

PATIENT NAME: \_\_\_\_\_

### ARBITRATION AGREEMENT

**Article 1: Agreement to Arbitrate:** It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by state and federal law, and not by a lawsuit or resort to court process except as state and federal law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

**Article 2: All Claims Must be Arbitrated:** It is also understood that any dispute that does not relate to medical malpractice, including disputes as to whether or not a dispute is subject to arbitration, will also be determined by submission to binding arbitration. It is the intention of the parties that this agreement bind all parties as to all claims, including claims arising out of or relating to treatment or services provided by the health care provider including any heirs or past, present or future spouse(s) of the patient in relation to all claims, including loss of consortium. This agreement is also intended to bind any children of the patient whether born or unborn at the time of the occurrence giving rise to any claim. This agreement is intended to bind the patient and the health care provider and/or other licensed health care providers or preceptorship interns who now or in the future treat the patient while employed by, working or associated with or serving as a back-up for the health care provider, including those working at the health care provider's clinic or office or any other clinic or office whether signatories to this form or not.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the health care provider, and/or the health care provider's associates, association, corporation, partnership, employees, agents and estate, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress, injunctive relief, or punitive damages.

**Article 3: Procedures and Applicable Law:** A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days thereafter. The neutral arbitrator shall then be the sole arbitrator and shall decide the arbitration. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees, witness fees, or other expenses incurred by a party for such party's own benefit.

Either party shall have the absolute right to bifurcate the issues of liability and damage upon written request to the neutral arbitrator. The parties consent to the intervention and joinder in this arbitration of any person or entity that would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provisions of state and federal law, where applicable, establishing the right to introduce evidence of any amount payable as a benefit to the patient to the maximum extent permitted by law, limiting the right to recover non-economic losses, and the right to have a judgment for future damages conformed to periodic payments, shall apply to disputes within this Arbitration Agreement. The parties further agree that the Commercial Arbitration Rules of the American Arbitration Association shall govern any arbitration conducted pursuant to this Arbitration Agreement.

**Article 4: General Provision:** All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable legal statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence.

**Article 5: Revocation:** This agreement may be revoked by written notice delivered to the health care provider within 30 days of signature and if not revoked will govern all professional services received by the patient and all other disputes between the parties.

**Article 6: Retroactive Effect:** If patient intends this agreement to cover services rendered before the date it is signed (for example, emergency treatment) patient should initial here. \_\_\_\_\_. Effective as of the date of first professional services.

If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision. I understand that I have the right to receive a copy of this Arbitration Agreement. By my signature below, I acknowledge that I have received a copy.

**NOTICE: BY SIGNING THIS CONTRACT, YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION, AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.**

PATIENT SIGNATURE (Date) (Or Patient Representative)	X _____  _____ (Date)	_____  _____ (Indicate relationship if signing for patient)
OFFICE SIGNATURE	X _____  _____	_____  _____

ALTERNATIVE MEDICINE CENTER

# Nutritional Assessment Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Please list your five major health concerns in order of importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Notes: \_\_\_\_\_

## PART I Read the following questions and circle the number that applies:

KEY: 0 = Do not consume or use      2 = Consume or use weekly  
1 = Consume or use 2 to 3 times monthly      3 = Consume or use daily

### DIET

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- |   |                                  |   |
|---|----------------------------------|---|
| 1. 0 1 2 3 Alcohol                        | 7. 0 1 2 3 Cigars/pipes          | 14. 0 1 Radiation exposure (0=no, 1=yes)  |
| 2. 0 1 2 3 Artificial sweeteners          | 8. 0 1 2 3 Caffeinated beverages | 15. 0 1 2 3 Refined flour/baked goods     |
| 3. 0 1 2 3 Candy, desserts, refined sugar | 9. 0 1 2 3 Fast foods            | 16. 0 1 2 3 Vitamins and minerals         |
| 4. 0 1 2 3 Carbonated beverages           | 10. 0 1 2 3 Fried foods          | 17. 0 1 2 3 Water, distilled              |
| 5. 0 1 2 3 Chewing tobacco                | 11. 0 1 2 3 Luncheon meats       | 18. 0 1 2 3 Water, tap                    |
| 6. 0 1 2 3 Cigarettes                     | 12. 0 1 2 3 Margarine            | 19. 0 1 2 3 Water, well                   |
|   | 13. 0 1 2 3 Milk products        | 20. 0 1 2 3 Diet often for weight control |

### LIFESTYLE

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21. 0 1 2 3 Exercise per week (0 = 2 or more times a week, 1 = 1 time a week, 2 = 1 or 2 times a month, 3 = never, less than once a month)
22. 0 1 2 3 Changed jobs (0 = over 12 months ago, 1 = within last 12 months, 2 = within last 6 months, 3 = within last 2 months)
23. 0 1 2 3 Divorced (0 = never, over 2 years ago, 1 = within last 2 years, 2 = within last year, 3 = within last 6 months)
24. 0 1 2 3 Work over 60 hours/week (0 = never, 1 = occasionally, 2 = usually, 3 = always)

### MEDICATIONS Indicate any medications you're currently taking or have taken in the last month (0=no, 1=yes):

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

## PART II (See key at bottom of page)

### Section 1 - Upper Gastrointestinal System

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|---|--|
| 52. 0 1 2 3 Belching or gas within one hour after eating        | 61. 0 1 2 3 Feel like skipping breakfast           |
| 53. 0 1 2 3 Heartburn or acid reflux                            | 62. 0 1 2 3 Feel better if you don't eat           |
| 54. 0 1 2 3 Bloating within one hour after eating               | 63. 0 1 2 3 Sleepy after meals                     |
| 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes) | 64. 0 1 2 3 Fingernails chip, peel or break easily |
| 56. 0 1 2 3 Bad breath (halitosis)                              | 65. 0 1 2 3 Anemia unresponsive to iron            |
| 57. 0 1 2 3 Loss of taste for meat                              | 66. 0 1 2 3 Stomach pains or cramps                |
| 58. 0 1 2 3 Sweat has a strong odor                             | 67. 0 1 2 3 Diarrhea, chronic                      |
| 59. 0 1 2 3 Stomach upset by taking vitamins                    | 68. 0 1 2 3 Diarrhea shortly after meals           |
| 60. 0 1 2 3 Sense of excess fullness 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      2=Moderate symptom, occurs occasionally (weekly)  
1=Yes, minor or mild symptom, rarely occurs (monthly)      3=Severe symptom, occurs frequently (daily)

**Section 2 - Liver and Gallbladder**

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71.	0 1 2 3	Pain between shoulder blades	85.	0 1	Easily hung over if you were to drink wine (0=no, 1=yes)
72.	0 1 2 3	Stomach upset by greasy foods	86.	0 1 2 3	Alcohol per week (0=<3, 1=<7, 2 =<14, 3=>14)
73.	0 1 2 3	Greasy or shiny stools	87.	0 1	Recovering alcoholic (0=no, 1=yes)
74.	0 1 2 3	Nausea	88.	0 1	History of drug or alcohol abuse (0=no, 1=yes)
75.	0 1 2 3	Sea, car, airplane or motion sickness	89.	0 1	History of hepatitis (0=no, 1=yes)
76.	0 1	History of morning sickness (0 = no, 1 = yes)	90.	0 1	Long term use of prescription/recreational drugs (0=no, 1=yes)
77.	0 1 2 3	Light or clay colored stools	91.	0 1 2 3	Sensitive to chemicals (perfume, cleaning agents, etc.)
78.	0 1 2 3	Dry skin, itchy feet or skin peels on feet	92.	0 1 2 3	Sensitive to tobacco smoke
79.	0 1 2 3	Headache over eyes	93.	0 1 2 3	Exposure to diesel fumes
80.	0 1 2 3	Gallbladder attacks (0=never, 1=years ago, 2=within last year, 3=within past 3 months)	94.	0 1 2 3	Pain under right side of rib cage
81.	0 1	Gallbladder removed (0=no, 1=yes)	95.	0 1 2 3	Hemorrhoids or varicose veins
82.	0 1 2 3	Bitter taste in mouth, especially after meals	96.	0 1 2 3	Nutrasweet (aspartame) consumption
83.	0 1	Become sick if you were to drink wine (0=no, 1=yes)	97.	0 1 2 3	Sensitive to Nutrasweet (aspartame)
84.	0 1	Easily intoxicated if you were to drink wine (0=no, 1=yes)	98.	0 1 2 3	Chronic fatigue or Fibromyalgia

**Section 3 - Small Intestine**

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99.	0 1 2 3	Food allergies	108.	0 1 2 3	Crohn's disease (0 =no, 1=yes in the past, 2=current mild condition, 3=severe)
100.	0 1 2 3	Abdominal bloating 1 to 2 hours after eating	109.	0 1 2 3	Wheat or grain sensitivity
101.	0 1	Specific foods make you tired or bloated (0=no, 1=yes)	110.	0 1 2 3	Dairy sensitivity
102.	0 1 2 3	Pulse speeds after eating	111.	0 1	Are there foods you could not give up (0=no, 1=yes)
103.	0 1 2 3	Airborne allergies	112.	0 1 2 3	Asthma, sinus infections, stuffy nose
104.	0 1 2 3	Experience hives	113.	0 1 2 3	Bizarre vivid dreams, nightmares
105.	0 1 2 3	Sinus congestion, "stuffy head"	114.	0 1 2 3	Use over-the-counter pain medications
106.	0 1 2 3	Crave bread or noodles	115.	0 1 2 3	Feel spacey or unreal
107.	0 1 2 3	Alternating constipation and diarrhea			

**Section 4 - Large Intestine**

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116.	0 1 2 3	Anus itches	126.	0 1 2 3	Stools have corners or edges, are flat or ribbon shaped
117.	0 1 2 3	Coated tongue	127.	0 1 2 3	Stools are not well formed (loose)
118.	0 1 2 3	Feel worse in moldy or musty place	128.	0 1 2 3	Irritable bowel or mucus colitis
119.	0 1 2 3	Taken antibiotic for a total accumulated time of (0=never, 1= <1 month, 2= <3 months, 3= >3 months)	129.	0 1 2 3	Blood in stool
120.	0 1 2 3	Fungus or yeast infections	130.	0 1 2 3	Mucus in stool
121.	0 1 2 3	Ring worm, "jock itch", "athletes foot", nail fungus	131.	0 1 2 3	Excessive foul smelling lower bowel gas
122.	0 1 2 3	Yeast symptoms increase with sugar, starch or alcohol	132.	0 1 2 3	Bad breath or strong body odors
123.	0 1 2 3	Stools hard or difficult to pass	133.	0 1 2 3	Painful to press along outer sides of thighs (Iliotibial Band)
124.	0 1	History of parasites (0=no, 1=yes)	134.	0 1 2 3	Cramping in lower abdominal region
125.	0 1 2 3	Less than one bowel movement per day	135.	0 1 2 3	Dark circles under eyes

**Section 5 - Mineral Needs**

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136.	0 1	History of carpal tunnel syndrome (0=no, 1=yes)	150.	0 1	History of bone spurs (0=no, 1=yes)
137.	0 1	History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes)	151.	0 1 2 3	Morning stiffness
138.	0 1	History of stress fracture (0=no, 1=yes)	152.	0 1 2 3	Nausea with vomiting
139.	0 1 2 3	Bone loss (reduced density on bone scan)	153.	0 1 2 3	Crave chocolate
140.	0 1	Are you shorter than you used to be? (0=no, 1=yes)	154.	0 1 2 3	Feet have a strong odor
141.	0 1 2 3	Calf, foot or toe cramps at rest	155.	0 1 2 3	History of anemia
142.	0 1 2 3	Cold sores, fever blisters or herpes lesions	156.	0 1 2 3	Whites of eyes (sclera) blue tinted
143.	0 1 2 3	Frequent fevers	157.	0 1 2 3	Hoarseness
144.	0 1 2 3	Frequent skin rashes and/or hives	158.	0 1 2 3	Difficulty swallowing
145.	0 1	Herniated disc (0=no, 1=yes)	159.	0 1 2 3	Lump in throat
146.	0 1 2 3	Excessively flexible joints, "double jointed"	160.	0 1 2 3	Dry mouth, eyes and/or nose
147.	0 1 2 3	Joints pop or click	161.	0 1 2 3	Gag easily
148.	0 1 2 3	Pain or swelling in joints	162.	0 1 2 3	White spots on fingernails
149.	0 1 2 3	Bursitis or tendonitis	163.	0 1 2 3	Cuts heal slowly and/or scar easily
			164.	0 1 2 3	Decreased sense of taste or smell

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)

**Section 6 - Essential Fatty Acids**

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- |              |  |              |  |
|--------------|--|--------------|--|
| 165. 0 1     | Experience pain relief with aspirin (0=no, 1=yes)                                | 169. 0 1 2 3 | Headaches when out in the hot sun      |
| 166. 0 1 2 3 | Crave fatty or greasy foods  | 170. 0 1 2 3 | Sunburn easily or suffer sun poisoning |
| 167. 0 1 2 3 | Low- or reduced-fat diet (0=never, 1=years ago, 2=within past year, 3=currently) | 171. 0 1 2 3 | Muscles easily fatigued                |
| 168. 0 1 2 3 | Tension headaches at base of skull   | 172. 0 1 2 3 | Dry flaky skin or dandruff             |

**Section 7 - Sugar Handling**

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- |              |  |              |  |
|--------------|--|--------------|--|
| 173. 0 1 2 3 | Awaken a few hours after falling asleep, hard to get back to sleep | 180. 0 1 2 3 | Headache if meals are skipped or delayed                                 |
| 174. 0 1 2 3 | Crave sweets   | 181. 0 1 2 3 | Irritable before meals   |
| 175. 0 1 2 3 | Binge or uncontrolled eating                                       | 182. 0 1 2 3 | Shaky if meals delayed   |
| 176. 0 1 2 3 | Excessive appetite   | 183. 0 1 2 3 | Family members with diabetes (0=none, 1=1 or 2, 2=3 or 4, 3=more than 4) |
| 177. 0 1 2 3 | Crave coffee or sugar in the afternoon                             | 184. 0 1 2 3 | Frequent thirst  |
| 178. 0 1 2 3 | Sleepy in afternoon  | 185. 0 1 2 3 | Frequent urination   |
| 179. 0 1 2 3 | Fatigue that is relieved by eating                                 |              |  |

**Section 8 - Vitamin Need**

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|--------------|---|--------------|--|
| 186. 0 1 2 3 | Muscles become easily fatigued                  | 200. 0 1 2 3 | Can hear heart beat on pillow at night       |
| 187. 0 1 2 3 | Feel exhausted or sore after moderate exercise  | 201. 0 1 2 3 | Whole body or limb jerk as falling asleep    |
| 188. 0 1 2 3 | Vulnerable to insect bites                      | 202. 0 1 2 3 | Night sweats                                 |
| 189. 0 1 2 3 | Loss of muscle tone, heaviness in arms/legs     | 203. 0 1 2 3 | Restless leg syndrome                        |
| 190. 0 1 2 3 | Enlarged heart or congestive heart failure      | 204. 0 1 2 3 | Cracks at corner of mouth (Cheilosis)        |
| 191. 0 1 2 3 | Pulse below 65 per minute (0=no, 1=yes)         | 205. 0 1 2 3 | Fragile skin, easily chaffed, as in shaving  |
| 192. 0 1 2 3 | Ringings in the ears (Tinnitus)                 | 206. 0 1 2 3 | Polyps or warts                              |
| 193. 0 1 2 3 | Numbness, tingling or itching in hands and feet | 207. 0 1 2 3 | MSG sensitivity                              |
| 194. 0 1 2 3 | Depressed                                       | 208. 0 1 2 3 | Wake up without remembering dreams           |
| 195. 0 1 2 3 | Fear of impending doom                          | 209. 0 1 2 3 | Small bumps on back of arms                  |
| 196. 0 1 2 3 | Worrier, apprehensive, anxious                  | 210. 0 1 2 3 | Strong light at night irritates eyes         |
| 197. 0 1 2 3 | Nervous or agitated                             | 211. 0 1 2 3 | Nose bleeds and/or tend to bruise easily     |
| 198. 0 1 2 3 | Feelings of insecurity                          | 212. 0 1 2 3 | Bleeding gums especially when brushing teeth |
| 199. 0 1 2 3 | Heart races                                     |              |  |

**Section 9 - Adrenal Gland**

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|--------------|--|--------------|--|
| 213. 0 1 2 3 | Tend to be a "night person"                    | 226. 0 1 2 3 | Arthritic tendencies                         |
| 214. 0 1 2 3 | Difficulty falling asleep                      | 227. 0 1 2 3 | Crave salty foods                            |
| 215. 0 1 2 3 | Slow starter in the morning                    | 228. 0 1 2 3 | Salt foods before tasting                    |
| 216. 0 1 2 3 | Tend to be keyed up, trouble calming down      | 229. 0 1 2 3 | Perspire easily                              |
| 217. 0 1 2 3 | Blood pressure above 120/80                    | 230. 0 1 2 3 | Chronic fatigue, or get drowsy often         |
| 218. 0 1 2 3 | Headache after exercising                      | 231. 0 1 2 3 | Afternoon yawning                            |
| 219. 0 1 2 3 | Feeling wired or jittery after drinking coffee | 232. 0 1 2 3 | Afternoon headache                           |
| 220. 0 1 2 3 | Clench or grind teeth                          | 233. 0 1 2 3 | Asthma, wheezing or difficulty breathing     |
| 221. 0 1 2 3 | Calm on the outside, troubled on the inside    | 234. 0 1 2 3 | Pain on the medial or inner side of the knee |
| 222. 0 1 2 3 | Chronic low back pain, worse with fatigue      | 235. 0 1 2 3 | Tendency to sprain ankles or "shin splints"  |
| 223. 0 1 2 3 | Become dizzy when standing up suddenly         | 236. 0 1 2 3 | Tendency to need sunglasses                  |
| 224. 0 1 2 3 | Difficulty maintaining manipulative correction | 237. 0 1 2 3 | Allergies and/or hives                       |
| 225. 0 1 2 3 | Pain after manipulative correction             | 238. 0 1 2 3 | Weakness, dizziness                          |

**Section 10 - Pituitary Gland**

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- |              |   |              |   |
|--------------|---|--------------|---|
| 239. 0 1     | Height over 6' 6" (0=no, 1=yes)                           | 245. 0 1     | Height under 4' 10" (0=no, 1=yes)                       |
| 240. 0 1     | Early sexual development (before age 10) (0=no, 1=yes)    | 246. 0 1 2 3 | Decreased libido  |
| 241. 0 1 2 3 | Increased libido  | 247. 0 1 2 3 | Excessive thirst  |
| 242. 0 1 2 3 | Splitting type headache                                   | 248. 0 1 2 3 | Weight gain around hips or waist                        |
| 243. 0 1 2 3 | Memory failing  | 249. 0 1 2 3 | Menstrual disorders                                     |
| 244. 0 1     | Tolerate sugar, feel fine when eating sugar (0=no, 1=yes) | 250. 0 1     | Delayed sexual development (after age 13) (0=no, 1=yes) |
|              |   | 251. 0 1 2 3 | Tendency to ulcers or colitis                           |

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

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3=Severe symptom, occurs frequently (daily)

**Section 11 - Thyroid**

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252.	0 1 2 3	Sensitive/allergic to iodine	260.	0 1 2 3	Mentally sluggish, reduced initiative
253.	0 1 2 3	Difficulty gaining weight, even with large appetite	261.	0 1 2 3	Easily fatigued, sleepy during the day
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	Constipation, chronic
256.	0 1 2 3	Flush easily	264.	0 1 2 3	Excessive hair loss and/or coarse hair
257.	0 1 2 3	Fast pulse at rest	265.	0 1 2 3	Morning headaches, wear off during the day
258.	0 1 2 3	Intolerance to high temperatures	266.	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**

27

268.	0 1 2 3	Prostate problems	272.	0 1 2 3	Waking to urinate at night
269.	0 1 2 3	Difficulty with urination, dribbling	273.	0 1 2 3	Interruption of stream during urination
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	Pain or burning with urination	275.	0 1 2 3	Feeling of incomplete bowel evacuation
			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	Crave chocolate around periods	289.	0 1 2 3	Vaginal discharge
280.	0 1 2 3	Breast tenderness associated with cycle	290.	0 1 2 3	Vaginal dryness
281.	0 1 2 3	Excessive menstrual flow	291.	0 1 2 3	Vaginal itchiness
282.	0 1 2 3	Scanty blood flow during periods	292.	0 1 2 3	Gain weight around hips, thighs and buttocks
283.	0 1 2 3	Occasional skipped periods	293.	0 1 2 3	Excess facial or body hair
284.	0 1 2 3	Variations in menstrual cycles	294.	0 1 2 3	Hot flashes
285.	0 1 2 3	Endometriosis	295.	0 1 2 3	Night sweats (in menopausal females)
286.	0 1 2 3	Uterine fibroids	296.	0 1 2 3	Thinning skin

**Section 14 - Cardiovascular**

0

297.	0 1 2 3	Aware of heavy and/or irregular breathing	302.	0 1 2 3	Ankles swell, especially at end of day
298.	0 1 2 3	Discomfort at high altitudes	303.	0 1 2 3	Cough at night
299.	0 1 2 3	"Air hunger" or sigh frequently	304.	0 1 2 3	Blush or face turns red for no reason
300.	0 1 2 3	Compelled to open windows in a closed room	305.	0 1 2 3	Dull pain or tightness in chest and/or radiate into right arm, worse with exertion
301.	0 1 2 3	Shortness of breath with moderate exertion	306.	0 1 2 3	Muscle cramps with exertion

**Section 15 - Kidney and Bladder**

3

307.	0 1 2 3	Pain in mid-back region	310.	0 1 2 3	Cloudy, bloody or darkened urine
308.	0 1 2 3	Puffy around the eyes, dark circles under eyes	311.	0 1 2 3	Urine has a strong odor
309.	0 1	History of kidney stones (0=no, 1=yes)			

**Section 16 - Immune System**

0

312.	0 1 2 3	Runny or drippy nose	317.	0 1 2 3	Never get sick (0 = sick only 1 or 2 times in last 2 years, 1 = not sick in last 2 years, 2 = not sick in last 4 years, 3 = not sick in last 7 years)
313.	0 1 2 3	Catch colds at the beginning of winter	318.	0 1 2 3	Acne (adult)
314.	0 1 2 3	Mucus producing cough	319.	0 1 2 3	Itchy skin (Dermatitis)
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, 3=6 or more times per year)	320.	0 1 2 3	Cysts, boils, rashes
316.	0 1 2 3	Other infections (sinus, ear, lung, skin, bladder, kidney, etc.) (0=1 or less per year, 1=2 to 3 times per year, 2=4 to 5 times per year, 3=6 or more times per year)	321.	0 1 2 3	History of Epstein 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 = severe)

KEY: 0=No, symptom does not occur  
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3=Severe symptom, occurs frequently (daily)