





**Section 2 – Liver and Gallbladder**

68

- |   |  |
|---|--|
| <b>71.</b> 0 1 2 3 Pain between shoulder blades   | <b>1.</b> 0 1 Easily hung over if you were to drink wine (0=no, 1=yes)       |
| <b>72.</b> 0 1 2 3 Stomach upset by greasy foods  | <b>2.</b> 0 1 2 3 Alcohol per week (0=<3, 1=<7, 2 =<14, 3=>14)               |
| <b>73.</b> 0 1 2 3 Greasy or shiny stools   | <b>3.</b> 0 1 Recovering alcoholic (0=no, 1=yes)                             |
| <b>74.</b> 0 1 2 3 Nausea   | <b>4.</b> 0 1 History of drug or alcohol abuse (0=no, 1=yes)                 |
| <b>75.</b> 0 1 2 3 Sea, car, airplane or motion sickness  | <b>5.</b> 0 1 History of hepatitis (0=no, 1=yes)                             |
| <b>76.</b> 0 1 History of morning sickness (0 = no, 1 = yes)  | <b>6.</b> 0 1 Long term use of prescription/recreational drugs (0=no, 1=yes) |
| <b>77.</b> 0 1 2 3 Light or clay colored stools   | <b>7.</b> 0 1 2 3 Sensitive to chemicals (perfume, cleaning agents, etc.)    |
| <b>78.</b> 0 1 2 3 Dry skin, itchy feet or skin peels on feet   | <b>8.</b> 0 1 2 3 Sensitive to tobacco smoke                                 |
| <b>79.</b> 0 1 2 3 Headache over eyes   | <b>9.</b> 0 1 2 3 Exposure to diesel fumes                                   |
| <b>80.</b> 0 1 2 3 Gallbladder attacks (0=never, 1=years ago, 2=within last year, 3=within past 3 months) | <b>10.</b> 0 1 2 3 Pain under right side of rib cage                         |
| <b>81.</b> 0 1 Gallbladder removed (0=no, 1=yes)  | <b>11.</b> 0 1 2 3 Hemorrhoids or varicose veins                             |
| <b>82.</b> 0 1 2 3 Bitter taste in mouth, especially after meals  | <b>12.</b> 0 1 2 3 Nutrasweet (aspartame) consumption                        |
| <b>83.</b> 0 1 Become sick if you were to drink wine (0=no, 1=yes)  | <b>13.</b> 0 1 2 3 Sensitive to Nutrasweet (aspartame)                       |
| <b>84.</b> 0 1 Easily intoxicated if you were to drink wine (0=no, 1=yes)                                 | <b>14.</b> 0 1 2 3 Chronic fatigue or Fibromyalgia                           |

**Section 3 – Small Intestine**

47

- |  |   |
|--|---|
| <b>99.</b> 0 1 2 3 Food allergies                                      | <b>1.</b> 0 1 2 3 Crohn's disease (0 =no, 1=yes in the past, 2=currenty mild condition, 3=severe) |
| <b>100.</b> 0 1 2 3 Abdominal bloating 1 to 2 hours after eating       | <b>2.</b> 0 1 2 3 Wheat or grain sensitivity  |
| <b>101.</b> 0 1 Specific foods make you tired or bloated (0=no, 1=yes) | <b>3.</b> 0 1 2 3 Dairy sensitivity   |
| <b>102.</b> 0 1 2 3 Pulse speeds after eating                          | <b>4.</b> 0 1 Are there foods you could not give up (0=no, 1=yes)                                 |
| <b>103.</b> 0 1 2 3 Airborne allergies                                 | <b>5.</b> 0 1 2 3 Asthma, sinus infections, stuffy nose   |
| <b>104.</b> 0 1 2 3 Experience hives                                   | <b>6.</b> 0 1 2 3 Bizarre vivid dreams, nightmares  |
| <b>105.</b> 0 1 2 3 Sinus congestion, "stuffy head"                    | <b>7.</b> 0 1 2 3 Use over-the-counter pain medications   |
| <b>106.</b> 0 1 2 3 Crave bread or noodles                             | <b>8.</b> 0 1 2 3 Feel spacey or unreal   |
| <b>107.</b> 0 1 2 3 Alternating constipation and diarrhea              |   |

**Section 4 – Large Intestine**

58

- |  |  |
|--|--|
| <b>116.</b> 0 1 2 3 Anus itches  | <b>1.</b> 0 1 2 3 Stools have corners or edges, are flat or ribbon shaped        |
| <b>117.</b> 0 1 2 3 Coated tongue  | <b>2.</b> 0 1 2 3 Stools are not well formed (loose)                             |
| <b>118.</b> 0 1 2 3 Feel worse in moldy or musty place   | <b>3.</b> 0 1 2 3 Irritable bowel or mucus colitis                               |
| <b>119.</b> 0 1 2 3 Taken antibiotic for a total accumulated time of (0=never, 1= <1 month, 2=<3 months, 3= >3 months) | <b>4.</b> 0 1 2 3 Blood in stool   |
| <b>120.</b> 0 1 2 3 Fungus or yeast infections   | <b>5.</b> 0 1 2 3 Mucus in stool   |
| <b>121.</b> 0 1 2 3 Ring worm, "jock itch", "athletes foot", nail fungus   | <b>6.</b> 0 1 2 3 Excessive foul smelling lower bowel gas                        |
| <b>122.</b> 0 1 2 3 Yeast symptoms increase with sugar, starch or alcohol  | <b>7.</b> 0 1 2 3 Bad breath or strong body odors                                |
| <b>123.</b> 0 1 2 3 Stools hard or difficult to pass   | <b>8.</b> 0 1 2 3 Painful to press along outer sides of thighs (Iliotibial Band) |
| <b>124.</b> 0 1 History of parasites (0=no, 1=yes)   | <b>9.</b> 0 1 2 3 Cramping in lower abdominal region                             |
| <b>125.</b> 0 1 2 3 Less than one bowel movement per day   | <b>10.</b> 0 1 2 3 Dark circles under eyes                                       |

**Section 5 – Mineral Needs**

75

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)

- |                     |  |                    |                                     |
|---------------------|--|--------------------|-------------------------------------|
| <b>136.</b> 0 1     | History of carpal tunnel syndrome (0=no, 1=yes)                                  | <b>1.</b> 0 1      | History of bone spurs (0=no, 1=yes) |
| <b>137.</b> 0 1     | History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) | <b>2.</b> 0 1 2 3  | Morning stiffness                   |
| <b>138.</b> 0 1     | History of stress fracture (0=no, 1=yes)   | <b>3.</b> 0 1 2 3  | Nausea with vomiting                |
| <b>139.</b> 0 1 2 3 | Bone loss (reduced density on bone scan)   | <b>4.</b> 0 1 2 3  | Crave chocolate                     |
| <b>140.</b> 0 1     | Are you shorter than you used to be? (0=no, 1=yes)                               | <b>5.</b> 0 1 2 3  | Feet have a strong odor             |
| <b>141.</b> 0 1 2 3 | Calf, foot or toe cramps at rest   | <b>6.</b> 0 1 2 3  | History of anemia                   |
| <b>142.</b> 0 1 2 3 | Cold sores, fever blisters or herpes lesions                                     | <b>7.</b> 0 1 2 3  | Whites of eyes (sclera) blue tinted |
| <b>143.</b> 0 1 2 3 | Frequent fevers  | <b>8.</b> 0 1 2 3  | Hoarseness                          |
| <b>144.</b> 0 1 2 3 | Frequent skin rashes and/or hives  | <b>9.</b> 0 1 2 3  | Difficulty swallowing               |
| <b>145.</b> 0 1     | Herniated disc (0=no, 1=yes)   | <b>10.</b> 0 1 2 3 | Lump in throat                      |
| <b>146.</b> 0 1 2 3 | Excessively flexible joints, "double jointed"                                    | <b>11.</b> 0 1 2 3 | Dry mouth, eyes and/or nose         |
| <b>147.</b> 0 1 2 3 | Joints pop or click  | <b>12.</b> 0 1 2 3 | Gag easily                          |
| <b>148.</b> 0 1 2 3 | Pain or swelling in joints   | <b>13.</b> 0 1 2 3 | White spots on fingernails          |
| <b>149.</b> 0 1 2 3 | Bursitis or tendonitis   | <b>14.</b> 0 1 2 3 | Cuts heal slowly and/or scar easily |
|                     |  | <b>15.</b> 0 1 2 3 | Decreased sense of taste or smell   |

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

**Section 6 – Essential Fatty Acids**

22

- |      |         |  |    |         |  |
|------|---------|--|----|---------|--|
| 165. | 0 1     | Experience pain relief with aspirin (0=no, 1=yes)                                | 1. | 0 1 2 3 | Headaches when out in the hot sun      |
| 166. | 0 1 2 3 | Crave fatty or greasy foods  | 2. | 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) | 3. | 0 1 2 3 | Muscles easily fatigued                |
| 168. | 0 1 2 3 | Tension headaches at base of skull   | 4. | 0 1 2 3 | Dry flaky skin or dandruff             |

**Section 7 – Sugar Handling**

39

- |      |         |  |    |         |  |
|------|---------|--|----|---------|--|
| 173. | 0 1 2 3 | Awaken a few hours after falling asleep, hard to get back to sleep | 1. | 0 1 2 3 | Headache if meals are skipped or delayed                                 |
| 174. | 0 1 2 3 | Crave sweets   | 2. | 0 1 2 3 | Irritable before meals   |
| 175. | 0 1 2 3 | Binge or uncontrolled eating                                       | 3. | 0 1 2 3 | Shaky if meals delayed   |
| 176. | 0 1 2 3 | Excessive appetite   | 4. | 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                             | 5. | 0 1 2 3 | Frequent thirst  |
| 178. | 0 1 2 3 | Sleepy in afternoon  | 6. | 0 1 2 3 | Frequent urination   |
| 179. | 0 1 2 3 | Fatigue that is relieved by eating                                 |    |         |  |

**Section 8 – Vitamin Need**

81

- |      |         |   |     |         |  |
|------|---------|---|-----|---------|--|
| 186. | 0 1 2 3 | Muscles become easily fatigued                  | 1.  | 0 1 2 3 | Can hear heart beat on pillow at night       |
| 187. | 0 1 2 3 | Feel exhausted or sore after moderate exercise  | 2.  | 0 1 2 3 | Whole body or limb jerk as falling asleep    |
| 188. | 0 1 2 3 | Vulnerable to insect bites                      | 3.  | 0 1 2 3 | Night sweats                                 |
| 189. | 0 1 2 3 | Loss of muscle tone, heaviness in arms/legs     | 4.  | 0 1 2 3 | Restless leg syndrome                        |
| 190. | 0 1 2 3 | Enlarged heart or congestive heart failure      | 5.  | 0 1 2 3 | Cracks at corner of mouth (Cheilosis)        |
| 191. | 0 1 2 3 | Pulse below 65 per minute (0=no, 1=yes)         | 6.  | 0 1 2 3 | Fragile skin, easily chaffed, as in shaving  |
| 192. | 0 1 2 3 | Ringing in the ears (Tinnitus)                  | 7.  | 0 1 2 3 | Polyps or warts                              |
| 193. | 0 1 2 3 | Numbness, tingling or itching in hands and feet | 8.  | 0 1 2 3 | MSG sensitivity                              |
| 194. | 0 1 2 3 | Depressed                                       | 9.  | 0 1 2 3 | Wake up without remembering dreams           |
| 195. | 0 1 2 3 | Fear of impending doom                          | 10. | 0 1 2 3 | Small bumps on back of arms                  |
| 196. | 0 1 2 3 | Worrier, apprehensive, anxious                  | 11. | 0 1 2 3 | Strong light at night irritates eyes         |
| 197. | 0 1 2 3 | Nervous or agitated                             | 12. | 0 1 2 3 | Nose bleeds and/or tend to bruise easily     |
| 198. | 0 1 2 3 | Feelings of insecurity                          | 13. | 0 1 2 3 | Bleeding gums especially when brushing teeth |
| 199. | 0 1 2 3 | Heart races                                     |     |         |  |

**Section 9 – Adrenal**

78

- |      |         |  |     |         |  |
|------|---------|--|-----|---------|--|
| 213. | 0 1 2 3 | Tend to be a "night person"                    | 1.  | 0 1 2 3 | Arthritic tendencies                         |
| 214. | 0 1 2 3 | Difficulty falling asleep                      | 2.  | 0 1 2 3 | Crave salty foods                            |
| 215. | 0 1 2 3 | Slow starter in the morning                    | 3.  | 0 1 2 3 | Salt foods before tasting                    |
| 216. | 0 1 2 3 | Tend to be keyed up, trouble calming down      | 4.  | 0 1 2 3 | Perspire easily                              |
| 217. | 0 1 2 3 | Blood pressure above 120/80                    | 5.  | 0 1 2 3 | Chronic fatigue, or get drowsy often         |
| 218. | 0 1 2 3 | Headache after exercising                      | 6.  | 0 1 2 3 | Afternoon yawning                            |
| 219. | 0 1 2 3 | Feeling wired or jittery after drinking coffee | 7.  | 0 1 2 3 | Afternoon headache                           |
| 220. | 0 1 2 3 | Clench or grind teeth                          | 8.  | 0 1 2 3 | Asthma, wheezing or difficulty breathing     |
| 221. | 0 1 2 3 | Calm on the outside, troubled on the inside    | 9.  | 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      | 10. | 0 1 2 3 | Tendency to sprain ankles or "shin splints"  |
| 223. | 0 1 2 3 | Become dizzy when standing up suddenly         | 11. | 0 1 2 3 | Tendency to need sunglasses                  |
| 224. | 0 1 2 3 | Difficulty maintaining manipulative correction | 12. | 0 1 2 3 | Allergies and/or hives                       |
| 225. | 0 1 2 3 | Pain after manipulative correction             | 13. | 0 1 2 3 | Weakness, dizziness                          |

**Section 10 – Pituitary**

29

- |      |         |   |    |         |   |
|------|---------|---|----|---------|---|
| 239. | 0 1     | Height over 6' 6" (0=no, 1=yes)                           | 1. | 0 1     | Height under 4' 10" (0=no, 1=yes)                       |
| 240. | 0 1     | Early sexual development (before age 10) (0=no, 1=yes)    | 2. | 0 1 2 3 | Decreased libido  |
| 241. | 0 1 2 3 | Increased libido  | 3. | 0 1 2 3 | Excessive thirst  |
| 242. | 0 1 2 3 | Splitting type headache                                   | 4. | 0 1 2 3 | Weight gain around hips or waist                        |
| 243. | 0 1 2 3 | Memory failing  | 5. | 0 1 2 3 | Menstrual disorders                                     |
| 244. | 0 1     | Tolerate sugar, feel fine when eating sugar (0=no, 1=yes) | 6. | 0 1     | Delayed sexual development (after age 13) (0=no, 1=yes) |
|      |         |   | 7. | 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

- |      |         |   |    |         |   |
|------|---------|---|----|---------|---|
| 252. | 0 1 2 3 | Sensitive/allergic to iodine                        | 1. | 0 1 2 3 | Mentally sluggish, reduced initiative                     |
| 253. | 0 1 2 3 | Difficulty gaining weight, even with large appetite | 2. | 0 1 2 3 | Easily fatigued, sleepy during the day                    |
| 254. | 0 1 2 3 | Nervous, emotional, can't work under pressure       | 3. | 0 1 2 3 | Sensitive to cold, poor circulation (cold hands and feet) |
| 255. | 0 1 2 3 | Inward trembling                                    | 4. | 0 1 2 3 | Constipation, chronic                                     |
| 256. | 0 1 2 3 | Flush easily  | 5. | 0 1 2 3 | Excessive hair loss and/or coarse hair                    |
| 257. | 0 1 2 3 | Fast pulse at rest                                  | 6. | 0 1 2 3 | Morning headaches, wear off during the day                |
| 258. | 0 1 2 3 | Intolerance to high temperatures                    | 7. | 0 1 2 3 | Loss of lateral 1/3 of eyebrow                            |
| 259. | 0 1 2 3 | Difficulty losing weight                            | 8. | 0 1 2 3 | Seasonal sadness  |

**Section 12 – Men Only**

27

- |      |         |  |    |         |   |
|------|---------|--|----|---------|---|
| 268. | 0 1 2 3 | Prostate problems                        | 1. | 0 1 2 3 | Waking to urinate at night              |
| 269. | 0 1 2 3 | Difficulty with urination, dribbling     | 2. | 0 1 2 3 | Interruption of stream during urination |
| 270. | 0 1 2 3 | Difficult to start and stop urine stream | 3. | 0 1 2 3 | Pain on inside of legs or heels         |
| 271. | 0 1 2 3 | Pain or burning with urination           | 4. | 0 1 2 3 | Feeling of incomplete bowel evacuation  |
|      |         |  | 5. | 0 1 2 3 | Decreased sexual function               |

**Section 13 – Women Only**

60

- |      |         |   |     |         |  |
|------|---------|---|-----|---------|--|
| 277. | 0 1 2 3 | Depression during periods                 | 1.  | 0 1 2 3 | Breast fibroids, benign masses               |
| 278. | 0 1 2 3 | Mood swings associated with periods (PMS) | 2.  | 0 1 2 3 | Painful intercourse (dysparenia)             |
| 279. | 0 1 2 3 | Crave chocolate around periods            | 3.  | 0 1 2 3 | Vaginal discharge                            |
| 280. | 0 1 2 3 | Breast tenderness associated with cycle   | 4.  | 0 1 2 3 | Vaginal dryness                              |
| 281. | 0 1 2 3 | Excessive menstrual flow                  | 5.  | 0 1 2 3 | Vaginal itchiness                            |
| 282. | 0 1 2 3 | Scanty blood flow during periods          | 6.  | 0 1 2 3 | Gain weight around hips, thighs and buttocks |
| 283. | 0 1 2 3 | Occasional skipped periods                | 7.  | 0 1 2 3 | Excess facial or body hair                   |
| 284. | 0 1 2 3 | Variations in menstrual cycles            | 8.  | 0 1 2 3 | Hot flashes                                  |
| 285. | 0 1 2 3 | Endometriosis                             | 9.  | 0 1 2 3 | Night sweats (in menopausal females)         |
| 286. | 0 1 2 3 | Uterine fibroids                          | 10. | 0 1 2 3 | Thinning skin                                |

**Section 14 – Cardiovascular**

30

- |      |         |  |    |         |  |
|------|---------|--|----|---------|--|
| 297. | 0 1 2 3 | Aware of heavy and/or irregular breathing  | 1. | 0 1 2 3 | Ankles swell, especially at end of day   |
| 298. | 0 1 2 3 | Discomfort at high altitudes               | 2. | 0 1 2 3 | Cough at night   |
| 299. | 0 1 2 3 | "Air hunger" or sigh frequently            | 3. | 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 | 4. | 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 | 5. | 0 1 2 3 | Muscle cramps with exertion  |

**Section 15 – Kidney and Bladder**

13

- |      |         |  |    |         |                                  |
|------|---------|--|----|---------|----------------------------------|
| 307. | 0 1 2 3 | Pain in mid-back region                        | 1. | 0 1 2 3 | Cloudy, bloody or darkened urine |
| 308. | 0 1 2 3 | Puffy around the eyes, dark circles under eyes | 2. | 0 1 2 3 | Urine has a strong odor          |
| 309. | 0 1     | History of kidney stones (0=no, 1=yes)         |    |         |                                  |

**Section 16 – Immune system**

30

- |      |         |   |    |         |  |
|------|---------|---|----|---------|--|
| 312. | 0 1 2 3 | Runny or drippy nose  | 1. | 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  |    |         |  |
| 314. | 0 1 2 3 | Mucus producing cough   | 2. | 0 1 2 3 | Acne (adult)   |
| 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)  | 3. | 0 1 2 3 | Itchy skin (Dermatitis)  |
|      |         |   | 4. | 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) | 5. | 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)