

43.	Have you often had severe tooth aches?.....	Yes	No
44.	Is your tongue usually badly coated?.....	Yes	No
45.	Is your appetite always poor?.....	Yes	No
46.	Do you usually eat sweets or other foods between meals?.....	Yes	No
47.	Do you always gulp your food hurriedly?.....	Yes	No
48.	Do you often suffer from an upset stomach?.....	Yes	No
49.	Do you usually feel bloated after eating?.....	Yes	No
50.	Do you usually belch a lot after eating?.....	Yes	No
51.	Are you often sick at your stomach?.....	Yes	No
52.	Do you suffer from indigestion?.....	Yes	No
53.	Do severe pains in the stomach often cause you to double up?.....	Yes	No
54.	Do you suffer from constant stomach trouble?.....	Yes	No
55.	Does stomach trouble run in your family?.....	Yes	No
56.	Has a doctor ever said you had stomach ulcers?.....	Yes	No
57.	Do you suffer from frequent loose bowel movements?.....	Yes	No
58.	Have you ever had severe bloody diarrhea?.....	Yes	No
59.	Were you ever troubled with intestinal worms?.....	Yes	No
60.	Do you constantly suffer from bad constipation?.....	Yes	No
61.	Have you ever had piles (rectal hemorrhoids)?.....	Yes	No
62.	Have you ever had jaundice (yellow eyes and skin)?.....	Yes	No
63.	Have you ever had serious liver or gall bladder trouble?.....	Yes	No
64.	Are your joints often painfully swollen?.....	Yes	No
65.	Do your muscles and joints constantly feel stiff?.....	Yes	No
66.	Do you usually have severe pains in the arms or legs?.....	Yes	No
67.	Are you crippled with severe arthritis?.....	Yes	No
68.	Does arthritis run in your family?.....	Yes	No
69.	Do weak or painful feet make your life miserable?.....	Yes	No
70.	Do pains in the back make it hard for you to keep up with your work?.....	Yes	No
71.	Are you troubled with a serious bodily disability or deformity?.....	Yes	No
72.	Do you have sensitive skin?.....	Yes	No
73.	Does it take a long time for a cut to heal?.....	Yes	No
74.	Does your face often get badly flushed?.....	Yes	No
75.	Do you sweat a great deal, even in cold weather?.....	Yes	No
76.	Are you often bothered by severe itching?.....	Yes	No
77.	Does your skin often break out in a rash?.....	Yes	No
78.	Are you often troubled with boils?.....	Yes	No
79.	Do you suffer from frequent severe headaches?.....	Yes	No
80.	Does pressure or pain in the head often make life miserable?.....	Yes	No
81.	Are headaches common in your family?.....	Yes	No
82.	Do you have hot or cold spells?.....	Yes	No
83.	Do you often have spells of severe dizziness?.....	Yes	No
84.	Do you frequently feel faint?.....	Yes	No
85.	Have you fainted more than twice in your life?.....	Yes	No
86.	Do you have constant numbness or tingling in any part of your body?.....	Yes	No
87.	Was any part of your body paralyzed?.....	Yes	No
88.	Were you ever knocked unconscious?.....	Yes	No
89.	Have you at times had a twitching of the head, face or shoulders?.....	Yes	No
90.	Did you ever have a seizure or convulsion (epilepsy)?.....	Yes	No
91.	Has anyone in your family ever had seizures or convulsions (epilepsy)?.....	Yes	No
92.	Do you bite your nails?.....	Yes	No
93.	Are you troubled by stuttering or stammering?.....	Yes	No
94.	Are you a sleep walker?.....	Yes	No
95.	Are you a bed wetter?.....	Yes	No
96.	Were you a bed wetter between the ages of 8 to 14?.....	Yes	No