

# Nutritional Assessment Questionnaire 1.5

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

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|---|----------------------------------|---|
| <b>DIET</b> <span style="float: right;">58</span> |                                  |   |
| 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** 12

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): 54

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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** 55

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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 | Ringing 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**

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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**

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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	2=Moderate symptom, occurs occasionally (weekly)
1=Yes, minor or mild symptom, rarely occurs (monthly)	3=Severe symptom, occurs frequently (daily)

**Section 11 – Thyroid**

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

**Section 12 – Men Only**

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- 268. 0 1 2 3 Prostate problems
- 269. 0 1 2 3 Difficulty with urination, dribbling
- 270. 0 1 2 3 Difficult to start and stop urine stream
- 271. 0 1 2 3 Pain or burning with urination
- 272. 0 1 2 3 Waking to urinate at night
- 273. 0 1 2 3 Interruption of stream during urination
- 274. 0 1 2 3 Pain on inside of legs or heels
- 275. 0 1 2 3 Feeling of incomplete bowel evacuation
- 276. 0 1 2 3 Decreased sexual function

**Section 13 – Women Only**

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- 277. 0 1 2 3 Depression during periods
- 278. 0 1 2 3 Mood swings associated with periods (PMS)
- 279. 0 1 2 3 Crave chocolate around periods
- 280. 0 1 2 3 Breast tenderness associated with cycle
- 281. 0 1 2 3 Excessive menstrual flow
- 282. 0 1 2 3 Scanty blood flow during periods
- 283. 0 1 2 3 Occasional skipped periods
- 284. 0 1 2 3 Variations in menstrual cycles
- 285. 0 1 2 3 Endometriosis
- 286. 0 1 2 3 Uterine fibroids
- 287. 0 1 2 3 Breast fibroids, benign masses
- 288. 0 1 2 3 Painful intercourse (dysparenia)
- 289. 0 1 2 3 Vaginal discharge
- 290. 0 1 2 3 Vaginal dryness
- 291. 0 1 2 3 Vaginal itchiness
- 292. 0 1 2 3 Gain weight around hips, thighs and buttocks
- 293. 0 1 2 3 Excess facial or body hair
- 294. 0 1 2 3 Hot flashes
- 295. 0 1 2 3 Night sweats (in menopausal females)
- 296. 0 1 2 3 Thinning skin

**Section 14 – Cardiovascular**

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

**Section 15 – Kidney and Bladder**

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

**Section 16 – Immune system**

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- 312. 0 1 2 3 Runny or drippy nose
- 313. 0 1 2 3 Catch colds at the beginning of winter
- 314. 0 1 2 3 Mucus producing cough
- 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)
- 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)
- 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)
- 318. 0 1 2 3 Acne (adult)
- 319. 0 1 2 3 Itchy skin (Dermatitis)
- 320. 0 1 2 3 Cysts, boils, rashes
- 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	2=Moderate symptom, occurs occasionally (weekly)
1=Yes, minor or mild symptom, rarely occurs (monthly)	3=Severe symptom, occurs frequently (daily)