## **Nutritional Assessment Questionnaire**

Name:	/Date://
Birth Date:	Gender:
Please list your five major health concerns in order of ir 1. 2. 3. 4. 5.	mportance:  Notes:
PART I Read the following questions and circle the r	number that applies:
KEY: 0 = Do not consume or use 1 = Consume or use 2 to 3 times monthly	2 = Consume or use weekly 3 = Consume or use daily
DIET	58
1.       0 1 2 3       Alcohol       7.       0 1 2 3       Cigars         2.       0 1 2 3       Artificial sweeteners       8.       0 1 2 3       Caffeir         3.       0 1 2 3       Candy, desserts, refined sugar       9.       0 1 2 3       Fried for the fined sugar         4.       0 1 2 3       Carbonated beverages       11.       0 1 2 3       Lunchood Luncho	nated beverages       15. 0 1 2 3       Refined flour/baked goods         16. 0 1 2 3       Vitamins and minerals         foods       17. 0 1 2 3       Water, distilled         eon meats       18. 0 1 2 3       Water, tap         urine       19. 0 1 2 3       Water, well
LIFESTYLE	12
month)  22. 0 1 2 3 Changed jobs (0 = over 12 months ago, 1 = within la  23. 0 1 2 3 Divorced (0 = never, over 2 years ago, 1 = within la  24. 0 1 2 3 Work over 60 hours/week (0 = never, 1 = occasiona	st 2 years, 2 = within last year, 3 = within last 6 months)
PART II (See key at bottom of page)	
Section 1  52. 0 1 2 3 Belching or gas within one hour after eating  53. 0 1 2 3 Heartburn or acid reflux  54. 0 1 2 3 Bloating within one hour after eating  55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes)  56. 0 1 2 3 Bad breath (halitosis)  57. 0 1 2 3 Sweat has a strong odor  59. 0 1 2 3 Sense of excess fullness after meals	61. 0 1 2 3 Feel like skipping breakfast 62. 0 1 2 3 Feel better if you don't eat 63. 0 1 2 3 Sleepy after meals 64. 0 1 2 3 Fingernails chip, peel or break easily 65. 0 1 2 3 Anemia unresponsive to iron 66. 0 1 2 3 Stomach pains or cramps 67. 0 1 2 3 Diarrhea, chronic 68. 0 1 2 3 Diarrhea shortly after meals 69. 0 1 2 3 Black or tarry colored stools 70. 0 1 2 3 Undigested food in stool
KEY: 0=No, symptom does not occur 1=Yes, minor or mild symptom, rarely occurs (monthly)	2=Moderate symptom, occurs occasionally (weekly) 3=Severe symptom, occurs frequently (daily)

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Sect	tion 2				68
	0 1 2 3	Pain between shoulder blades	85.	0 1	Easily hung over if you were to drink wine (0=no,
72.	0 1 2 3	Stomach upset by greasy foods			1=yes)
73.	0 1 2 3	Greasy or shiny stools		0 1 2 3	
	0 1 2 3	Nausea		0 1	Recovering alcoholic (0=no, 1=yes)
75.	0 1 2 3	Sea, car, airplane or motion sickness		0 1	History of drug or alcohol abuse (0=no, 1=yes)
76.	0 1	History of morning sickness (0 = no, 1 = yes)		0 1	History of hepatitis (0=no, 1=yes)
77.	0 1 2 3	Light or clay colored stools	90.	0 1	Long term use of prescription/recreational drugs
78.	0 1 2 3	Dry skin, itchy feet or skin peels on feet	04		(0=no, 1=yes)
79. 80.	0 1 2 3	Headache over eyes	91.	0 1 2 3	Sensitive to chemicals (perfume, cleaning
ου.	0 1 2 3	Gallbladder attacks (0=never, 1=years ago, 2=within last year, 3=within past 3 months)	92	0 1 0 0	agents, etc.) Sensitive to tobacco smoke
81.	0 1	Gallbladder removed (0=no, 1=yes)			Exposure to diesel fumes
82.	0 1 2 3	Bitter taste in mouth, especially after meals			Pain under right side of rib cage
83.	0 1 2 0	Become sick if you were to drink wine (0=no,			Hemorrhoids or varicose veins
٠٠.	0 1	1=yes)			Nutrasweet (aspartame) consumption
84.	0 1	Easily intoxicated if you were to drink wine			Sensitive to Nutrasweet (aspartame)
		(0=no, 1=yes)			Chronic fatigue or Fibromyalgia
Sect	tion 3	(, ,,			47
	0 1 2 3	Food allergies	108	0 1 2 3	Crohn's disease (0 =no, 1=yes in the past,
		Abdominal bloating 1 to 2 hours after eating		0 1 2 0	2=currently mild condition, 3=severe)
101.	0 1	Specific foods make you tired or bloated (0=no,	109.	0 1 2 3	Wheat or grain sensitivity
. •	•	1=yes)		0 1 2 3	
102.	0 1 2 3	Pulse speeds after eating	111.		Are there foods you could not give up (0=no,
		Airborne allergies			1=yes)
		Experience hives	112.	0 1 2 3	Asthma, sinus infections, stuffy nose
105.	0 1 2 3	Sinus congestion, "stuffy head"			Bizarre vivid dreams, nightmares
106.	0 1 2 3	Crave bread or noodles	114.	0 1 2 3	Use over-the-counter pain medications
107.	0 1 2 3	Alternating constipation and diarrhea	115.	0 1 2 3	Feel spacey or unreal
Sect	tion 4				58
116.	0 1 2 3	Anus itches	126.	0 1 2 3	Stools have corners or edges, are flat or ribbon
117.	0 1 2 3	Coated tongue			shaped
118.	0 1 2 3	Feel worse in moldy or musty place	127.	0 1 2 3	Stools are not well formed (loose)
119.	0 1 2 3	Taken antibiotic for a total accumulated time of	128.	0 1 2 3	Irritable bowel or mucus colitis
		(0=never, 1= <1 month, 2= <3 months, 3= >3		0 1 2 3	
		months)		0 1 2 3	
120.	0 1 2 3	Fungus or yeast infections			Excessive foul smelling lower bowel gas
	0 1 2 3	Ring worm, "jock itch", "athletes foot", nail fungus			Bad breath or strong body odors
122.	0 1 2 3	Yeast symptoms increase with sugar, starch or	133.	0 1 2 3	
400		alcohol			(Iliotibial Band)
		Stools hard or difficult to pass			Cramping in lower abdominal region
124. 125	0 1 0 1 2 3	History of parasites (0=no, 1=yes) Less than one bowel movement per day	135.	0 1 2 3	Dark circles under eyes
	tion 5	2000 than one bower movement per day			75
136.		History of carpal tunnel syndrome (0=no, 1=yes)	150.	0 1	History of bone spurs (0=no, 1=yes)
136.		History of lower right abdominal pains or		0 1 2 3	
131.	U I	ileocecal valve problems (0=no, 1=yes)		0 1 2 3	
138.	0 1	History of stress fracture (0=no, 1=yes)			Crave chocolate
	0 1 2 3	Bone loss (reduced density on bone scan)			Feet have a strong odor
140.		Are you shorter than you used to be? (0=no,			History of anemia
		1=yes)		0 1 2 3	•
141.	0 1 2 3	Calf, foot or toe cramps at rest		0 1 2 3	
	0 1 2 3	Cold sores, fever blisters or herpes lesions		0 1 2 3	
		Frequent fevers		0 1 2 3	
143.		Frequent skin rashes and/or hives		0 1 2 3	•
143. 144.		Herniated disc (0=no, 1=yes)		0 1 2 3	
	0 1				
144. 145.	0 1 0 1 2 3	Excessively flexible joints, "double jointed"	162.	0 1 2 3	White spots on fingernails
144. 145. 146.				0 1 2 3 0 1 2 3	
144. 145. 146. 147.	0 1 2 3	Excessively flexible joints, "double jointed"	163.		Cuts heal slowly and/or scar easily

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Section 6				
<b>167.</b> 0 1 2 3	Experience pain relief with aspirin (0=no, 1=yes) Crave fatty or greasy foods Low- or reduced-fat diet (0=never, 1=years ago, 2=within past year, 3=currently) Tension headaches at base of skull	170. 171.	0 1 2 3	Headaches when out in the hot sun Sunburn easily or suffer sun poisoning Muscles easily fatigued Dry flaky skin or dandruff
Section 7				39
174. 0 1 2 3 175. 0 1 2 3 176. 0 1 2 3 177. 0 1 2 3 178. 0 1 2 3	Awaken a few hours after falling asleep, hard to get back to sleep Crave sweets Binge or uncontrolled eating Excessive appetite Crave coffee or sugar in the afternoon Sleepy in afternoon Fatigue that is relieved by eating	181. 182. 183. 184.	0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3	Headache if meals are skipped or delayed Irritable before meals Shaky if meals delayed Family members with diabetes (0=none, 1=1 or 2, 2=3 or 4, 3=more than 4) Frequent thirst Frequent urination
Section 8				81
186.       0 1 2 3         187.       0 1 2 3         188.       0 1 2 3         189.       0 1 2 3         190.       0 1 2 3         191.       0 1 2 3         192.       0 1 2 3         193.       0 1 2 3         194.       0 1 2 3         195.       0 1 2 3         196.       0 1 2 3         197.       0 1 2 3	Vulnerable to insect bites Loss of muscle tone, heaviness in arms/legs Enlarged heart or congestive heart failure Pulse below 65 per minute (0=no, 1=yes) Ringing in the ears (Tinnitus) Numbness, tingling or itching in hands and feet Depressed Fear of impending doom Worrier, apprehensive, anxious Nervous or agitated Feelings of insecurity	201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211.	0 1 2 3 0 1 2 3	Can hear heart beat on pillow at night Whole body or limb jerk as falling asleep Night sweats Restless leg syndrome Cracks at corner of mouth (Cheilosis) Fragile skin, easily chaffed, as in shaving Polyps or warts MSG sensitivity Wake up without remembering dreams Small bumps on back of arms Strong light at night irritates eyes Nose bleeds and/or tend to bruise easily
Section 9				78
213. 0 1 2 3 214. 0 1 2 3 215. 0 1 2 3 216. 0 1 2 3 217. 0 1 2 3 218. 0 1 2 3 220. 0 1 2 3 221. 0 1 2 3 222. 0 1 2 3	Difficulty falling asleep Slow starter in the morning Tend to be keyed up, trouble calming down Blood pressure above 120/80 Headache after exercising Feeling wired or jittery after drinking coffee Clench or grind teeth Calm on the outside, troubled on the inside Chronic low back pain, worse with fatigue Become dizzy when standing up suddenly Difficulty maintaining manipulative correction	227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237.	0 1 2 3 0 1 2 3	Arthritic tendencies Crave salty foods Salt foods before tasting Perspire easily Chronic fatigue, or get drowsy often Afternoon yawning Afternoon headache Asthma, wheezing or difficulty breathing Pain on the medial or inner side of the knee Tendency to sprain ankles or "shin splints" Tendency to need sunglasses Allergies and/or hives
Section 10				29
239. 0 1 240. 0 1 241. 0 1 2 3 242. 0 1 2 3 243. 0 1 2 3 244. 0 1	Splitting type headache	247. 248. 249. 250.	0 1 2 3 0 1 2 3 0 1 2 3	Height under 4' 10" (0=no, 1=yes) Decreased libido Excessive thirst Weight gain around hips or waist Menstrual disorders Delayed sexual development (after age 13) (0=no, 1=yes) Tendency to ulcers or colitis

KEY:	0=No, symptom does not occur
	1=Yes, minor or mild symptom, rarely occurs (monthly)

252.         0 1 2 3         Sensitive/allergic to iodine         261.         0 1 2 3         Behilfculty gaining weight, even with large appetite         262.         0 1 2 3         Easily fatigued, sleepy during the day appetite           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         Sensitive to cold, poor circulation (cold hands and feet)           256.         0 1 2 3         Flush easily         264.         0 1 2 3         Excessive hair loss and/or coarse hair           257.         0 1 2 3         Flush easily         266.         0 1 2 3         Morning headens, wear off during the day           258.         0 1 2 3         Difficulty losing weight         267.         0 1 2 3         Seasonal sadness           259.         0 1 2 3         Prostate problems         272.         0 1 2 3         Waking to urinate at night           268.         0 1 2 3         Difficulty with urination, dribbling         273.         0 1 2 3         Waking to urinate at night           270.         0 1 2 3         Difficulty beta the stard at stop urine stream         274.         0 1 2 3         Pain on inside legs or heels	Sect	tion 11					48
255.			Sensitive/allergic to iodine	260	0 1 2 3	Mentally sluggish, reduced initiative	40
254.   0   1   2   3   Nervous, emotional, can't work under pressure   255.   0   1   2   3   Nervous, emotional, can't work under pressure   256.   0   1   2   3   Nervous, emotional, can't work under pressure   256.   0   1   2   5   Flush easily   257.   0   1   2   5   Flush easily   268.   0   1   2   5   Northwest hair loss and/or coarse hair   258.   0   1   2   5   Northwest hair loss and/or coarse hair   258.   0   1   2   5   Northwest hair loss and/or coarse hair   259.   0   1   2   5   Northwest hair loss and/or coarse hair   259.   0   1   2   5   Northwest hair loss and/or coarse hair   259.   0   1   2   5   Northwest hair loss and/or coarse hair   259.   0   1   2   5   Northwest hair loss and/or coarse hair   259.   0   1   2   5   Northwest hair loss and/or coarse hair   259.   0   1   2   5   Northwest hair loss and/or coarse hair   259.   0   2   2   Northwest hair loss and/or coarse hair   259.   0   2   2   Northwest hair loss and/or coarse hair   259.   0   2   2   Northwest hair loss and/or coarse hair   259.   259.   0   2   2   Northwest hair loss and/or coarse hair   259.   2							
254, 0   2 s   Nervous, emotional, can't work under pressure         250, 0   1 g s   Inward trembling         263, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         257, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         257, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         258, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         258, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         258, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         258, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         258, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         258, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         258, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         258, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         258, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         258, 0   1 g s   2 s   Excessive hair loss and/or coarse hair         258, 0   1 g s   2 s   Excessive hair loss and/or coarse hair day in the many loss and/or coarse hair loss and/or coarse hair days and loss and/or canse hair days and loss and/or cans		0 0					
255.         0   2   3   Numard trembling         263.         0   1   2   3   Constipation, chronic           256.         0   1   2   3   Flash easily         264.         0   1   2   3   Morning headaches, wear off during the day           257.         0   1   2   3   Difficulty losing weight         265.         0   1   2   3   Seasonal sadness           Section 12 - Men Only         272.         0   1   2   3   Seasonal sadness           Section 12 - Men Only         273.         0   1   2   3   Seasonal sadness           Section 2 - Men Only         273.         0   1   2   3   Seasonal sadness           269.         0   1   2   3   Difficulty with urination, dribbling         273.         0   1   2   3   Interruption of stream during urination           279.         0   1   2   3   Difficulty with urination         275.         0   1   2   3   Pain or burning with urination         276.         0   1   2   3   Decreased sexual function           271.         0   1   2   3   Mood swings associated with periods (PMS)         287.         0   1   2   3   Decreased sexual function         60           278.         0   1   2   3   Mood swings associated with periods (PMS)         288.         0   1   2   3   Painful intercourse (dysparenia)         60           279.         0   1   2   3   Mood swings associated with cycle         289.         0   1   2   3   Painful intercourse (dysparenia)         290.         0	254.	0 1 2 3				•	
256. 0   2   3   Flash easily         264. 0   2   3   Excessive hair loss and/or coarse hair           257. 0   1   2   3   Intolerance to high temperatures         265. 0   1   2   3   Loss of lateral 1/3 of eyebrow           259. 0   1   2   3   Difficulty losing weight         266. 0   1   2   3   Seasonal sadness           Section 12 - Men Only         277. 0   1   2   3   Prostate problems         272. 0   1   2   3   Seasonal sadness           269. 0   1   2   3   Difficulty with urination, dribbling         273. 0   1   2   3   Making to urinate at night         273. 0   1   2   3   Making to urinate at night           270. 0   1   2   3   Difficult to start and stop urine stream         274. 0   1   2   3   Feeling of incomplete bowel evacuation           271. 0   1   2   3   Pain or burning with urination         275. 0   1   2   3   Feest fibroids, benign masses           276. 0   1   2   3   Depression during periods         287. 0   1   2   3   Painful intercourse (dysparenia)           277. 0   1   2   3   Care chocolate around periods         288. 0   1   2   3   Validination in menstrual flow           280. 0   1   2   3   Care chocolate around periods         289. 0   1   2   3   Validination in menstrual cycles           281. 0   1   2   3   Care chocolate around periods         291. 0   1   2   3   Validination in menstrual cycles           283. 0   1   2   3   Care chocolate around periods         292. 0   1   2   3   Validination in menstrual cycles           283. 0   1   2   3   Care chocolate around periods         293. 0   1				263.	0 1 2 3		
257. 0 1 2 3         Fast pulse at rest         258. 0 1 2 3 and pulse at rest         259. 0 1 2 3 and pulse are to high temperatures         266. 0 1 2 3 billocance to high temperatures         267. 0 1 2 3 billocance to high temperatures         268. 0 1 2 3 billocance to high temperatures         270. 0 1 2 3 billocance to high temperatures         271. 0 1 2 3 billocance to high temperatures         272. 0 1 2 3 billocance to high temperatures         273. 0 1 2 3 billocance to high temperatures         273. 0 1 2 3 billocance to high temperatures         273. 0 1 2 3 billocance to high temperatures         273. 0 1 2 3 billocance to high temperatures         273. 0 1 2 3 billocance to high temperatures         273. 0 1 2 3 billocance to high temperatures         273. 0 1 2 3 billocance to high temperatures         274. 0 1 2 3 billocance to high temperatures         274. 0 1 2 3 billocance to high temperatures         274. 0 1 2 3 billocance to high temperatures         275. 0 1 2 3 billocance to high temperatures         276. 0 1 2 3 billocance to high temperatures         276. 0 1 2 3 billocance to high temperatures         276. 0 1 2 3 billocance to high temperatures         276. 0 1 2 3 billocance to high temperatures         276. 0 1 2 3 billocance to high temperatures         277. 0 1 2 3 billocance to high temperatures         277. 0 1 2 3 billocance to high temperatures         287. 0 1 2 3 billocance to high temperatures         287. 0 1 2 3 billocance to high temperatures         287. 0 1 2 3 billocance to high temperatures         288. 0 1 2 3 billocance to high temperatures         288. 0 1 2 3 billocance to high temperatures         289. 0 1 2 3 billocance to high temperatures </th <th></th> <th></th> <th>•</th> <th>264.</th> <th></th> <th></th> <th></th>			•	264.			
258.         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         272.         0 1 2 3         Seasonal sadness           288.         0 1 2 3         Difficult to start and stop urine stream         272.         0 1 2 3         Waking to urinate at night           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         Difficult to start and stop urine stream         276.         0 1 2 3         Pealing of incomplete bowel evacuation           277.         0 1 2 3         Difficult to start and stop urine stream         277.         0 1 2 3         Pealing of incomplete bowel evacuation           277.         0 1 2 3         Pain or burning with urination         278.         0 1 2 3         Peace stem or stream during urination           277.         0 1 2 3         Peace stem or burning priods         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         Peace stem stream during urination           279.         0 1 2 3 <t< th=""><th>257.</th><th>0 1 2 3</th><th>Fast pulse at rest</th><th>265.</th><th>0 1 2 3</th><th>Morning headaches, wear off during the day</th><th></th></t<>	257.	0 1 2 3	Fast pulse at rest	265.	0 1 2 3	Morning headaches, wear off during the day	
Section 12 - Men Only	258.	0 1 2 3		266.			
288. 0 1 2 3 Pain or burning with unination, dribbling 273. 0 1 2 3 Pain or inside of legs or heels 274. 0 1 2 3 Pain or inside of legs or heels 275. 0 1 2 3 Pain or inside or legs or heels 275. 0 1 2 3 Pain or inside or legs or heels 275. 0 1 2 3 Pain or legs or heels 275. 0 1 2 3 Pain or legs or heels 275. 0 1 2 3 Pain or legs or he	259.	0 1 2 3	Difficulty losing weight	267.	0 1 2 3		
269. 0   2   3   Difficulty with urination, dribbling 270. 0   1   2   3   Difficulty in the urination 274. 0   1   2   3   Pain on inside of legs or heels 271. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 276. 0   1   2   3   Pain or burning with urination 277. 0   1   2   3   Pain or burning with urination 277. 0   1   2   3   Pain or burning with urination 277. 0   1   2   3   Pain or burning with urination 277. 0   1   2   3   Pain or burning with urination 277. 0   1   2   3   Pain or burning with urination 278. 0   1   2   3   Pain or burning with urination 278. 0   1   2   3   Pain or burning with urination 278. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3   Pain or burning with urination 288. 0   1   2   3	Sect	tion 12 -	- Men Only				27
269. 0   2   3   Difficulty with urination, dribbling 270. 0   1   2   3   Difficulty in the urination 274. 0   1   2   3   Pain on inside of legs or heels 271. 0   1   2   3   Pain or burning with urination 276. 0   2   3   Pain or burning with urination 276. 0   2   3   Pain or burning with urination 276. 0   2   3   Pain or burning with urination 276. 0   2   3   Pain or burning with urination 276. 0   2   3   Pain or burning with urination 276. 0   2   3   Pain or burning with urination 276. 0   2   3   Pain or burning with urin	268.	0 1 2 3	Prostate problems	272.	0 1 2 3	Waking to urinate at night	
270.         0 1 2 3         Difficult to start and stop urine stream         274.         0 1 2 3         Pain on inside of legs or heels         275.         0 1 2 3         Peain on inside of legs or heels         276.         0 1 2 3         Peain on inside of legs or heels         276.         0 1 2 3         Decreased sexual function           Section 13 – Women Only         60           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         Breast tenderness associated with cycle         289.         0 1 2 3         Vaginal discharge           281.         0 1 2 3         Scanty blood flow during periods         291.         0 1 2 3         Vaginal discharge           282.         0 1 2 3         Scanty blood flow during periods         292.         0 1 2 3         Gain well trouvers (dysparenia)           283.         0 1 2 3         Scanty blood flow during periods         291.         0 1 2 3         Again all itchines           283.         0 1 2 3         Scanty blood flow during periods         292.         0 1 2 3         Gain well are turns and periods </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
275.   0   1   2   3   Pain or burning with urination   276.   0   1   2   3   Decreased sexual function   276.   0   1   2   3   Decreased sexual function   60   277.   0   1   2   3   Depression during periods   287.   0   1   2   3   Depression during periods   288.   0   1   2   3   Depression during periods   288.   0   1   2   3   Painful intercourse (dysparenia)   289.   0   1   2   3   Painful intercourse (dy				274.			
Section 13 - Women Only   50   12   3   Decreased sexual function   50   12   3   Decreased sexual function   50   50   50   50   50   50   50   5				275.			
277. 0 1 2 3 Depression during periods         288. 0 1 2 3 Painful intercourse (dysparenia)           278. 0 1 2 3 Crave chocolate around periods         288. 0 1 2 3 Painful intercourse (dysparenia)           280. 0 1 2 3 Breast tenderness associated with cycle         280. 0 1 2 3 Vaginal discharge           280. 0 1 2 3 Excessive menstrual flow         290. 0 1 2 3 Vaginal dryness           282. 0 1 2 3 Scanty blood flow during periods         291. 0 1 2 3 Vaginal tokiniess           283. 0 1 2 3 Various in menstrual cycles         292. 0 1 2 3 Gain weight around hips, thighs and buttocks           284. 0 1 2 3 Various in menstrual cycles         293. 0 1 2 3 Scanty blood flow during periods         293. 0 1 2 3 Gain weight around hips, thighs and buttocks           285. 0 1 2 3 Various in menstrual cycles         294. 0 1 2 3 Various in menstrual cycles         294. 0 1 2 3 Various in menstrual cycles           286. 0 1 2 3 Uterine fibroids         295. 0 1 2 3 Various in menstrual cycles         296. 0 1 2 3 Various in menstrual cycles           287. 0 1 2 3 Uterine fibroids         296. 0 1 2 3 Various in menstrual cycles         296. 0 1 2 3 Various in menstrual cycles           288. 0 1 2 3 Discomfort at high altitudes         296. 0 1 2 3 Various in menstrual cycles         297. 0 1 2 3 Various in menstrual cycles           298. 0 1 2 3 Shortness of breath with mederate exertion         302. 0 1 2 3 Various in menstrual cycles         303. 0 1 2 3 Dull pain or tightness in chest and/or radiate into right arm, worse with exertion     <			·	276.	0 1 2 3	Decreased sexual function	
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299. 0 1 2 3 "Air hunger" or sigh frequently 300. 0 1 2 3 Compelled to open windows in a closed room 301. 0 1 2 3 Shortness of breath with moderate exertion  Section 15  307. 0 1 2 3 Pain in mid-back region 308. 0 1 2 3 Puffy around the eyes, dark circles under eyes 309. 0 1 Wistory of kidney stones (0=no, 1=yes)  Section 16  310. 0 1 2 3 Cloudy, bloody or darkened urine 311. 0 1 2 3 Urine has a strong odor  312. 0 1 2 3 Runny or drippy nose 313. 0 1 2 3 Catch colds at the beginning of winter 314. 0 1 2 3 Mucus producing cough 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, 1=2 to 3 times per year, 2=4 to 5 times per year, 1=2 to 3 times per year, 2=4 to 5 times per year, 3=6 or more times per year)  308. 0 1 2 3 Blush or face turns red for no reason Dull pain or tightness in chest and/or radiate into right arm, worse with exertion  309. 0 1 2 3 Blush or face turns red for no reason Dull pain or tightness in chest and/or radiate into right arm, worse with exertion  308. 0 1 2 3 Muscle cramps with exertion  310. 0 1 2 3 Cloudy, bloody or darkened urine  311. 0 1 2 3 Vine has a strong odor  312. 0 1 2 3 Never get sick (0 = sick only 1 or 2 times in last 2 years, 2 = not sick in last 2 years, 2 = not sick in last 2 years, 3 = not sick in last 2 years, 3 = not sick in last 7 years)  318. 0 1 2 3 Acne (adult)  319. 0 1 2 3 History of Expetien 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 =				302.	0 1 2 3		
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