
Section 2 – Liver and Gallbladder

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

Section 3 – Small Intestine

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

Section 4 – Large Intestine

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

Section 5 – Mineral Needs

- | | | | | | |
|------|---------|----------------------------------------------------------------------------------|------|---------|-------------------------------------|
| 136. | 0 1 | History of carpal tunnel syndrome (0=no, 1=yes) | 150. | 0 1 | History of bone spurs (0=no, 1=yes) |
| 137. | 0 1 | History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes) | 151. | 0 1 2 3 | Morning stiffness |
| 138. | 0 1 | History of stress fracture (0=no, 1=yes) | 152. | 0 1 2 3 | Nausea with vomiting |
| 139. | 0 1 2 3 | Bone loss (reduced density on bone scan) | 153. | 0 1 2 3 | Crave chocolate |
| 140. | 0 1 | Are you shorter than you used to be? (0=no, 1=yes) | 154. | 0 1 2 3 | Feet have a strong odor |
| 141. | 0 1 2 3 | Calf, foot or toe cramps at rest | 155. | 0 1 2 3 | History of anemia |
| 142. | 0 1 2 3 | Cold sores, fever blisters or herpes lesions | 156. | 0 1 2 3 | Whites of eyes (sclera) blue tinted |
| 143. | 0 1 2 3 | Frequent fevers | 157. | 0 1 2 3 | Hoarseness |
| 144. | 0 1 2 3 | Frequent skin rashes and/or hives | 158. | 0 1 2 3 | Difficulty swallowing |
| 145. | 0 1 | Herniated disc (0=no, 1=yes) | 159. | 0 1 2 3 | Lump in throat |
| | | | 160. | 0 1 2 3 | Dry mouth, eyes and/or nose |
| | | | 161. | 0 1 2 3 | Gag easily |
-

146. 0 1 2 3 Excessively flexible joints, "double jointed"
 147. 0 1 2 3 Joints pop or click
 148. 0 1 2 3 Pain or swelling in joints
 149. 0 1 2 3 Bursitis or tendonitis
162. 0 1 2 3 White spots on fingernails
 163. 0 1 2 3 Cuts heal slowly and/or scar easily
 164. 0 1 2 3 Decreased sense of taste or smell

Section 6 – Essential Fatty Acids

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

Section 7 – Sugar Metabolism

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

Section 8 – Vitamin Need

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

Section 9 – Adrenal

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

Section 10 – Pituitary

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

Section 11 – Thyroid

- | | | | | | |
|------|---------|-----------------------------------------------------|------|---------|-----------------------------------------------------------|
| 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

- | | | | | | |
|------|---------|------------------------------------------|------|---------|-----------------------------------------|
| 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

- | | | | | | |
|------|---------|-------------------------------------------|------|---------|----------------------------------------------|
| 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

- | | | | | | |
|------|---------|--------------------------------------------|------|---------|------------------------------------------------------------------------------------|
| 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

- | | | | | | |
|------|---------|------------------------------------------------|------|---------|----------------------------------|
| 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

- | | | | | | |
|------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| 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) |