

Gender

0. ☒ 0 ☐ 1 ☐ 2 ☐ 3

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

Diet

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

Lifestyle

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

Medications

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

Upper Gastrointestinal System

52.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Belching or gas within one hour after eating
53.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Heartburn or acid reflux
54.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Bloating within one hour after eating
55.	<input type="radio"/> 0 <input checked="" type="radio"/> 1	Vegan diet (no dairy, meat, fish or eggs)
56.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Bad breath (halitosis)
57.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Loss of taste for meat
58.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Sweat has a strong odor
59.	<input type="radio"/> 0 <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 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.	0	<input checked="" type="radio"/> 1	2	3	Feel like skipping breakfast
62.	<input checked="" type="radio"/> 0	1	2	3	Feel better if you don't eat
63.	<input checked="" type="radio"/> 0	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.	0	<input checked="" type="radio"/> 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.	0	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> 0	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.	0	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> 0	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.	<input checked="" type="radio"/> 0	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.	<input checked="" type="radio"/> 0	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.	0	<input checked="" type="radio"/> 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.	0	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> 0	1	2	3	Wheat or grain sensitivity
110.	<input checked="" type="radio"/> 0	1	2	3	Dairy sensitivity
111.	<input checked="" type="radio"/> 0	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.	0	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> 0	1	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.	<input checked="" type="radio"/> 0	1	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.	0	<input checked="" type="radio"/> 1	2	3	Stools hard or difficult to pass

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

Mineral Needs

136.	<input type="radio"/> 0	1	History of carpal tunnel syndrome
137.	<input type="radio"/> 0	1	History of lower right abdominal pains or ileocecal valve problems
138.	<input type="radio"/> 0	1	History of stress fracture
139.	<input type="radio"/> 0	1 2 3	Bone loss (reduced density on bone scan)
140.	<input type="radio"/> 0	1	Are you shorter than you used to be?
141.	<input type="radio"/> 0	1 2 3	Calf, foot or toe cramps at rest
142.	<input type="radio"/> 0	1 2 3	Cold sores, fever blisters or herpes lesions
143.	<input type="radio"/> 0	1 2 3	Frequent fevers
144.	<input type="radio"/> 0	1 2 3	Frequent skin rashes and/or hives
145.	<input type="radio"/> 0	1	Herniated disc
146.	<input type="radio"/> 0	1 2 3	Excessively flexible joints, "double jointed"
147.	<input type="radio"/> 0	1 2 3	Joints pop or click
148.	<input type="radio"/> 0	1 2 3	Pain or swelling in joints
149.	<input type="radio"/> 0	1 2 3	Bursitis or tendonitis
150.	<input type="radio"/> 0	1	History of bone spurs
151.	<input type="radio"/> 0	1 2 3	Morning stiffness
152.	<input type="radio"/> 0	1 2 3	Nausea with vomiting
153.	0	<input type="radio"/> 1 2 3	Crave chocolate
154.	<input type="radio"/> 0	1 2 3	Feet have a strong odor
155.	<input type="radio"/> 0	1 2 3	History of anemia
156.	<input type="radio"/> 0	1 2 3	Whites of eyes (sclera) blue tinted
157.	<input 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.	0	<input checked="" type="radio"/> 1			Experience pain relief with aspirin
166.	<input checked="" type="radio"/> 0	1	2	3	Crave fatty or greasy foods
167.	0	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> 0	1	2	3	Muscles easily fatigued
172.	<input checked="" type="radio"/> 0	1	2	3	Dry flaky skin or dandruff

Sugar Handling

173.	<input checked="" type="radio"/> 0	1	2	3	Awaken a few hours after falling asleep, hard to get back to sleep
174.	0	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> 0	1	2	3	Crave coffee or sugar in the afternoon
178.	<input checked="" type="radio"/> 0	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.	0	<input checked="" type="radio"/> 1	2	3	Family members with diabetes
184.	<input checked="" type="radio"/> 0	1	2	3	Frequent thirst
185.	<input checked="" type="radio"/> 0	1	2	3	Frequent urination

Vitamin Need

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186.	<input checked="" type="radio"/> 0	1	2	3	Muscles become easily fatigued
187.	<input checked="" type="radio"/> 0	1	2	3	Feel exhausted or sore after moderate exercise
188.	<input checked="" type="radio"/> 0	1	2	3	Vulnerable to insect bites
189.	<input checked="" type="radio"/> 0	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			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	<input checked="" type="radio"/> 1	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.	<input checked="" type="radio"/> 0	1	2	3	Polyps or warts
207.	<input checked="" type="radio"/> 0	1	2	3	MSG sensitivity
208.	0	<input checked="" type="radio"/> 1	2	3	Wake up without remembering dreams
209.	<input checked="" type="radio"/> 0	1	2	3	Small bumps on back of arms
210.	<input checked="" type="radio"/> 0	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.	<input checked="" type="radio"/> 0	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 type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Feeling wired or jittery after drinking coffee
220.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Clench or grind teeth
221.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Calm on the outside, troubled on the inside
222.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Chronic low back pain, worse with fatigue
223.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Become dizzy when standing up suddenly
224.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Difficulty maintaining manipulative correction
225.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Pain after manipulative correction
226.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Arthritic tendencies
227.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Crave salty foods
228.	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Salt foods before tasting
229.	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2	<input type="radio"/> 3	Perspire easily
230.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Chronic fatigue, or get drowsy often
231.	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Afternoon yawning
232.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Afternoon headache
233.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Asthma, wheezing or difficulty breathing
234.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Pain on the medial or inner side of the knee
235.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Tendency to sprain ankles or "shin splints"
236.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Tendency to need sunglasses
237.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Allergies and/or hives
238.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	Weakness, dizziness

Pituitary

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

Thyroid

252.	<input checked="" type="radio"/> 0	1	2	3	Sensitive/allergic to iodine
253.	<input checked="" type="radio"/> 0	1	2	3	Difficulty gaining weight, even with large appetite
254.	<input checked="" type="radio"/> 0	1	2	3	Nervous, emotional, can't work under pressure
255.	<input checked="" type="radio"/> 0	1	2	3	Inward trembling
256.	<input checked="" type="radio"/> 0	1	2	3	Flush easily
257.	<input checked="" type="radio"/> 0	1	2	3	Fast pulse at rest
258.	<input checked="" type="radio"/> 0	1	2	3	Intolerance to high temperatures
259.	0	1	<input checked="" type="radio"/> 2	3	Difficulty losing weight
260.	<input checked="" type="radio"/> 0	1	2	3	Mentally sluggish, reduced initiative
261.	<input checked="" type="radio"/> 0	1	2	3	Easily fatigued, sleepy during the day
262.	<input checked="" type="radio"/> 0	1	2	3	Sensitive to cold, poor circulation (cold hands and feet)
263.	0	<input checked="" type="radio"/> 1	2	3	Constipation, chronic
264.	<input checked="" type="radio"/> 0	1	2	3	Excessive hair loss and/or coarse hair
265.	<input checked="" type="radio"/> 0	1	2	3	Morning headaches, wear off during the day
266.	<input checked="" type="radio"/> 0	1	2	3	Loss of lateral 1/3 of eyebrow
267.	<input checked="" type="radio"/> 0	1	2	3	Seasonal sadness

Female Reproductive System

277.	<input checked="" type="radio"/> 0	1	2	3	Depression during periods
278.	0	<input checked="" type="radio"/> 1	2	3	Mood swings associated with periods (PMS)
279.	0	<input checked="" type="radio"/> 1	2	3	Crave chocolate around periods
280.	0	<input checked="" type="radio"/> 1	2	3	Breast tenderness associated with cycle
281.	<input checked="" type="radio"/> 0	1	2	3	Excessive menstrual flow
282.	0	1	<input checked="" type="radio"/> 2	3	Scanty blood flow during periods
283.	0	1	<input checked="" type="radio"/> 2	3	Occasional skipped periods
284.	0	<input checked="" type="radio"/> 1	2	3	Variations in menstrual cycles
285.	<input checked="" type="radio"/> 0	1	2	3	Endometriosis
286.	<input checked="" type="radio"/> 0	1	2	3	Uterine fibroids
287.	<input checked="" type="radio"/> 0	1	2	3	Breast fibroids, benign masses
288.	<input checked="" type="radio"/> 0	1	2	3	Painful intercourse (dysparenia)
289.	0	<input checked="" type="radio"/> 1	2	3	Vaginal discharge
290.	<input checked="" type="radio"/> 0	1	2	3	Vaginal dryness
291.	<input checked="" type="radio"/> 0	1	2	3	Vaginal itchiness

292.	0	<input checked="" type="radio"/>	1	2	3	Tendency to gain weight around hips, thighs and buttocks as opposed to other areas such as the mid-section
293.	0	<input checked="" type="radio"/>	1	2	3	Excess facial or body hair
294.	<input checked="" type="radio"/>	0	1	2	3	Hot flashes
295.	0	<input checked="" type="radio"/>	1	2	3	Night sweats (in menopause)
296.	<input checked="" type="radio"/>	0	1	2	3	Thinning skin

Cardiovascular

297.	<input checked="" type="radio"/>	0	1	2	3	Aware of heavy and/or irregular breathing
298.	<input checked="" type="radio"/>	0	1	2	3	Discomfort at high altitudes
299.	<input checked="" type="radio"/>	0	1	2	3	Air hunger or sigh frequently
300.	0	<input checked="" type="radio"/>	1	2	3	Compelled to open windows in a closed room
301.	<input checked="" type="radio"/>	0	1	2	3	Shortness of breath with moderate exertion
302.	<input checked="" type="radio"/>	0	1	2	3	Ankles swell, especially at end of day
303.	<input checked="" type="radio"/>	0	1	2	3	Cough at night
304.	<input checked="" type="radio"/>	0	1	2	3	Blush or face turns red for no reason
305.	<input checked="" type="radio"/>	0	1	2	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 checked="" type="radio"/>	0	1	2	3	Muscle cramps with exertion

Kidney and Bladder

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

Immune System

312.	<input checked="" type="radio"/>	0	1	2	3	Runny or drippy nose
313.	<input checked="" type="radio"/>	0	1	2	3	Catch colds at the beginning of winter
314.	<input checked="" type="radio"/>	0	1	2	3	Mucus producing cough
315.	<input checked="" type="radio"/>	0	1	2	3	Frequent colds or flu
316.	<input checked="" type="radio"/>	0	1	2	3	Other infections (sinus, ear, lung, skin, bladder, kidney, etc.)
317.	<input checked="" type="radio"/>	0	1	2	3	Never get sick
318.	<input checked="" type="radio"/>	0	1	2	3	Acne (adult)

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319.	0	<input checked="" type="radio"/>	2	3	Itchy skin (Dermatitis)
320.	<input checked="" type="radio"/>	1	2	3	Cysts, boils, rashes
321.	<input checked="" type="radio"/>	1	2	3	History of Epstein-Barr, Mono, Herpes, Shingles, Chronic Fatigue Syndrome, Hepatitis or other chronic viral condition