

Section 1– 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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| 1. 0 1 2 3 Heartburn or Acid Reflux | 9. 0 1 2 3 Fingernails chip, break, peel |
| 2. 0 1 2 3 Burping or Gas after eating | 10. 0 1 2 3 Anemia unresponsive to iron |
| 3. 0 1 2 3 Bloating after eating | 11. 0 1 2 3 Stomach pain or cramps |
| 4. 0 1 2 3 Bad breath | 12. 0 1 2 3 Diarrhea, chronic |
| 5. 0 1 2 3 Sweat has a strong odor | 13. 0 1 2 3 Diarrhea after meals |
| 6. 0 1 2 3 Feel better if I don't eat | 14. 0 1 2 3 Black or dark stool |
| 7. 0 1 2 3 Sleepy after meals | 15. 0 1 2 3 Undigested food in stool |
| 8. 0 1 2 3 Burning pain in stomach | |

Section 2– Read each symptom and circle the

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| 16. 0 1 2 3 Skip days between bowel movm. | 24. 0 1 2 3 Dark circles under eyes |
| 17. 0 1 2 3 Stools hard or difficult to pass | 25. 0 1 2 3 History of parasites |
| 18. 0 1 2 3 Cramping on lower abdomen | 26. 0 1 2 3 Coated tongue |
| 19. 0 1 2 3 Blood in stool | 27. 0 1 2 3 Anus itches |
| 20. 0 1 2 3 Mucus in stool | 28. 0 1 2 3 Constipation |
| 21. 0 1 2 3 IBS or colitis | 29. 0 1 2 3 Stools are loose |
| 22. 0 1 2 3 Yeast Infections | 30. 0 1 2 3 Bad smelling gas |
| 23. 0 1 2 3 Nail fungus or athletes foot | |

number that applies.

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| 31. 0 1 2 3 Food allergies | 38. 0 1 2 3 Pulse speeds after eating |
| 32. 0 1 2 3 Bloating after eating | 39. 0 1 2 3 Nightmares |
| 33. 0 1 2 3 Airborne allergies | 40. 0 1 2 3 Feel spacy or unreal |
| 34. 0 1 2 3 Wheat or gluten sensitivity | 41. 0 1 2 3 Alternating diarrhea/ constipation |
| 35. 0 1 2 3 Dairy sensitivity | 42. 0 1 2 3 Hives |
| 36. 0 1 2 3 Sinus congestion | |
| 37. 0 1 2 3 Craves bread and pasta | |

Section 3– Read each symptom and circle the

number that applies.