

Gender

0.    0 ☒ 1   2   3

Please select your gender so we can tailor the questions for you

Diet

1.	<input checked="" type="radio"/> 0   1   2   3	Alcohol
2.	0   1 <input checked="" type="radio"/> 2   3	Artificial sweeteners
3.	0 <input checked="" type="radio"/> 1   2   3	Candy, desserts, refined sugar
4.	<input checked="" type="radio"/> 0   1   2   3	Carbonated beverages
5.	<input checked="" type="radio"/> 0   1   2   3	Chewing tobacco
6.	<input checked="" type="radio"/> 0   1   2   3	Cigarettes
7.	0   1   2 <input checked="" type="radio"/> 3	Cigars/pipes
8.	0   1   2 <input checked="" type="radio"/> 3	Caffeinated beverages
9.	<input checked="" type="radio"/> 0   1   2   3	Fast foods
10.	0   1   2 <input checked="" type="radio"/> 3	Fried foods
11.	<input checked="" type="radio"/> 0   1   2   3	Luncheon meats
12.	<input checked="" type="radio"/> 0   1   2   3	Margarine
13.	0   1   2 <input checked="" type="radio"/> 3	Milk products
14.	<input checked="" type="radio"/> 0   1	Radiation exposure
15.	0 <input checked="" type="radio"/> 1   2   3	Refined flour/baked goods
16.	<input checked="" type="radio"/> 0   1   2   3	Vitamins and minerals
17.	<input checked="" type="radio"/> 0   1   2   3	Distilled water (Not regular filtered water; likely purchased from a store and labelled as distilled water.)
18.	<input checked="" type="radio"/> 0   1   2   3	Tap water (unfiltered)
19.	0   1   2 <input checked="" type="radio"/> 3	Well water
20.	<input checked="" type="radio"/> 0   1   2   3	Diet for weight control

Lifestyle

21.	0 <input checked="" type="radio"/> 1   2   3	Exercise per week
22.	0   1 <input checked="" type="radio"/> 2   3	Changed jobs
23.	<input checked="" type="radio"/> 0   1   2   3	Divorced or widowed
24.	<input checked="" type="radio"/> 0   1   2   3	Work over 60 hours/week

Medications

25.	<input checked="" type="radio"/> 0   1	Antacids
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26.	<input type="radio"/> 0	1	Antianxiety medications
27.	<input type="radio"/> 0	1	Antibiotics
28.	<input type="radio"/> 0	1	Anticonvulsants
29.	<input type="radio"/> 0	1	Antidepressants
30.	<input type="radio"/> 0	1	Antifungals
31.	<input type="radio"/> 0	1	Aspirin/Ibuprofen
32.	<input type="radio"/> 0	1	Asthma inhalers
33.	<input type="radio"/> 0	1	Beta blockers
34.	<input type="radio"/> 0	1	Birth control pills/implant contraceptives
35.	<input type="radio"/> 0	1	Chemotherapy
36.	<input type="radio"/> 0	1	Cholesterol lowering medications
37.	<input type="radio"/> 0	1	Cortisone/steroids
38.	<input type="radio"/> 0	1	Diabetic medications/insulin
39.	<input type="radio"/> 0	1	Diuretics
40.	<input type="radio"/> 0	1	Estrogen or progesterone (pharmaceutical, prescription)
41.	<input type="radio"/> 0	1	Estrogen or progesterone (natural)
42.	<input type="radio"/> 0	1	Heart medications
43.	<input type="radio"/> 0	1	High blood pressure medications
44.	<input type="radio"/> 0	<input checked="" type="radio"/> 1	Laxatives
45.	<input type="radio"/> 0	1	Recreational drugs
46.	<input type="radio"/> 0	1	Relaxants/Sleeping pills
47.	<input type="radio"/> 0	1	Testosterone (natural or prescription)
48.	<input type="radio"/> 0	1	Thyroid medication
49.	<input type="radio"/> 0	1	Acetaminophen (Tylenol)
50.	<input type="radio"/> 0	1	Ulcer medications
51.	<input type="radio"/> 0	1	Sildenafil citrate (Viagra)

## Upper Gastrointestinal System

52.	<input type="radio"/> 0	1	2	3	Belching or gas within one hour after eating
53.	<input type="radio"/> 0	1	2	3	Heartburn or acid reflux
54.	<input type="radio"/> 0	1	2	3	Bloating within one hour after eating
55.	<input type="radio"/> 0	1			Vegan diet (no dairy, meat, fish or eggs)
56.	<input type="radio"/> 0	1	2	3	Bad breath (halitosis)
57.	<input type="radio"/> 0	1	2	3	Loss of taste for meat
58.	<input type="radio"/> 0	1	2	3	Sweat has a strong odor
59.	<input type="radio"/> 0	1	2	3	Stomach upset by taking vitamins

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60.	<input checked="" type="radio"/> 0	1	2	3	Sense of excess fullness after meals
61.	<input checked="" type="radio"/> 0	1	2	3	Feel like skipping breakfast
62.	<input checked="" type="radio"/> 0	1	2	3	Feel better if you don't eat
63.	0	<input checked="" type="radio"/> 1	2	3	Sleepy after meals
64.	<input checked="" type="radio"/> 0	1	2	3	Fingernails chip, peel or break easily
65.	<input checked="" type="radio"/> 0	1	2	3	Anemia unresponsive to iron
66.	<input checked="" type="radio"/> 0	1	2	3	Stomach pains or cramps
67.	<input checked="" type="radio"/> 0	1	2	3	Diarrhea, chronic
68.	<input checked="" type="radio"/> 0	1	2	3	Diarrhea shortly after meals
69.	<input checked="" type="radio"/> 0	1	2	3	Black or tarry colored stools
70.	<input checked="" type="radio"/> 0	1	2	3	Undigested food in stool

## Liver and Gallbladder

71.	<input checked="" type="radio"/> 0	1	2	3	Pain between shoulder blades
72.	<input checked="" type="radio"/> 0	1	2	3	Stomach upset by greasy foods
73.	<input checked="" type="radio"/> 0	1	2	3	Greasy or shiny stools
74.	<input checked="" type="radio"/> 0	1	2	3	Nausea
75.	0	<input checked="" type="radio"/> 1	2	3	Sea, car, airplane or motion sickness
76.	<input checked="" type="radio"/> 0	1			History of morning sickness
77.	<input checked="" type="radio"/> 0	1	2	3	Light or clay colored stools
78.	<input checked="" type="radio"/> 0	1	2	3	Dry skin, itchy feet or skin peels on feet
79.	<input checked="" type="radio"/> 0	1	2	3	Headache over eyes
80.	<input checked="" type="radio"/> 0	1	2	3	Gallbladder attacks
81.	<input checked="" type="radio"/> 0	1			Gallbladder removed
82.	<input checked="" type="radio"/> 0	1	2	3	Bitter taste in mouth, especially after meals
83.	<input checked="" type="radio"/> 0	1			Become sick if you were to drink wine
84.	<input checked="" type="radio"/> 0	1			Easily intoxicated if you were to drink wine
85.	<input checked="" type="radio"/> 0	1			Easily hung over if you were to drink wine
86.	<input checked="" type="radio"/> 0	1	2	3	Alcoholic drinks per week
87.	0	<input checked="" type="radio"/> 1			Recovering alcoholic
88.	0	<input checked="" type="radio"/> 1			History of drug or alcohol abuse
89.	<input checked="" type="radio"/> 0	1			History of hepatitis
90.	0	<input checked="" type="radio"/> 1			Long term use of prescription/recreational drugs
91.	<input checked="" type="radio"/> 0	1	2	3	Sensitive to chemicals (perfume, cleaning agents, etc.)
92.	<input checked="" type="radio"/> 0	1	2	3	Sensitive to tobacco smoke
93.	0	<input checked="" type="radio"/> 1	2	3	Exposure to diesel fumes

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94.	<input checked="" type="radio"/> 0	1	2	3	Pain under right side of rib cage
95.	<input checked="" type="radio"/> 0	1	2	3	Hemorrhoids or varicose veins
96.	<input checked="" type="radio"/> 0	1	2	3	Nutrasweet (aspartame) consumption
97.	<input checked="" type="radio"/> 0	1	2	3	Sensitive to Nutrasweet (aspartame)
98.	<input checked="" type="radio"/> 0	1	2	3	Chronic fatigue or Fibromyalgia

Small Intestine

99.	<input checked="" type="radio"/> 0	1	2	3	Food allergies
100.	<input checked="" type="radio"/> 0	1	2	3	Abdominal bloating 1 to 2 hours after eating
101.	<input checked="" type="radio"/> 0	1			Specific foods make you tired or bloated
102.	<input checked="" type="radio"/> 0	1	2	3	Pulse speeds after eating
103.	<input checked="" type="radio"/> 0	1	2	3	Airborne allergies
104.	<input checked="" type="radio"/> 0	1	2	3	Experience hives
105.	<input checked="" type="radio"/> 0	1	2	3	Sinus congestion, "stuffy head"
106.	<input checked="" type="radio"/> 0	1	2	3	Crave bread or noodles
107.	<input checked="" type="radio"/> 0	1	2	3	Alternating constipation and diarrhea
108.	<input checked="" type="radio"/> 0	1	2	3	Crohn's disease
109.	0	<input checked="" type="radio"/> 1	2	3	Wheat or grain sensitivity
110.	<input checked="" type="radio"/> 0	1	2	3	Dairy sensitivity
111.	0	<input checked="" type="radio"/> 1			Are there foods you could not give up
112.	<input checked="" type="radio"/> 0	1	2	3	Asthma, sinus infections, stuffy nose
113.	<input checked="" type="radio"/> 0	1	2	3	Bizarre vivid dreams, nightmares
114.	<input checked="" type="radio"/> 0	1	2	3	Use over-the-counter pain medications
115.	<input checked="" type="radio"/> 0	1	2	3	Feel spacey or unreal

Large Intestine

116.	<input checked="" type="radio"/> 0	1	2	3	Anus itches
117.	<input checked="" type="radio"/> 0	1	2	3	Coated tongue
118.	<input checked="" type="radio"/> 0	1	2	3	Feel worse in moldy or musty place
119.	0	1	<input checked="" type="radio"/> 2	3	Taken antibiotics for a total accumulated time of
120.	<input checked="" type="radio"/> 0	1	2	3	Fungus or yeast infections
121.	<input checked="" type="radio"/> 0	1	2	3	Ring worm, "jock itch", "athletes foot", nail fungus
122.	0	1	<input checked="" type="radio"/> 2	3	Yeast symptoms increase with sugar, starch or alcohol. Examples of yeast symptoms include fatigue, poor memory, feeling 'spacey' or 'unreal', muscle aches or weakness, pain or swelling in joints, and digestive issues such as constipation, diarrhea or bloating.
123.	<input checked="" type="radio"/> 0	1	2	3	Stools hard or difficult to pass

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124.	0	1				History of parasites
125.	0	1	2	3		Less than one bowel movement per day
126.	0	1	2	3		Stools have corners or edges, are flat or ribbon shaped
127.	0	1	2	3		Stools are not well formed (loose)
128.	0	1	2	3		Irritable bowel or mucus colitis
129.	0	1	2	3		Blood in stool
130.	0	1	2	3		Mucus in stool
131.	0	1	2	3		Excessive foul smelling lower bowel gas
132.	0	1	2	3		Bad breath or strong body odors
133.	0	1	2	3		Painful to press along outer sides of thighs (Iliotibial Band)
134.	0	1	2	3		Cramping in lower abdominal region
135.	0	1	2	3		Dark circles under eyes

## Mineral Needs

136.	<input checked="" type="radio"/> 0	1		History of carpal tunnel syndrome
137.	<input checked="" type="radio"/> 0	1		History of lower right abdominal pains or ileocecal valve problems
138.	<input checked="" type="radio"/> 0	1		History of stress fracture
139.	0	<input checked="" type="radio"/> 1	2 3	Bone loss (reduced density on bone scan)
140.	<input checked="" type="radio"/> 0	1		Are you shorter than you used to be?
141.	<input checked="" type="radio"/> 0	1	2 3	Calf, foot or toe cramps at rest
142.	<input checked="" type="radio"/> 0	1	2 3	Cold sores, fever blisters or herpes lesions
143.	<input checked="" type="radio"/> 0	1	2 3	Frequent fevers
144.	<input checked="" type="radio"/> 0	1	2 3	Frequent skin rashes and/or hives
145.	0	<input checked="" type="radio"/> 1		Herniated disc
146.	<input checked="" type="radio"/> 0	1	2 3	Excessively flexible joints, "double jointed"
147.	0	<input checked="" type="radio"/> 1	2 3	Joints pop or click
148.	0	1	<input checked="" type="radio"/> 2 3	Pain or swelling in joints
149.	<input checked="" type="radio"/> 0	1	2 3	Bursitis or tendonitis
150.	<input checked="" type="radio"/> 0	1		History of bone spurs
151.	0	1	<input checked="" type="radio"/> 2 3	Morning stiffness
152.	<input checked="" type="radio"/> 0	1	2 3	Nausea with vomiting
153.	<input checked="" type="radio"/> 0	1	2 3	Crave chocolate
154.	<input checked="" type="radio"/> 0	1	2 3	Feet have a strong odor
155.	<input checked="" type="radio"/> 0	1	2 3	History of anemia
156.	<input checked="" type="radio"/> 0	1	2 3	Whites of eyes (sclera) blue tinted
157.	<input checked="" type="radio"/> 0	1	2 3	Hoarseness

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158.	<input checked="" type="radio"/> 0	1	2	3	Difficulty swallowing
159.	<input checked="" type="radio"/> 0	1	2	3	Lump in throat
160.	<input checked="" type="radio"/> 0	1	2	3	Dry mouth, eyes and/or nose
161.	<input checked="" type="radio"/> 0	1	2	3	Gag easily
162.	<input checked="" type="radio"/> 0	1	2	3	White spots on fingernails
163.	<input checked="" type="radio"/> 0	1	2	3	Cuts heal slowly and/or scar easily
164.	<input checked="" type="radio"/> 0	1	2	3	Decreased sense of taste or smell

Essential Fatty Acids

165.	<input checked="" type="radio"/> 0	1			Experience pain relief with aspirin
166.	<input checked="" type="radio"/> 0	1	2	3	Crave fatty or greasy foods
167.	<input checked="" type="radio"/> 0	1	2	3	Low or reduced-fat diet
168.	<input checked="" type="radio"/> 0	1	2	3	Tension headaches at base of skull
169.	<input checked="" type="radio"/> 0	1	2	3	Headaches when out in the hot sun
170.	<input checked="" type="radio"/> 0	1	2	3	Sunburn easily or suffer sun poisoning
171.	0	<input checked="" type="radio"/> 1	2	3	Muscles easily fatigued
172.	0	<input checked="" type="radio"/> 1	2	3	Dry flaky skin or dandruff

Sugar Handling

173.	0	<input checked="" type="radio"/> 1	2	3	Awaken a few hours after falling asleep, hard to get back to sleep
174.	<input checked="" type="radio"/> 0	1	2	3	Crave sweets
175.	<input checked="" type="radio"/> 0	1	2	3	Binge or uncontrolled eating
176.	<input checked="" type="radio"/> 0	1	2	3	Excessive appetite
177.	0	1	<input checked="" type="radio"/> 2	3	Crave coffee or sugar in the afternoon
178.	0	<input checked="" type="radio"/> 1	2	3	Sleepy in afternoon
179.	<input checked="" type="radio"/> 0	1	2	3	Fatigue that is relieved by eating
180.	<input checked="" type="radio"/> 0	1	2	3	Headache if meals are skipped or delayed
181.	<input checked="" type="radio"/> 0	1	2	3	Irritable before meals
182.	<input checked="" type="radio"/> 0	1	2	3	Shaky if meals delayed
183.	<input checked="" type="radio"/> 0	1	2	3	Family members with diabetes
184.	<input checked="" type="radio"/> 0	1	2	3	Frequent thirst
185.	0	1	<input checked="" type="radio"/> 2	3	Frequent urination

Vitamin Need

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186.	0	<input checked="" type="radio"/>	1	2	3	Muscles become easily fatigued
187.	<input checked="" type="radio"/>	0	1	2	3	Feel exhausted or sore after moderate exercise
188.	0	<input checked="" type="radio"/>	1	2	3	Vulnerable to insect bites
189.	0	<input checked="" type="radio"/>	1	2	3	Loss of muscle tone, heaviness in arms/legs
190.	<input checked="" type="radio"/>	0	1	2	3	Enlarged heart or congestive heart failure
191.	<input checked="" type="radio"/>	0	1	2	3	Pulse below 65 per minute
192.	<input checked="" type="radio"/>	0	1	2	3	Ringing in the ears (Tinnitus)
193.	<input checked="" type="radio"/>	0	1	2	3	Numbness, tingling or itching in hands and feet
194.	<input checked="" type="radio"/>	0	1	2	3	Depressed
195.	<input checked="" type="radio"/>	0	1	2	3	Fear of impending doom
196.	<input checked="" type="radio"/>	0	1	2	3	Worrier, apprehensive, anxious
197.	<input checked="" type="radio"/>	0	1	2	3	Nervous or agitated
198.	<input checked="" type="radio"/>	0	1	2	3	Feelings of insecurity
199.	<input checked="" type="radio"/>	0	1	2	3	Heart races
200.	<input checked="" type="radio"/>	0	1	2	3	Can hear heart beat on pillow at night
201.	<input checked="" type="radio"/>	0	1	2	3	Whole body or limb jerk as falling asleep
202.	0	1	<input checked="" type="radio"/>	2	3	Night sweats
203.	<input checked="" type="radio"/>	0	1	2	3	Restless leg syndrome
204.	<input checked="" type="radio"/>	0	1	2	3	Cracks at corner of mouth (Cheilosis)
205.	<input checked="" type="radio"/>	0	1	2	3	Fragile skin, easily chaffed, as in shaving
206.	0	<input checked="" type="radio"/>	1	2	3	Polyps or warts
207.	<input checked="" type="radio"/>	0	1	2	3	MSG sensitivity
208.	0	1	<input checked="" type="radio"/>	2	3	Wake up without remembering dreams
209.	<input checked="" type="radio"/>	0	1	2	3	Small bumps on back of arms
210.	0	<input checked="" type="radio"/>	1	2	3	Strong light at night irritates eyes
211.	<input checked="" type="radio"/>	0	1	2	3	Nose bleeds and/or tend to bruise easily
212.	<input checked="" type="radio"/>	0	1	2	3	Bleeding gums especially when brushing teeth

## Adrenal

213.	<input checked="" type="radio"/>	0	1	2	3	Tend to be a "night person"
214.	<input checked="" type="radio"/>	0	1	2	3	Difficulty falling asleep
215.	<input checked="" type="radio"/>	0	1	2	3	Slow starter in the morning
216.	<input checked="" type="radio"/>	0	1	2	3	Tend to be keyed up, trouble calming down
217.	0	<input checked="" type="radio"/>	1	2	3	Blood pressure above 120/80
218.	<input checked="" type="radio"/>	0	1	2	3	Headache after exercising

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219.	<input checked="" type="radio"/> 0	1	2	3	Feeling wired or jittery after drinking coffee
220.	<input checked="" type="radio"/> 0	1	2	3	Clench or grind teeth
221.	<input checked="" type="radio"/> 0	1	2	3	Calm on the outside, troubled on the inside
222.	0	<input checked="" type="radio"/> 1	2	3	Chronic low back pain, worse with fatigue
223.	<input checked="" type="radio"/> 0	1	2	3	Become dizzy when standing up suddenly
224.	<input checked="" type="radio"/> 0	1	2	3	Difficulty maintaining manipulative correction
225.	<input checked="" type="radio"/> 0	1	2	3	Pain after manipulative correction
226.	0	1	<input checked="" type="radio"/> 2	3	Arthritic tendencies
227.	<input checked="" type="radio"/> 0	1	2	3	Crave salty foods
228.	<input checked="" type="radio"/> 0	1	2	3	Salt foods before tasting
229.	0	<input checked="" type="radio"/> 1	2	3	Perspire easily
230.	<input checked="" type="radio"/> 0	1	2	3	Chronic fatigue, or get drowsy often
231.	<input checked="" type="radio"/> 0	1	2	3	Afternoon yawning
232.	<input checked="" type="radio"/> 0	1	2	3	Afternoon headache
233.	<input checked="" type="radio"/> 0	1	2	3	Asthma, wheezing or difficulty breathing
234.	<input checked="" type="radio"/> 0	1	2	3	Pain on the medial or inner side of the knee
235.	<input checked="" type="radio"/> 0	1	2	3	Tendency to sprain ankles or "shin splints"
236.	0	1	<input checked="" type="radio"/> 2	3	Tendency to need sunglasses
237.	<input checked="" type="radio"/> 0	1	2	3	Allergies and/or hives
238.	<input checked="" type="radio"/> 0	1	2	3	Weakness, dizziness

## Pituitary

239.	<input checked="" type="radio"/> 0	1			Height over 6' 6" (198cm)
240.	<input checked="" type="radio"/> 0	1			Early sexual development (before age 10)
241.	<input checked="" type="radio"/> 0	1	2	3	Increased libido
242.	<input checked="" type="radio"/> 0	1	2	3	Splitting type headache
243.	<input checked="" type="radio"/> 0	1	2	3	Memory failing
244.	0	<input checked="" type="radio"/> 1			Tolerate sugar, feel fine when eating sugar
245.	<input checked="" type="radio"/> 0	1			Height under 4' 10" (147cm)
246.	0	<input checked="" type="radio"/> 1	2	3	Decreased libido
247.	<input checked="" type="radio"/> 0	1	2	3	Excessive thirst
248.	<input checked="" type="radio"/> 0	1	2	3	Weight gain around hips or waist
249.	<input checked="" type="radio"/> 0	1	2	3	Menstrual disorders
250.	<input checked="" type="radio"/> 0	1			Delayed sexual development (after age 13)
251.	<input checked="" type="radio"/> 0	1	2	3	Tendency to ulcers or colitis



## Thyroid

252.	<input checked="" type="radio"/>	1	2	3	Sensitive/allergic to iodine
253.	<input checked="" type="radio"/>	1	2	3	Difficulty gaining weight, even with large appetite
254.	<input checked="" type="radio"/>	1	2	3	Nervous, emotional, can't work under pressure
255.	<input checked="" type="radio"/>	1	2	3	Inward trembling
256.	<input checked="" type="radio"/>	1	2	3	Flush easily
257.	<input checked="" type="radio"/>	1	2	3	Fast pulse at rest
258.	<input checked="" type="radio"/>	1	2	3	Intolerance to high temperatures
259.	<input checked="" type="radio"/>	1	2	3	Difficulty losing weight
260.	<input checked="" type="radio"/>	1	2	3	Mentally sluggish, reduced initiative
261.	<input checked="" type="radio"/>	1	2	3	Easily fatigued, sleepy during the day
262.	<input checked="" type="radio"/>	1	2	3	Sensitive to cold, poor circulation (cold hands and feet)
263.	<input checked="" type="radio"/>	1	2	3	Constipation, chronic
264.	<input checked="" type="radio"/>	1	2	3	Excessive hair loss and/or coarse hair
265.	<input checked="" type="radio"/>	1	2	3	Morning headaches, wear off during the day
266.	<input checked="" type="radio"/>	1	2	3	Loss of lateral 1/3 of eyebrow
267.	<input checked="" type="radio"/>	1	2	3	Seasonal sadness

## Male Reproductive System

268.	0	1	<input checked="" type="radio"/>	3	Prostate problems
269.	<input checked="" type="radio"/>	1	2	3	Difficulty with urination, dribbling
270.	<input checked="" type="radio"/>	1	2	3	Difficult to start and stop urine stream
271.	<input checked="" type="radio"/>	1	2	3	Pain or burning with urination
272.	0	1	2	<input checked="" type="radio"/>	Waking to urinate at night
273.	<input checked="" type="radio"/>	1	2	3	Interruption of stream during urination
274.	<input checked="" type="radio"/>	1	2	3	Pain on inside of legs or heels
275.	<input checked="" type="radio"/>	1	2	3	Feeling of incomplete bowel evacuation
276.	0	1	<input checked="" type="radio"/>	3	Decreased sexual function

## Cardiovascular

297.	<input checked="" type="radio"/>	1	2	3	Aware of heavy and/or irregular breathing
298.	<input checked="" type="radio"/>	1	2	3	Discomfort at high altitudes
299.	<input checked="" type="radio"/>	1	2	3	Air hunger or sigh frequently
300.	<input checked="" type="radio"/>	1	2	3	Compelled to open windows in a closed room

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301.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Shortness of breath with moderate exertion
302.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Ankles swell, especially at end of day
303.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Cough at night
304.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Blush or face turns red for no reason
305.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Dull pain or tightness in chest and/or radiate into right arm, worse with exertion. (If this symptom is occurring, please contact your healthcare provider or cardiologist to discuss this issue.)
306.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Muscle cramps with exertion

Kidney and Bladder

307.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Pain in mid-back region
308.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Puffy around the eyes, dark circles under eyes
309.	<input type="radio"/> 0 <input checked="" type="radio"/> 1	History of kidney stones
310.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Cloudy, bloody or darkened urine
311.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Urine has a strong odor

Immune System

312.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Runny or drippy nose
313.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Catch colds at the beginning of winter
314.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Mucus producing cough
315.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Frequent colds or flu
316.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Other infections (sinus, ear, lung, skin, bladder, kidney, etc.)
317.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Never get sick
318.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Acne (adult)
319.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Itchy skin (Dermatitis)
320.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Cysts, boils, rashes
321.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	History of Epstein-Barr, Mono, Herpes, Shingles, Chronic Fatigue Syndrome, Hepatitis or other chronic viral condition