - 191    Nervousness
  - 192    Headache
  - 193    Insomnia
  - 194    Anxiety
  - 195    Anorexia
  - 196    Inability to concentrate; confusion
  - 197    Frequent stuffy nose; sinus infections
  - 198    Allergy to some foods
  - 199    Loose joints

- FEMALE ONLY -----**
- 200    Very easily fatigued
  - 201    Premenstrual tension
  - 202    Painful menses
  - 203    Depressed feelings before menstruation
  - 204    Excessive and prolonged menstruation
  - 205    Painful breasts
  - 206    Menstruate too frequently
  - 207    Vaginal discharge
  - 208    Hysterectomy /ovaries removed
  - 209    Menopausal hot flashes
  - 210    Menses scanty or missed
  - 211    Acne, worse at menses
  - 212    Long standing depression

- MALE ONLY -----**
- 213    Prostate trouble
  - 214    Urination difficult or dribbling
  - 215    Frequent night time urination
  - 216    Depression
  - 217    Pain on inside of legs or heels
  - 218    Feeling of incomplete bowel evacuation
  - 219    Lack of energy
  - 220    Migrating aches and pains
  - 221    Too easily tired
  - 222    Avoids activity
  - 223    Leg nervousness at night
  - 224    Diminished sex drive

<b>IMPORTANT</b>	
List below your <u>five main physical complaints</u> in order of importance:	
1.	
2.	
3.	
4.	
5.	

<b>Notes:</b>
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# Nutritec Software Symptom Survey Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX:  Male  Female

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BLOOD PRESSURE: Pulse:  Sitting: \_\_\_\_\_ Standing: \_\_\_\_\_

BP Sitting: \_\_\_\_\_ PB Lying: \_\_\_\_\_ BP Standing: \_\_\_\_\_

pH INDICATORS: AM Saliva: \_\_\_\_\_ AM Urine: \_\_\_\_\_

PM Saliva: \_\_\_\_\_ PM Urine: \_\_\_\_\_

**INSTRUCTIONS:** Completely black out one of the three circles:  
1-mild, 2-moderate, or 3-severe

- MILD symptoms (once or twice last 6 month)
- MODERATE symptoms (once or twice last month)
- SEVERE symptoms (Chronic, once or twice last wk)
- Leave circles BLANK if they do not apply to you!

- | 1  | 2                     | 3                     | ----- GROUP 1 -----                      |
|----|-----------------------|-----------------------|--|
| 1  | <input type="radio"/> | <input type="radio"/> | Acid foods upset                         |
| 2  | <input type="radio"/> | <input type="radio"/> | Feel chilled often                       |
| 3  | <input type="radio"/> | <input type="radio"/> | "Lump" in throat                         |
| 4  | <input type="radio"/> | <input type="radio"/> | Dry mouth-eyes-nose                      |
| 5  | <input type="radio"/> | <input type="radio"/> | Pulse speeds after meals                 |
| 6  | <input type="radio"/> | <input type="radio"/> | Keyed up; unable to feel calm            |
| 7  | <input type="radio"/> | <input type="radio"/> | Cuts heal slowly                         |
| 8  | <input type="radio"/> | <input type="radio"/> | Gag easily                               |
| 9  | <input type="radio"/> | <input type="radio"/> | Unable to relax; startles easily         |
| 10 | <input type="radio"/> | <input type="radio"/> | Extremities cold and/or clammy           |
| 11 | <input type="radio"/> | <input type="radio"/> | Strong light irritates                   |
| 12 | <input type="radio"/> | <input type="radio"/> | Urine amount reduced                     |
| 13 | <input type="radio"/> | <input type="radio"/> | Heart pounds after retiring              |
| 14 | <input type="radio"/> | <input type="radio"/> | "Nervous" stomach                        |
| 15 | <input type="radio"/> | <input type="radio"/> | Appetite reduced                         |
| 16 | <input type="radio"/> | <input type="radio"/> | Cold sweats often                        |
| 17 | <input type="radio"/> | <input type="radio"/> | Body temperature rises easily            |
| 18 | <input type="radio"/> | <input type="radio"/> | Skin sensitive to touch                  |
| 19 | <input type="radio"/> | <input type="radio"/> | Staring, blinks little                   |
| 20 | <input type="radio"/> | <input type="radio"/> | Frequently have a sour stomach           |
|    |                       |                       | ----- GROUP 2 -----                      |
| 21 | <input type="radio"/> | <input type="radio"/> | Joint stiffness after arising            |
| 22 | <input type="radio"/> | <input type="radio"/> | Muscle-leg-toe cramps at night           |
| 23 | <input type="radio"/> | <input type="radio"/> | "Butterfly" stomach, cramps              |
| 24 | <input type="radio"/> | <input type="radio"/> | Eyes or nose watery                      |
| 25 | <input type="radio"/> | <input type="radio"/> | Eyes blink often                         |
| 26 | <input type="radio"/> | <input type="radio"/> | Eyelids swollen or puffy                 |
| 27 | <input type="radio"/> | <input type="radio"/> | Indigestion soon after meals             |
| 28 | <input type="radio"/> | <input type="radio"/> | Always seems hungry; 'lightheaded' often |
| 29 | <input type="radio"/> | <input type="radio"/> | Food digests rapidly                     |
| 30 | <input type="radio"/> | <input type="radio"/> | Vomit frequently                         |
| 31 | <input type="radio"/> | <input type="radio"/> | Frequently hoarse                        |
| 32 | <input type="radio"/> | <input type="radio"/> | Irregular breathing                      |
| 33 | <input type="radio"/> | <input type="radio"/> | Pulse slow or feels "irregular"          |
| 34 | <input type="radio"/> | <input type="radio"/> | Slow gag reflex                          |
| 35 | <input type="radio"/> | <input type="radio"/> | Difficulty swallowing                    |
| 36 | <input type="radio"/> | <input type="radio"/> | Alternating constipation and diarrhea    |
| 37 | <input type="radio"/> | <input type="radio"/> | "Slow starter"                           |
| 38 | <input type="radio"/> | <input type="radio"/> | Not easily chilled                       |
| 39 | <input type="radio"/> | <input type="radio"/> | Perspire easily                          |
| 40 | <input type="radio"/> | <input type="radio"/> | Poor circulation or sensitive to cold    |
| 41 | <input type="radio"/> | <input type="radio"/> | Subject to colds, asthma, bronchitis     |
|    |                       |                       | ----- GROUP 3 -----                      |
| 42 | <input type="radio"/> | <input type="radio"/> | Eat when nervous                         |
| 43 | <input type="radio"/> | <input type="radio"/> | Excessive appetite                       |
| 44 | <input type="radio"/> | <input type="radio"/> | Hungry between meals                     |
| 45 | <input type="radio"/> | <input type="radio"/> | Irritable before meals                   |
| 46 | <input type="radio"/> | <input type="radio"/> | Get "shaky" if hungry                    |

- | 1   | 2                     | 3                     | ----- GROUP 3 contiued -----  |
|-----|-----------------------|-----------------------|---|
| 47  | <input type="radio"/> | <input type="radio"/> | Feeling fatigued, eating relieves   |
| 48  | <input type="radio"/> | <input type="radio"/> | "Lightheaded" if meals delayed  |
| 49  | <input type="radio"/> | <input type="radio"/> | Heart palpitates if meals missed or delayed   |
| 50  | <input type="radio"/> | <input type="radio"/> | Afternoon headaches   |
| 51  | <input type="radio"/> | <input type="radio"/> | Upset feeling from excessive eating of sweets   |
| 52  | <input type="radio"/> | <input type="radio"/> | Awaken after few hours sleep hard to get back to sleep  |
| 53  | <input type="radio"/> | <input type="radio"/> | Crave candy or coffee in afternoons   |
| 54  | <input type="radio"/> | <input type="radio"/> | Moods of depression "blues" or melancholy   |
| 55  | <input type="radio"/> | <input type="radio"/> | Abnormal craving for sweets or snacks   |
|     |                       |                       | ----- GROUP 4 -----   |
| 56  | <input type="radio"/> | <input type="radio"/> | Hands and feet go to sleep easily, numbness   |
| 57  | <input type="radio"/> | <input type="radio"/> | Sigh frequently, "air hunger"   |
| 58  | <input type="radio"/> | <input type="radio"/> | Aware of "breathing heavily"  |
| 59  | <input type="radio"/> | <input type="radio"/> | Discomfort at high altitude   |
| 60  | <input type="radio"/> | <input type="radio"/> | Opens windows in closed room  |
| 61  | <input type="radio"/> | <input type="radio"/> | Susceptible to colds and fevers   |
| 62  | <input type="radio"/> | <input type="radio"/> | Afternoon "yawner"  |
| 63  | <input type="radio"/> | <input type="radio"/> | Get "drowsy" often  |
| 64  | <input type="radio"/> | <input type="radio"/> | Swollen ankles worse at night   |
| 65  | <input type="radio"/> | <input type="radio"/> | Muscle cramps, worse during exercise; "charley-horses"  |
| 66  | <input type="radio"/> | <input type="radio"/> | Shortness of breath on exertion   |
| 67  | <input type="radio"/> | <input type="radio"/> | Dull pain in chest or radiating into left arm, worse on exertion                              |
| 68  | <input type="radio"/> | <input type="radio"/> | Bruise easily, "black/blue" spots on arms or legs   |
| 69  | <input type="radio"/> | <input type="radio"/> | Tendency to anemia  |
| 70  | <input type="radio"/> | <input type="radio"/> | Frequently have "nose bleeds"   |
| 71  | <input type="radio"/> | <input type="radio"/> | "Ringing in ears" or noises in head   |
| 72  | <input type="radio"/> | <input type="radio"/> | Tension under the breast-bone, or feeling of "tightness" in the chest, gets worse on exertion |
|     |                       |                       | ----- GROUP 5 -----   |
| 73  | <input type="radio"/> | <input type="radio"/> | Dizziness   |
| 74  | <input type="radio"/> | <input type="radio"/> | Dry skin  |
| 75  | <input type="radio"/> | <input type="radio"/> | Burning feet  |
| 76  | <input type="radio"/> | <input type="radio"/> | Blurred vision  |
| 77  | <input type="radio"/> | <input type="radio"/> | Itching skin and feet   |
| 78  | <input type="radio"/> | <input type="radio"/> | Excessive falling hair  |
| 79  | <input type="radio"/> | <input type="radio"/> | Frequent skin rashes  |
| 80  | <input type="radio"/> | <input type="radio"/> | Bitter or metallic taste in mouth in the mornings   |
| 81  | <input type="radio"/> | <input type="radio"/> | Bowel movements painful or difficult  |
| 82  | <input type="radio"/> | <input type="radio"/> | Feelings of worry, dread, or insecurity   |
| 83  | <input type="radio"/> | <input type="radio"/> | Feeling queasy; headache over eyes  |
| 84  | <input type="radio"/> | <input type="radio"/> | Greasy foods upset  |
| 85  | <input type="radio"/> | <input type="radio"/> | Stools light-colored  |
| 86  | <input type="radio"/> | <input type="radio"/> | Skin peels on foot soles  |
| 87  | <input type="radio"/> | <input type="radio"/> | Pain between shoulder blades  |
| 88  | <input type="radio"/> | <input type="radio"/> | Using laxatives   |
| 89  | <input type="radio"/> | <input type="radio"/> | Stools alternate from soft to watery  |
| 90  | <input type="radio"/> | <input type="radio"/> | History of gallbladder attacks or gall stones   |
| 91  | <input type="radio"/> | <input type="radio"/> | Sneezing attacks  |
| 92  | <input type="radio"/> | <input type="radio"/> | Dreaming, nightmare-type bad dreams   |
| 93  | <input type="radio"/> | <input type="radio"/> | Bad breath (halitosis)  |
| 94  | <input type="radio"/> | <input type="radio"/> | Milk products cause distress  |
| 95  | <input type="radio"/> | <input type="radio"/> | Sensitive to hot weather  |
| 96  | <input type="radio"/> | <input type="radio"/> | Burning or itching anus   |
| 97  | <input type="radio"/> | <input type="radio"/> | Crave sweets  |
|     |                       |                       | ----- GROUP 6 -----   |
| 98  | <input type="radio"/> | <input type="radio"/> | Loss of taste for meat  |
| 99  | <input type="radio"/> | <input type="radio"/> | Lower bowel gas several hours after eating  |
| 100 | <input type="radio"/> | <input type="radio"/> | Burning stomach sensations, eating relieves   |
| 101 | <input type="radio"/> | <input type="radio"/> | Coated tongue   |
| 102 | <input type="radio"/> | <input type="radio"/> | Pass large amounts of foul smelling gas   |
| 103 | <input type="radio"/> | <input type="radio"/> | Indigestion 1/2 - 1 hour after eating; may be up to 3-4 hrs.                                  |
| 104 | <input type="radio"/> | <input type="radio"/> | Mucus colitis or "irritable bowel"  |
| 105 | <input type="radio"/> | <input type="radio"/> | Gas shortly after eating  |
| 106 | <input type="radio"/> | <input type="radio"/> | Stomach "bloating" after eating   |

- 1 2 3 ----- GROUP 7A -----**
- 107    Insomnia
  - 108    Nervousness
  - 109    Can't gain weight
  - 110    Intolerance to heat
  - 111    Highly emotional
  - 112    Flush easily
  - 113    Night sweats
  - 114    Skin is thin and moist
  - 115    Inward trembling
  - 116    Heart palpitates
  - 117    Increased appetite without weight gain
  - 118    Pulse races when resting
  - 119    Eyelids and face twitch
  - 120    Irritable and restless
  - 121    Can't work under pressure

- GROUP 7B -----**
- 122    Noticable weight gain
  - 123    Decrease in appetite
  - 124    Easily fatigued
  - 125    Ringing in ears
  - 126    Sleepy during day
  - 127    Sensitive to cold
  - 128    Dry or scaly skin
  - 129    Constipation
  - 130    Mental sluggishness
  - 131    Hair coarse, falls out
  - 132    Headaches upon arising wear off during day
  - 133    Slow pulse, below 65
  - 134    Frequent urination
  - 135    Impaired hearing
  - 136    Reduced initiative

- GROUP 7C -----**
- 137    Failing memory
  - 138    Low blood pressure
  - 139    Increased sex drive
  - 140    Headaches, "splitting or rending" type
  - 141    Decreased sugar tolerance

- GROUP 7D -----**
- 142    Abnormal thirst
  - 143    Bloating of the abdomen
  - 144    Weight gain around hips or waist
  - 145    Sex drive reduced or lacking
  - 146    Tendency toward ulcers and/or colitis
  - 147    Increased sugar tolerance
  - 148    (FEMALE) Menstrual disorders
  - 149    (YOUNG GIRLS) Lack of menstrual function

- GROUP 7E -----**
- 150    Dizziness
  - 151    Headaches
  - 152    Hot flashes
  - 153    Increased blood pressure
  - 154    (FEMALE) Hair growth on face or body
  - 155    Sugar in urine (not diabetes)
  - 156    (FEMALE) Masculine tendencies

- GROUP 7F -----**
- 157    Weakness and/or dizziness
  - 158    Chronic fatigue
  - 159    Low blood pressure
  - 160    Nails weak and/or ridged
  - 161    Tendency toward hives
  - 162    Arthritic tendencies
  - 163    Perspiration increase
  - 164    Bowel disorders
  - 165    Poor circulation
  - 166    Swollen ankles
  - 167    Crave salt
  - 168    Brown spots or bronzing of skin
  - 169    Allergies - tendency to asthma
  - 170    Weakness after colds or influenza
  - 171    Muscular and nervous exhaustion
  - 172    Respiratory disorders

- 1 2 3 ----- GROUP 8 -----**
- 173    Apprehension
  - 174    Irritability
  - 175    Morbid fears
  - 176    Never seems to get well
  - 177    Forgetfulness
  - 178    Indigestion
  - 179    Poor appetite
  - 180    Craving for sweets
  - 181    Muscular soreness
  - 182    Depression; feelings of dread
  - 183    Noise sensitivity
  - 184    Acoustic hallucinations
  - 185    Tendency to cry without reason
  - 186    Hair is coarse and/or thinning
  - 187    Weakness
  - 188    Fatigue
  - 189    Skin sensitive to touch
  - 190    Tendency toward hives
  - 191    Nervousness
  - 192    Headache
  - 193    Insomnia
  - 194    Anxiety
  - 195    Anorexia
  - 196    Inability to concentrate; confusion
  - 197    Frequent stuffy nose; sinus infections
  - 198    Allergy to some foods
  - 199    Loose joints

- FEMALE ONLY -----**
- 200    Very easily fatigued
  - 201    Premenstrual tension
  - 202    Painful menses
  - 203    Depressed feelings before menstruation
  - 204    Excessive and prolonged menstruation
  - 205    Painful breasts
  - 206    Menstruate too frequently
  - 207    Vaginal discharge
  - 208    Hysterectomy /ovaries Removed
  - 209    Menopausal hot flashes
  - 210    Menses scanty or missed
  - 211    Acne, worse at menses
  - 212    Long standing depression

- MALE ONLY -----**
- 213    Prostate trouble
  - 214    Urination difficult or Dribbling
  - 215    Frequent nighttime urination
  - 216    Depression
  - 217    Pain on inside of legs or heels
  - 218    Feeling of incomplete bowel evacuation
  - 219    Lack of energy
  - 220    Migrating aches and pains
  - 221    Too easily tired
  - 222    Avoids activity
  - 223    Leg nervousness at night
  - 224    Diminished sex drive

<b>IMPORTANT</b>	
List below your <u>five main physical complaints</u> in order of importance:	
1.	
2.	
3.	
4.	
5.	

<b>Notes:</b>
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