

Section 4— Read each symptom and circle the number that applies.

Key: 0=no, symptom does not occur

2=Moderate symptom, occurs weekly

1=Yes, mild symptom, rarely occurs

3=Severe symptom, occurs daily

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| 43. 0 1 2 3 Nausea | 50. 0 1 2 3 Headache over eyes |
| 44. 0 1 2 3 Pain between shoulder blades | 51. 0 1 2 3 Easily intoxicated |
| 45. 0 1 2 3 Skin rashes, acne, eczema, etc. | 52. 0 1 2 3 Hemorrhoids or varicose veins |
| 46. 0 1 2 3 Age or "Liver" spots | 53. 0 1 2 3 Sensitivity to perfumes or chemicals, etc... |
| 47. 0 1 2 3 Greasy foods upset stomach | 54. 0 1 2 3 Pain under right rib cage |
| 48. 0 1 2 3 Gallbladder attacks or stones | 55. 0 1 2 3 Insomnia |
| 49. 0 1 2 3 Motion sickness | |
| 56. 0 1 2 3 Carpal Tunnel Syndrome | 60. 0 1 2 3 Bursitis or tendonitis |
| 57. 0 1 2 3 Osteoporosis or Osteopenia | 61. 0 1 2 3 Joints pop or crack |
| 58. 0 1 2 3 Legs or foot cramps at rest | 62. 0 1 2 3 White spots on fingernails |
| 59. 0 1 2 3 Pain or swelling in joints | 63. 0 1 2 3 Decreased taste or smell |

Section 5— Read each symptom and circle the number that applies.

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| 64. 0 1 2 3 Intense Fatigue | 69. 0 1 2 3 Muscle twitching |
| 65. 0 1 2 3 Brain Fog | 70. 0 1 2 3 Unexplained fevers |
| 66. 0 1 2 3 Memory loss short/long term | 71. 0 1 2 3 Headaches/Migraines |
| 67. 0 1 2 3 Pain or swelling in joints | 72. 0 1 2 3 Poor concentration |
| 68. 0 1 2 3 Stiff joints in morning | 73. 0 1 2 3 Sore soles of feet in morning |

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6- Read each symptom and circle the number that applies.