<ul> <li>145. 0 1 2 3 Shortness of breath with moderate exertion</li> <li>146. 0 1 2 3 Opens windows in closed room</li> <li>147. 0 1 2 3 Sigh frequently</li> <li>148. 0 1 2 3 Bruise easily</li> </ul>	149. 0 1 2 3 Muscle cramps during exercise 150. 0 1 2 3 Hands and feet go to sleep 151. 0 1 2 3 Dull pain in chest, worse on exertion	
152. 0 1 2 3 Pain upon urination 153. 0 1 2 3 Frequent bladder infections 154. 0 1 2 3 Cloudy, bloody, or dark urine 155. 0 1 2 3 Urine has strong odor	Section 14- Read each symptom and circle to 156. 0 1 2 3 History of kidney stones 157. 0 1 2 3 Pain in low back 158. 0 1 2 3 Puffy eyes or dark circles under eyes regularly	he nu mbe r that appl

159.	0	1	2	3	Catch colds/flu easily
160.	0	1	2	3	Runny or drippy nose
161.	0	1	2	3	Swollen lymph nodes
162.	0	1	2	3	Gets boils, cysts, styes

Section 15– Read each symptom and circle the number that applies.

163. 0 1 2 3 Poor wound healing 164. 0 1 2 3 History of Epstein Bar, Mono, Herpes, Shingles or Chronic Fatigue ies.