

**SYMPTOM SURVEY FORM**  
(Restricted to Professional Use)

PATIENT \_\_\_\_\_ DOCTOR \_\_\_\_\_ DATE \_\_\_\_\_

AGE \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_ VEGETARIAN \_\_\_\_ Yes \_\_\_\_ No

**INSTRUCTIONS:** Circle the number that applies to you. **If symptom doesn't apply, leave blank.** Use (1) for **MILD** symptoms (occurs once or twice a month), (2) for **MODERATE** symptoms (occurs several times a month), and (3) for **SEVERE** symptoms (you are aware of it almost constantly).

**GROUP ONE**

- |                                   |                                            |                                   |
|-----------------------------------|--------------------------------------------|-----------------------------------|
| 1 - 1 2 3 Acid foods upset        | 8 - 1 2 3 Gag easily                       | 15 - 1 2 3 Appetite reduced       |
| 2 - 1 2 3 Get chilled, often      | 9 - 1 2 3 Unable to relax; startles easily | 16 - 1 2 3 Cold sweats often      |
| 3 - 1 2 3 "Lump" in throat        | 10 - 1 2 3 Extremities cold, clammy        | 17 - 1 2 3 Fever easily raised    |
| 4 - 1 2 3 Dry mouth-eyes-nose     | 11 - 1 2 3 Strong light irritates          | 18 - 1 2 3 Neuralgia-like pains   |
| 5 - 1 2 3 Pulse speeds after meal | 12 - 1 2 3 Urine amount reduced            | 19 - 1 2 3 Staring, blinks little |
| 6 - 1 2 3 Keyed up - fail to calm | 13 - 1 2 3 Heart pounds after retiring     | 20 - 1 2 3 Sour stomach frequent  |
| 7 - 1 2 3 Cuts heal slowly        | 14 - 1 2 3 "Nervous" stomach               |                                   |

**GROUP TWO**

- |                                                           |                                               |                                                 |
|-----------------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| 21 - 1 2 3 Joint stiffness after arising                  | 29 - 1 2 3 Digestion rapid                    | 37 - 1 2 3 "Slow starter"                       |
| 22 - 1 2 3 Muscle-leg-toe cramps at night                 | 30 - 1 2 3 Vomiting frequent                  | 38 - 1 2 3 Get "chilled" infrequently           |
| 23 - 1 2 3 "Butterfly" stomach, cramps                    | 31 - 1 2 3 Hoarseness frequent                | 39 - 1 2 3 Perspire easily                      |
| 24 - 1 2 3 Eyes or nose watery                            | 32 - 1 2 3 Breathing irregular                | 40 - 1 2 3 Circulation poor, sensitive to cold  |
| 25 - 1 2 3 Eyes blink often                               | 33 - 1 2 3 Pulse slow; feels "irregular"      | 41 - 1 2 3 Subject to colds, asthma, bronchitis |
| 26 - 1 2 3 Eyelids swollen, puffy                         | 34 - 1 2 3 Gagging reflex slow                |                                                 |
| 27 - 1 2 3 Indigestion soon after meals                   | 35 - 1 2 3 Difficulty swallowing              |                                                 |
| 28 - 1 2 3 Always seems hungry; feels "lightheaded" often | 36 - 1 2 3 Constipation, diarrhea alternating |                                                 |

**GROUP THREE**

- |                                           |                                                                     |                                                        |
|-------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------|
| 42 - 1 2 3 Eat when nervous               | 49 - 1 2 3 Heart palpitates if meals missed or delayed              | 53 - 1 2 3 Crave candy or coffee in afternoons         |
| 43 - 1 2 3 Excessive appetite             | 50 - 1 2 3 Afternoon headaches                                      | 54 - 1 2 3 Moods of depression - "blues" or melancholy |
| 44 - 1 2 3 Hungry between meals           | 51 - 1 2 3 Overeating sweets upsets                                 | 55 - 1 2 3 Abnormal craving for sweets or snacks       |
| 45 - 1 2 3 Irritable before meals         | 52 - 1 2 3 Awaken after few hours sleep - hard to get back to sleep |                                                        |
| 46 - 1 2 3 Get "shaky" if hungry          |                                                                     |                                                        |
| 47 - 1 2 3 Fatigue, eating relieves       |                                                                     |                                                        |
| 48 - 1 2 3 "Lightheaded" if meals delayed |                                                                     |                                                        |

**GROUP FOUR**

- |                                                        |                                                                              |                                                                                      |
|--------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 56 - 1 2 3 Hands and feet go to sleep easily, numbness | 63 - 1 2 3 Get "drowsy" often                                                | 68 - 1 2 3 Bruise easily, "black and blue" spots                                     |
| 57 - 1 2 3 Sigh frequently, "air hunger"               | 64 - 1 2 3 Swollen ankles worse at night                                     | 69 - 1 2 3 Tendency to anemia                                                        |
| 58 - 1 2 3 Aware of "breathing heavily"                | 65 - 1 2 3 Muscle cramps, worse during exercise; get "charley horses"        | 70 - 1 2 3 "Nose bleeds" frequent                                                    |
| 59 - 1 2 3 High altitude discomfort                    | 66 - 1 2 3 Shortness of breath on exertion                                   | 71 - 1 2 3 Noises in head, or "ringing in ears"                                      |
| 60 - 1 2 3 Opens windows in closed room                | 67 - 1 2 3 Dull pain in chest or radiating into left arm, worse on exertion. | 72 - 1 2 3 Tension under the breastbone, or feeling of "tightness" worse on exertion |
| 61 - 1 2 3 Susceptible to colds and fevers             |                                                                              |                                                                                      |
| 62 - 1 2 3 Afternoon "yawner"                          |                                                                              |                                                                                      |

**GROUP FIVE**

- |                                                        |                                                 |                                                         |
|--------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|
| 73 - 1 2 3 Dizziness                                   | 82 - 1 2 3 Worrier, feels insecure              | 90 - 1 2 3 History of gallbladder attacks or gallstones |
| 74 - 1 2 3 Dry Skin                                    | 83 - 1 2 3 Feeling queasy; headache over eyes   | 91 - 1 2 3 Sneezing attacks                             |
| 75 - 1 2 3 Burning feet                                | 84 - 1 2 3 Greasy foods upset                   | 92 - 1 2 3 Dreaming, nightmare type bad dreams          |
| 76 - 1 2 3 Blurred vision                              | 85 - 1 2 3 Stools light-colored                 | 93 - 1 2 3 Bad breath (halitosis)                       |
| 77 - 1 2 3 Itching skin and feet                       | 86 - 1 2 3 Skin peels on foot soles             | 94 - 1 2 3 Milk products cause distress                 |
| 78 - 1 2 3 Excessive falling hair                      | 87 - 1 2 3 Pain between shoulder blades         | 95 - 1 2 3 Sensitive to hot weather                     |
| 79 - 1 2 3 Frequent skin rashes                        | 88 - 1 2 3 Use laxatives                        | 96 - 1 2 3 Burning or itching anus                      |
| 80 - 1 2 3 Bitter, metallic taste in mouth in mornings | 89 - 1 2 3 Stools alternate from soft to watery | 97 - 1 2 3 Crave sweets                                 |
| 81 - 1 2 3 Bowel movements painful or difficult        |                                                 |                                                         |

**GROUP SIX**

- |                                                         |                                                                         |                                                 |
|---------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------|
| 98 - 1 2 3 Loss of taste for meat                       | 101 - 1 2 3 Coated tongue                                               | 104 - 1 2 3 Mucous colitis or "irritable bowel" |
| 99 - 1 2 3 Lower bowel gas several hours after eating   | 102 - 1 2 3 Pass large amounts of foul-smelling gas                     | 105 - 1 2 3 Gas shortly after eating            |
| 100 - 1 2 3 Burning stomach sensations, eating relieves | 103 - 1 2 3 Indigestion ½- 1 hour after eating; may be up to 3 – 4 hrs. | 106 - 1 2 3 Stomach "bloating" after eating     |

**GROUP SEVEN**

- |                                                        |                                                     |                                                  |
|--------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------|
| <b>(A)</b>                                             |                                                     | <b>(E)</b>                                       |
| 107 - 1 2 3 Insomnia                                   |                                                     | 150 - 1 2 3 Dizziness                            |
| 108 - 1 2 3 Nervousness                                |                                                     | 151 - 1 2 3 Headaches                            |
| 109 - 1 2 3 Can't gain weight                          |                                                     | 152 - 1 2 3 Hot flashes                          |
| 110 - 1 2 3 Intolerance to heat                        |                                                     | 153 - 1 2 3 Increased blood pressure             |
| 111 - 1 2 3 Highly emotional                           |                                                     | 154 - 1 2 3 Hair growth on face or body (female) |
| 112 - 1 2 3 Flush easily                               |                                                     | 155 - 1 2 3 Sugar in urine (not diabetes)        |
| 113 - 1 2 3 Night sweats                               | <b>(C)</b>                                          | 156 - 1 2 3 Masculine tendencies (female)        |
| 114 - 1 2 3 Thin, moist skin                           | 137 - 1 2 3 Failing memory                          |                                                  |
| 115 - 1 2 3 Inward trembling                           | 138 - 1 2 3 Low blood pressure                      | <b>(F)</b>                                       |
| 116 - 1 2 3 Heart palpitates                           | 139 - 1 2 3 Increased sex drive                     | 157 - 1 2 3 Weakness, dizziness                  |
| 117 - 1 2 3 Increased appetite without weight gain     | 140 - 1 2 3 Headaches, "splitting or rending" type  | 158 - 1 2 3 Chronic fatigue                      |
| 118 - 1 2 3 Pulse fast at rest                         | 141 - 1 2 3 Decreased sugar tolerance               | 159 - 1 2 3 Low blood pressure                   |
| 119 - 1 2 3 Eyelids and face twitch                    |                                                     | 160 - 1 2 3 Nails weak, ridged                   |
| 120 - 1 2 3 Irritable and restless                     | <b>(D)</b>                                          | 161 - 1 2 3 Tendency to hives                    |
| 121 - 1 2 3 Can't work under pressure                  | 142 - 1 2 3 Abnormal thirst                         | 162 - 1 2 3 Arthritic tendencies                 |
|                                                        | 143 - 1 2 3 Bloating of abdomen                     | 163 - 1 2 3 Perspiration increase                |
| <b>(B)</b>                                             | 144 - 1 2 3 Weight gain around hips or waist        | 164 - 1 2 3 Bowel disorders                      |
| 122 - 1 2 3 Increase in weight                         | 145 - 1 2 3 Sex drive reduced or lacking            | 165 - 1 2 3 Poor circulation                     |
| 123 - 1 2 3 Decrease in appetite                       | 146 - 1 2 3 Tendency to ulcers, colitis             | 166 - 1 2 3 Swollen ankles                       |
| 124 - 1 2 3 Fatigue easily                             | 147 - 1 2 3 Increased sugar tolerance               | 167 - 1 2 3 Crave salt                           |
| 125 - 1 2 3 Ringing in ears                            | 148 - 1 2 3 Women: menstrual disorders              | 168 - 1 2 3 Brown spots or bronzing of skin      |
| 126 - 1 2 3 Sleepy during day                          | 149 - 1 2 3 Young girls: lack of menstrual function | 169 - 1 2 3 Allergies – tendency to asthma       |
| 127 - 1 2 3 Sensitive to cold                          |                                                     | 170 - 1 2 3 Weakness after colds, influenza      |
| 128 - 1 2 3 Dry or scaly skin                          |                                                     | 171 - 1 2 3 Exhaustion – muscular and nervous    |
| 129 - 1 2 3 Constipation                               |                                                     | 172 - 1 2 3 Respiratory disorders                |
| 130 - 1 2 3 Mental sluggishness                        |                                                     |                                                  |
| 131 - 1 2 3 Hair coarse, falls out                     |                                                     |                                                  |
| 132 - 1 2 3 Headaches upon arising wear off during day |                                                     |                                                  |
| 133 - 1 2 3 Slow pulse, below 65                       |                                                     |                                                  |
| 134 - 1 2 3 Frequency of urination                     |                                                     |                                                  |
| 135 - 1 2 3 Impaired hearing                           |                                                     |                                                  |
| 136 - 1 2 3 Reduced initiative                         |                                                     |                                                  |

**GROUP EIGHT**

- 173 - **1 2 3** Apprehension
- 174 - **1 2 3** Irritability
- 175 - **1 2 3** Morbid fears
- 176 - **1 2 3** Never seems to get well
- 177 - **1 2 3** Forgetfulness
- 178 - **1 2 3** Indigestion
- 179 - **1 2 3** Poor appetite
- 180 - **1 2 3** Craving for sweets
- 181 - **1 2 3** Muscular soreness
- 182 - **1 2 3** Depression; feelings of dread
- 183 - **1 2 3** Noise sensitivity
- 184 - **1 2 3** Acoustic hallucinations
- 185 - **1 2 3** Tendency to cry without reason
- 186 - **1 2 3** Hair is coarse and/or thinning
- 187 - **1 2 3** Weakness
- 188 - **1 2 3** Fatigue
- 189 - **1 2 3** Skin sensitive to touch
- 190 - **1 2 3** Tendency toward hives
- 191 - **1 2 3** Nervousness
- 192 - **1 2 3** Headache
- 193 - **1 2 3** Insomnia
- 194 - **1 2 3** Anxiety
- 195 - **1 2 3** Anorexia
- 196 - **1 2 3** Inability to concentrate; confusion
- 197 - **1 2 3** Frequent stuffy nose; sinus infections
- 198 - **1 2 3** Allergy to some foods
- 199 - **1 2 3** Loose joints

**MALE ONLY**

- 213 - **1 2 3** Prostate trouble
- 214 - **1 2 3** Urination difficult or dribbling
- 215 - **1 2 3** Night urination frequent
- 216 - **1 2 3** Depression
- 217 - **1 2 3** Pain on inside of legs or heels
- 218 - **1 2 3** Feeling of incomplete bowel evacuation
- 219 - **1 2 3** Lack of energy
- 220 - **1 2 3** Migrating aches and pains
- 221 - **1 2 3** Tire too easily
- 222 - **1 2 3** Avoids activity
- 223 - **1 2 3** Leg nervousness at night
- 224 - **1 2 3** Diminished sex drive

**IMPORTANT**

TO THE PATIENT: Please list below the five main physical complaints you have in order of their importance:

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

CASE RECORD- Page 4

Name \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Sex   M     F    
Occupation \_\_\_\_\_ Married \_\_\_\_\_

History of Illness and Treatment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operations, Accidents or Injuries \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Illness or Complaints \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(MEN)

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

# NUTRITION QUESTIONNAIRE \*

Print Your Name \_\_\_\_\_

Your Home Address \_\_\_\_\_

How Old Are You? \_\_\_\_\_ Date of Birth \_\_\_\_\_

Circle If You Are . . . Single, Married, Widowed, Separated, Divorced

Circle the Highest Year

What Is Your

You Reached In School

Occupation? \_\_\_\_\_

1 2 3 4 5 6 7 8  
Elementary School

1 2 3 4  
High School

1 2 3 4  
College

**Directions:** This questionnaire is for **MEN ONLY**

If you can answer **YES** to the questions asked, put a circle around the **YES**

If you have to answer **NO** to the question asked, put a circle around the **NO**

Answer all questions. If you are not sure, guess.

## A

- Do you need glasses to read? . . . . . Yes No 001
- Do you need glasses to see things at a distance? . . . . . Yes No 002
- Do your eyes continually blink or water? . . . Yes No 003
- Are your eyes often red or inflamed? . . . . . Yes No 004
- Has your eyesight often blacked out completely? . . . . . Yes No 005
- Do you often have severe pains in your eyes? . . . . . Yes No 006
- Have you had cataracts? . . . . . Yes No 007
- Have you ever been told that you have glaucoma? . . . . . Yes No 008
- Do you wear contact lenses? . . . . . Yes No 009
- Have you ever had double vision? . . . . . Yes No 010
- Are you hard of hearing? . . . . . Yes No 011
- Have you worn a hearing aid? . . . . . Yes No 012
- Do you notice a ringing in your ear(s)? . . . . Yes No 013

## B

- Do you have to clear your throat frequently? . . . . . Yes No 014
- Do you often feel a choking lump in your throat? . . . . . Yes No 015
- Is your nose continually stuffed up? . . . . . Yes No 016
- Does your nose run constantly? . . . . . Yes No 017
- Have you ever had a bad nose bleed? . . . . . Yes No 018
- Do you frequently suffer from severe colds? . . . . . Yes No 019
- Do frequent colds keep you miserable all winter? . . . . . Yes No 020
- Do you get hay fever? . . . . . Yes No 021
- Do you suffer from asthma? . . . . . Yes No 022
- Do you have a sinus condition? . . . . . Yes No 023
- Are you troubled by constant coughing? . . . . Yes No 024
- Have you ever coughed up any blood? . . . . . Yes No 025

- Do you suffer from bronchitis? . . . . . Yes No 026
- Do you sometimes have severe soaking sweats at night? . . . . . Yes No 027
- Have you had a chest X-ray in the last 2 years? . . . . . Yes No 028
- Have you ever had pneumonia? . . . . . Yes No 029
- Are you a smoker? . . . . . Yes No 030

## C

- Do you suffer from angina? . . . . . Yes No 031
- Have you ever had a heart attack? . . . . . Yes No 032
- Does heart trouble run in your family? . . . . . Yes No 033
- Have you ever had an electrocardiogram? . . . . Yes No 034
- Have you ever had a stress (exercise tolerance) test? . . . . . Yes No 035
- Do you wake up at night short of breath? . . . . Yes No 036
- Do you get regular (daily) exercise? . . . . . Yes No 037
- Has a doctor ever said your blood pressure was too high or low? . . . . . Yes No 038
- Have you ever been told of high blood cholesterol? . . . . . Yes No 039
- Do you have pains in the heart or chest? . . . . . Yes No 040
- Does your heart often race like mad? . . . . . Yes No 041
- Do you find it hard to breathe? . . . . . Yes No 042
- Do you get out of breath long before anyone else? . . . . . Yes No 043
- Have you ever been told to take antibiotics during dental work? . . . . . Yes No 044
- Do you suffer from swollen ankles? . . . . . Yes No 045
- Have you ever taken water pills? . . . . . Yes No 046
- Have you ever had rheumatic fever? . . . . . Yes No 047
- Have you ever been told of a heart murmur? . . . . . Yes No 048
- Have you ever been told of a problem with your heart valves? . . . . . Yes No 049

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**D**

Have you lost more than half your teeth? ...	Yes	No	050
Are you troubled by bleeding gums? .....	Yes	No	051
Do you have difficulty with swallowing? ...	Yes	No	052
Do you suffer from mouth sores? .....	Yes	No	053
Do you suffer from sores on the lip(s)? .....	Yes	No	054
Do you ever have pain with swallowing? ...	Yes	No	055
Do you suffer from "irritable"			
colon or stomach? .....	Yes	No	056
Have you ever been told you have a			
hiatus hernia? .....	Yes	No	057
Have you ever had an upper GI			
series (x-ray)? .....	Yes	No	058
Have you ever had a lower GI			
series (barium enema x-ray)? .....	Yes	No	059
Have you ever had a gallstone(s)? .....	Yes	No	060
Have you ever had a sigmoidoscopy			
(proctoscopy)? .....	Yes	No	061
Have you ever had colitis? .....	Yes	No	062
Have you ever had dysentery? .....	Yes	No	063
Have you recently gained weight? .....	Yes	No	064
Have you recently lost weight? .....	Yes	No	065
Have you ever had appendicitis? .....	Yes	No	066
Have you ever had any abdominal surgery? .	Yes	No	067
Have you ever had an ulcer? .....	Yes	No	068
Have you ever noticed blood in your stool? .	Yes	No	069

**E**

Have you ever had any broken bones? .....	Yes	No	070
Do you suffer from weak or brittle bones? ..	Yes	No	071
Do you use aspirin regularly			
for arthritis (rheumatism)? .....	Yes	No	072
Are your joints painfully swollen? .....	Yes	No	073
Do your muscles and joints			
constantly feel stiff? .....	Yes	No	074
Do you usually have severe pains			
in the arms or legs? .....	Yes	No	075
Are you crippled with severe			
rheumatism (arthritis)? .....	Yes	No	076
Does rheumatism (arthritis) run in			
your family? .....	Yes	No	077
Do weak or painful feet make your			
life miserable? .....	Yes	No	078
Do pains in the back make it hard			
for you to keep up your work? .....	Yes	No	079
Are you troubled with a serious bodily			
disability or deformity? .....	Yes	No	080

**F**

Do you have any chronic skin conditions? ..	Yes	No	081
Do you get skin rashes frequently? .....	Yes	No	082
Is your skin very sensitive or tender? .....	Yes	No	083

**Do cuts in your skin usually stay open**

a long time? .....	Yes	No	084
Does your face often get badly flushed? .....	Yes	No	085
Do you sweat a great deal even in			
cold weather? .....	Yes	No	086
Are you often bothered by severe itching? .....	Yes	No	087

**G**

Do you suffer from frequent headaches? .....	Yes	No	088
Are headaches common in your family? .....	Yes	No	089
Does pressure or pain in the head			
often make life miserable? .....	Yes	No	090
Do you have hot or cold spells? .....	Yes	No	091
Do you often have spells of severe dizziness? .	Yes	No	092
Do you frequently feel faint? .....	Yes	No	093
Have you fainted more than twice in			
your life? .....	Yes	No	094
Do you have constant numbness or ting-			
ling in any part of your body? .....	Yes	No	095
Was any part of your body ever paralyzed? ...	Yes	No	096
Were you ever knocked unconscious? .....	Yes	No	097
Have you at times had a twitching of			
the face, head or shoulders? .....	Yes	No	098
Did you ever have a fit or convulsion			
(epilepsy)? .....	Yes	No	099
Has anyone in your family ever had			
fits or convulsions (epilepsy)? .....	Yes	No	100
Do you bite your nails badly? .....	Yes	No	101
Are you troubled by stuttering or			
stammering? .....	Yes	No	102
Are you a sleep walker? .....	Yes	No	103
Are you a bed wetter? .....	Yes	No	104
Were you a bed wetter between the			
ages of 8 and 14? .....	Yes	No	105

**H**

Are your genitals often painful or sore? .....	Yes	No	106
Have you ever had treatment for your			
genitals? .....	Yes	No	107
Has a doctor ever said you had a			
hernia (rupture)? .....	Yes	No	108
Have you ever passed blood while			
urinating? .....	Yes	No	109
Do you have trouble starting your			
stream when urinating? .....	Yes	No	110
Do you have trouble getting or maintaining			
an erection? .....	Yes	No	111
Have you ever had a prostate problem? .....	Yes	No	112
Have you ever had a kidney stone(s)? .....	Yes	No	113
Do you have to get up every night to urinate? .	Yes	No	114
During the day, do you usually have			
to urinate frequently? .....	Yes	No	115

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Do you often have severe burning pain when urinating? . . . . .	Yes	No	116
Do you sometimes lose control of your bladder? . . . . .	Yes	No	117
Has a doctor ever said you had kidney or bladder disease? . . . . .	Yes	No	118

**I**

Do you often get spells of complete exhaustion or fatigue? . . . . .	Yes	No	119
Does working tire you out completely? . . . . .	Yes	No	120
Do you usually get tired and exhausted in the morning? . . . . .	Yes	No	121
Does every little effort wear you out? . . . . .	Yes	No	122
Are you constantly too tired and exhausted even to eat? . . . . .	Yes	No	123
Do you suffer from severe nervous exhaustion? . . . . .	Yes	No	124
Does nervous exhaustion run in your family? . . . . .	Yes	No	125

**J**

Are you frequently ill? . . . . .	Yes	No	126
Are you frequently confined to bed by illness? . . . . .	Yes	No	127
Are you always in poor health? . . . . .	Yes	No	128
Are you considered a sickly person? . . . . .	Yes	No	129
Do you come from a sickly family? . . . . .	Yes	No	130
Does severe pains and aches make it impossible for you to do your work? . . . . .	Yes	No	131
Do you wear yourself out worrying about your health? . . . . .	Yes	No	132
Are you always ill and unhappy? . . . . .	Yes	No	133
Are you constantly made miserable by poor health? . . . . .	Yes	No	134

**K**

Did you ever have scarlet fever? . . . . .	Yes	No	135
As a child, did you have rheumatic fever, growing pains or twitching of the limbs? . . . . .	Yes	No	136
Did you ever have malaria? . . . . .	Yes	No	137
Were you ever treated for severe anemia (thin blood)? . . . . .	Yes	No	138
Were you ever treated for "bad blood" (venereal disease)? . . . . .	Yes	No	139
Do you have diabetes (sugar disease)? . . . . .	Yes	No	140
Did a doctor ever say you had a goiter (in your neck)? . . . . .	Yes	No	141
Did a doctor ever treat you for tumor or cancer? . . . . .	Yes	No	142
Do you suffer from any chronic disease? . . . . .	Yes	No	143
Are you definitely <i>under</i> weight? . . . . .	Yes	No	144

Are you definitely <i>over</i> weight? . . . . .	Yes	No	145
Did a doctor ever say you had varicose veins (swollen veins) in your legs? . . . . .	Yes	No	146
Did you ever have a serious operation? . . . . .	Yes	No	147
Did you ever have a serious injury? . . . . .	Yes	No	148
Do you often have small accidents or injuries? . . . . .	Yes	No	149
Have you ever had a thyroid condition? . . . . .	Yes	No	150
Do you suffer from low blood sugar (hypoglycemia)? . . . . .	Yes	No	151
Have you ever had a glucose tolerance test? . . . . .	Yes	No	152

**L**

Do you usually have great difficulty in falling asleep or staying asleep? . . . . .	Yes	No	153
Do you find it impossible to take a regular rest period each day? . . . . .	Yes	No	154
Do you find it impossible to take regular daily exercise? . . . . .	Yes	No	155
Do you smoke more than 20 cigarettes a day? . . . . .	Yes	No	156
Do you drink more than six cups of coffee or tea a day? . . . . .	Yes	No	157
Do you usually take two or more alcoholic drinks a day? . . . . .	Yes	No	158
Have you ever received a blood transfusion? . . . . .	Yes	No	159
Have you ever been told not to donate blood? . . . . .	Yes	No	160
Have you ever taken drugs? . . . . .	Yes	No	161
Do you frequently use over-the-counter medicines? . . . . .	Yes	No	162
Have you ever had a heavy exposure to radiation? . . . . .	Yes	No	163
Do you work with chemicals? . . . . .	Yes	No	164
Do you have unusual hobbies that may affect your health? . . . . .	Yes	No	165
Do you have unusual pets at home? . . . . .	Yes	No	166
Have you ever been ill while out of the country? . . . . .	Yes	No	167
Do you use sleeping pills? . . . . .	Yes	No	168
Do you use vitamins regularly? . . . . .	Yes	No	169
Do you take iron pills regularly? . . . . .	Yes	No	170
Have you ever needed the services of a chiropractor? . . . . .	Yes	No	171
Do you regularly take tranquilizers or sedatives? . . . . .	Yes	No	172

**M**

Do you sweat or tremble a lot during examinations or questioning? . . . . .	Yes	No	173
Do you get nervous and shaky when approached by a superior? . . . . .	Yes	No	174

Does your work fall to pieces when the boss or a superior is watching you? . . . .	Yes	No	175
Does your thinking get completely mixed up when you have to do things quickly? . . . . .	Yes	No	176
Must you do things very slowly in order to do them without mistakes? . . . . .	Yes	No	177
Do you always get directions and orders wrong? . . . . .	Yes	No	178
Do strange people or places make you afraid? . . . . .	Yes	No	179
Are you scared to be alone when there are no friends near you? . . . . .	Yes	No	180
Is it always hard for you to make up your mind? . . . . .	Yes	No	181
Do you wish you always had someone at your side to advise you? . . . . .	Yes	No	182
Are you considered a clumsy person? . . . . .	Yes	No	183
Does it bother you to eat anywhere except in your own home? . . . . .	Yes	No	184
<b>N</b>			
Do you feel along and sad at a party? . . . . .	Yes	No	185
Do you usually feel unhappy and depressed? . . . . .	Yes	No	186
Do you often cry? . . . . .	Yes	No	187
Are you always miserable and blue? . . . . .	Yes	No	188
Does life look entirely hopeless? . . . . .	Yes	No	189
Do you often wish you were dead and away from it all? . . . . .	Yes	No	190
<b>O</b>			
Does worrying continually get you down? . . . . .	Yes	No	191
Does worry run in your family? . . . . .	Yes	No	192
Does every little thing get on your nerves and wear you out? . . . . .	Yes	No	193
Are you considered a nervous person? . . . . .	Yes	No	194
Does nervousness run in your family? . . . . .	Yes	No	195
Did you ever have a nervous breakdown? . . . . .	Yes	No	196
Did anyone in your family ever have a nervous breakdown? . . . . .	Yes	No	197
Were you ever a patient in a mental hospital (for your nerves)? . . . . .	Yes	No	198
Was anyone on your family ever a patient in a mental hospital (for their nerves)? . . . . .	Yes	No	199

<b>P</b>			
Are you extremely shy or sensitive? . . . . .	Yes	No	200
Do you come from a shy or sensitive family? . . . . .	Yes	No	201
Are your feelings easily hurt? . . . . .	Yes	No	202
Does criticism always upset you? . . . . .	Yes	No	203
Are you considered a touchy person? . . . . .	Yes	No	204
Do people usually misunderstand you? . . . . .	Yes	No	205
<b>Q</b>			
Do you have to be on your guard even with your friends? . . . . .	Yes	No	206
Do you always do things on sudden impulse? . . . . .	Yes	No	207
Are you easily upset or irritated? . . . . .	Yes	No	208
Do you go to pieces if you don't constantly control yourself? . . . . .	Yes	No	209
Do little annoyances get on your nerves and make you angry? . . . . .	Yes	No	210
Does it make you angry to have anyone tell you what to do? . . . . .	Yes	No	211
Do people often annoy and irritate you? . . . . .	Yes	No	212
Do you flare up in anger if you can't have what you want right away? . . . . .	Yes	No	213
Do you often get into a violent rage? . . . . .	Yes	No	214
<b>R</b>			
Do you often shake or tremble? . . . . .	Yes	No	215
Are you constantly keyed up and jittery? . . . . .	Yes	No	216
Do sudden noises make you jump or shake badly? . . . . .	Yes	No	217
Do you tremble or feel weak whenever someone shouts at you? . . . . .	Yes	No	218
Do you become scared at sudden movements or noises at night? . . . . .	Yes	No	219
Are you often awakened out of your sleep by frightening dreams? . . . . .	Yes	No	220
Do frightening thoughts keep coming back in your mind? . . . . .	Yes	No	221
Do you often become suddenly scared for no good reason? . . . . .	Yes	No	222
Do you often breakout in a cold sweat? . . . . .	Yes	No	223

\* Based on the Cornell Medical Index Health Questionnaire