

Specific Symptoms

Have you been diagnosed by a licensed physician with any of the following? Check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Cirrhosis of the Liver | <input type="checkbox"/> Irritable Bowel Syndrome | |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Low Thyroid | |

Do you suffer from any of the following? Check all that apply.

- | | | |
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| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Fatigue in the afternoons | <input type="checkbox"/> Loss of taste |
| <input type="checkbox"/> Absent-mindedness | <input type="checkbox"/> Fatigue, chronic or excessive | <input type="checkbox"/> Migraine headaches |
| <input type="checkbox"/> Acid indigestion or heartburn | <input type="checkbox"/> Fear, excessive | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Muddled thinking, confusion or mental sluggishness |
| <input type="checkbox"/> Allergies, food | <input type="checkbox"/> Food sits heavy on stomach after eating | <input type="checkbox"/> Muscle tension |
| <input type="checkbox"/> Allergies, respiratory | <input type="checkbox"/> Frequent infections | <input type="checkbox"/> Panic attacks |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Frequent thirst | <input type="checkbox"/> PMS (females only) |
| <input type="checkbox"/> Anger, excessive | <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Poor appetite |
| <input type="checkbox"/> Anxiety, nervousness | <input type="checkbox"/> General weakness or chronic illness | <input type="checkbox"/> Prostrate problems (male only) |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Puffiness under eyes |
| <input type="checkbox"/> Bad breath or body odor | <input type="checkbox"/> Headaches | <input type="checkbox"/> Rapid heart beat |
| <input type="checkbox"/> Bladder infections | <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Rashes |
| <input type="checkbox"/> Brittle fingernails | <input type="checkbox"/> Heavy periods (females only) | <input type="checkbox"/> Restless dreams or nightmares |
| <input type="checkbox"/> Burning or painful urination | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Ringing in the ears |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Scant or excessive urination |
| <input type="checkbox"/> Cold hands and feet | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Sensation of lump in throat |
| <input type="checkbox"/> Cold sores | <input type="checkbox"/> Hot flashes | <input type="checkbox"/> Sinusitis or sinus congestion |
| <input type="checkbox"/> Congested air passages | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Sinus headaches |
| <input type="checkbox"/> Constipation or dry stools | <input type="checkbox"/> Impotence (males only) | <input type="checkbox"/> Skin problems (acne, rashes, etc) |
| <input type="checkbox"/> Coughing, chronic | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Stiff, aching or painful muscles |
| <input type="checkbox"/> Cravings for fats or fried foods | <input type="checkbox"/> Infertility | <input type="checkbox"/> Stomachache |
| <input type="checkbox"/> Cravings for sugar | <input type="checkbox"/> Intestinal gas or bloating | <input type="checkbox"/> Swollen lymph glands |
| <input type="checkbox"/> Dark circles under eyes | <input type="checkbox"/> Irritability | <input type="checkbox"/> Teeth grinding |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Itching, skin | <input type="checkbox"/> Underweight or unable to gain weight |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Itchy nose or ears | <input type="checkbox"/> Urinating at night |
| <input type="checkbox"/> Difficult urination | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Difficulty getting to sleep | <input type="checkbox"/> Joint pain or gout | <input type="checkbox"/> Waking up frequently at night |
| <input type="checkbox"/> Dizziness or light-headedness | <input type="checkbox"/> Leg cramps or pains | <input type="checkbox"/> Water retention or edema |
| <input type="checkbox"/> Dry skin or eyes | <input type="checkbox"/> Loose stool or diarrhea | <input type="checkbox"/> Weak legs, knees or ankles |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Loss of appetite or poor appetite | <input type="checkbox"/> Wheezing or shortness of breath |
| <input type="checkbox"/> Erection difficulty (males only) | <input type="checkbox"/> Loss of sexual desire | <input type="checkbox"/> Wounds won't heal in extremities |
| <input type="checkbox"/> Excess mucus production | <input type="checkbox"/> Loss of smell | <input type="checkbox"/> Yeast infections |
| <input type="checkbox"/> Excess weight | | |
| <input type="checkbox"/> Family history of heart disease | | |