

Section 11 – Thyroid

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

Section 12 – Men Only

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

Section 13 – Women Only

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

Section 14 – Cardiovascular

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|------|---------|--|------|---------|--|
| 297. | 0 1 2 3 | Aware of heavy and/or irregular breathing | 302. | 0 1 2 3 | Ankles swell, especially at end of day |
| 298. | 0 1 2 3 | Discomfort at high altitudes | 303. | 0 1 2 3 | Cough at night |
| 299. | 0 1 2 3 | "Air hunger" or sigh frequently | 304. | 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 | 305. | 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 | 306. | 0 1 2 3 | Muscle cramps with exertion |

Section 15 – Kidney and Bladder

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|------|---------|--|------|---------|----------------------------------|
| 307. | 0 1 2 3 | Pain in mid-back region | 310. | 0 1 2 3 | Cloudy, bloody or darkened urine |
| 308. | 0 1 2 3 | Puffy around the eyes, dark circles under eyes | 311. | 0 1 2 3 | Urine has a strong odor |
| 309. | 0 1 | History of kidney stones (0=no, 1=yes) | | | |

Section 16 – Immune system

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|------|---------|---|------|---------|--|
| 312. | 0 1 2 3 | Runny or drippy nose | 317. | 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 | 318. | 0 1 2 3 | Acne (adult) |
| 314. | 0 1 2 3 | Mucus producing cough | 319. | 0 1 2 3 | Itchy skin (Dermatitis) |
| 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) | 320. | 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) | 321. | 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)