

2. THE INTESTINAL SYSTEM

NAME: _____ DATE: _____

If any of the following symptoms or activities apply please indicate by checking:

1 - for mild or rarely occurring

3 - for severe or often occurring

2 - for moderate or regularly occurring

or leave blank - if the symptom / statement does not apply.



GOOD NUTRITION IS OUR MISSION

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134	Extreme fatigue	
135	Recurrent vaginal infections	
136	Frequent use of antibiotics	
137	White coated tongue, oral thrush	
138	Crave sugars, bread, alcohol	
139	Headaches	
140	Tonsillitis, recurrent strep throat	
141	Itchy, watery or dry eyes	
142	Skin flushes	
143	Chronic indigestion, frequently use antacids	
144	Always cold especially in extremities	
145	Female : PMS	
146	Pain in pelvic area	
147	Abdominal gas and bloating	
148	Loss of sex drive	
149	Cystitis, repeated bladder infections	
150	Increasing food and chemical sensitivities: severe reaction to tobacco, perfume etc.	
151	Female: endometriosis/ovary problems	
152	Chronic diarrhea	
153	Hives, psoriasis, acne, skin rashes	
154	Rectal itching	
155	Abnormal muscle aches from exercise	
156	Excessive wax in ears	
157	Unexpected / unexplained weight gain	
158	Impotence	
159	Canker sores	
160	Athlete's foot, finger / toenail fungus, ringworm	
161	Jock itch	
162	"Brain fog"	
163	Irritability	

164	Memory loss	
165	Mental confusion	
166	Depression or anger for no reason	
167	Anxiety / panic attacks	
168	Inability to concentrate	
169	Phobic / compulsive	
170	Lethargy	
171	Mood swings	
172	Itchy ears, nose, anus	

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173	Forgetfulness	
174	Slow reflexes	
175	Gas and bloating	
176	Unclear thinking	
177	Loss of appetite	
178	Yellowish or pale face	
179	Fast heartbeat	
180	Heart pain	
181	Pain in navel	
182	Eating more than normal but still feeling hungry	
183	Blurry or unclear vision	
184	Pain in the back, thighs, shoulders	
185	Numb hands	
186	Drooling while sleeping	
187	Damp lips at night	
188	Dry lips during the day	
189	Grind teeth while sleep	
190	Bedwetting	
191	Lethargy, chronic fatigue	
192	Dark circles under eyes	
193	Cancer	