Name						D	4 -	I					
						Da	te						
Directions: If you have any of the symptoms lis	sted o	n the	left l	nand	side c	of the	table	thei	n circ	le <b>al</b>	<u>l</u> the		
numbers on the row to the right of that symptom								_					
total all the numbers you have circled in each							r, the	more	like	ly it i	s		
that the body system associated with that colu	mn n	eeds	nutri	tiona	l supp	port.							
Absent-mindedness or forgetfulness			- 1			1	2					1	
Acid indigestion or heartburn	2							1					
Anger, irritability, easily upset		2	Т			1	1						1
Anxiety, nervousness or excessive fear	1				1		2					1	
Arthritis, joint pains, joint stiffness	ا د		1	_	1		ا م	2					
Asthma	1		1	3			1		1				
Bad breath or body odor			1	I	1	ı	1						
Brittle fingernails, other nail problems	1							2					
Burning or painful urination	ı			T	2		<u> </u>						1
Cholesterol over 275 mg/dL		1				1			1	4	2		
Cholesterol under 175 mg/dL		1	1			2		-	1	_		2	1
Chronic fatigue or lack of stamina	1			1		1	1		1	2	$\perp$	1	
Chronic muscle tension or muscle cramps	ı	T				1	1	1					
Chronic or frequent dry cough			1	2					1				
Chronic post nasal drip	1		1	2				4	1	-			
Cold hands and feet, low body temperature	1					1		1	1	5			
Cold sores /mouth ulcers /canker sores	1	T	1	2				1	1				
COPD, emphysema, chronic lung disease	1		1	3				1	2				
Coughing yellow or green mucus		1	T	2		1		ŀ	1				
Cravings for fat or fat foods	1	1				1					2	2	
Cravings for sweets or sugary foods  Dark circles or puffiness under eyes	1		Т		1				1		4	1	
Depression, feeling down or discouraged		1	1		1		1		1	3		1	
Diabetes, blood sugar over 90 mg/dL	1	1			1	2	1			3	5	1	1
Difficulty breathing, shortness of breath			1	3					1				
Difficulty getting to sleep		1					2						
Difficulty starting urination					1								
Dizziness or light headed						1	1				1	1	
Dry skin		1						1		3			
Eczema, psoriasis, or severe acne		2	T		1			2	1	1	1	1	1
Erectile dysfunction		-			-	1			_	_			
Excess mucus production			1	2									
Excessive intestinal gas, flatulence	2	1	2	-1					1				
500,							T		_				
			+										$\dashv$

														_
Family history of diabetes		1				1					2			
Family history of heart disease				Т		2	Т	Т						_
Feeling "burned out" or exhausted							1		1			2		Т
Food allergies	2	1	T	Т				Т	2					Τ
Food sits heavy on stomach after meals	2		1											T
Frequent bleching or bloating	1	1	2	T				Т	1					_
Frequent mental and emotional stress	1						2					2	1	
Frequent mood swings, moody		1	1	Т			1	Т			2	2	1	_
Frequent neck and shoulder pain							1	1					-	
Frequent nighttime urination				Т	2		Ť	Ī				2		-
Frequent urge to urinate, frequent urination					3			1						-
Frequent thirst, dry mouth	1	Т	1	Т	1				Т	Т	3	1		_
General weakness, or a chronic illness	2	1	1		-				2	2	1	1	1	-
Greif, sadness, self-pity		1		2		1	1		1					_
Gingivitis, gum disease, bleeding gums				2		1		1						_
	1	2	Т	Т			1		Т	Т	I	1	I	
Groggy or tired feelings in the morning	1	2				1	1			2		1		-
Hair loss or thining	1			Т		1		1		3	ı			
Hard dry stool or straining to eliminate	1		2											_
Hay fever, respiratory allergies	1		1	3			4	4	1				1	
Headache, feeling of pressure or tension	1					2	1	1						_
Headache, migraines, pounding throbbing pair	1	2			1	2	2		Т	Т	Т	Т	_	
Heavy menstrual bleeding		1						1					2	-
Hemmorrhoid or anal fistula		1	2	Т		1		1	ı	I	2	ı		_
High blood pressure, hypertension					1	2	1				2			_
Hot flashes and night sweats			-								1	1	3	
Infertility							1			1			2	_
Inflammatory bowel disorders, colitis, Crohn	'S		2						1		1		1	
Irregular heart rate (arrhythmia)				$\perp$		2	1							_
Irregular menstrual cycle		1	-				1		1	1		1	1	
Itchy nose, ears, or skin		1	1	1					1					
Kidney stones, calcium depositis					2				2	1	-		1	
Leg cramps, restless leg syndrome					1		1	2						
Less than 1 bowel elimination per day	1		2		1				1				1	
Loose stool or diarrhea			2											L
Loss of appetite or poor appetite	2		1				1							
Loss of self confidence and motivatin		1					1					1		
Loss of sexual desire							1			3		1	3	
Lower back pain					1			2						
									_					-
														_
TOTALS FOR SIDE TWO														
TOTALS FOR SIDE <b>TWO</b>								T	T		Ţ	1	Ţ	
TOTALS FOR SIDE <b>TWO</b>														
TOTALS FOR SIDE <b>TWO</b>														

Pain or tension in chest Pale complexion and/or anemia Premenstrual syndrome, PMS Prostate problems	1	1 1		1		1			1				3	
Puffiness under the eyes					2							1		
Rapid heart rate (tachycardia)						1	1			1				L
Respiratory infections (freequent)	1		1	2					2					
Restless disturbed sleep, frequent waking		1			1		1			<u></u>		2		L
Restless dreams or nightmares		1										1		
Scant or excessive urination, or dark color					2								l	
Sinus congestion, chronic, or sinusitis			1	2	l				1	1	1			
Sinus headaches			1	2										
Skin ulcerations or wounds not healing		1	1			1		2	1		2			Н
Swollen lymph glands  Triglycerides over 200 mg/dl		1		2		1			2	3	1			_
Triglycerides over 200 mg/dL Underweight or unable to gain weight	2	т т				1	1	1		3	1	1		Г
Urinary tract infections (frequent)					3		1	1	1				1	
Vaginal discharge, infection							1	1	2				2	_
Vaginal dryness													2	_
Varicose Veins or spider veins		2		,		2		1		,				
Water retention or edema				1	3								1	_
TOTALS FOR SIDE <b>THREE</b>														
TOTALS FOR SIDE <b>TWO</b>														
TOTALS FOR SIDE <b>ONE</b>														
GRAND TOTALS														
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Body Systems	ve	ပ	naj	ato	>	atic	S	ure	1e	ا <del>ب</del>	as	교	) R	
Dody Oystems	sti	ati	stii	 ira	ar	ule	70U	ctı	ומו	_ oi(	ere	'n	ale	
	ge	3de	tes	ds	_in	rcı	λΙί	r.	l III	ıyr	וחכ	lre	Й	
Body Systems	Digestive	Hepatic	Intestinal	Respiratory	Urinary	Circulation	Nervous	Structural	Immune	Thyroid	Pancreas	Adrenal		Female Reproc