

5. THE LYMPHATIC / IMMUNE SYSTEMS

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.

THY (IMM)

194	Excessive sleep	
195	Very susceptible to infections	
196	Swollen glands: tonsils, throat, armpits	
197	History of cancer, MS, Parkinson's, arthritis	
198	Loss of appetite	
199	Headaches	
200	Soreness on both sides of neck at shoulder	
201	Feel puffiness in throat	
202	Look older than chronological age	
203	Flu-like symptoms often occur	
204	Lupus	

ALL

205	Acne, psoriasis, dermatitis, eczema	
206	Rapid pulse, heart irregularities	
207	Frequent headaches	
208	Hay fever	
209	Frequent cravings for certain foods	
210	Periods of blurred vision	
211	Repeated ear trouble	
212	Hyperactivity	
213	Dizzy spells	
214	Periods of confusion	
215	Poor concentration	
216	Epilepsy	
217	Muscle cramps or spasms	
218	Abnormal body odour	
219	Excessive sweating, night sweats	
220	Bowel disease: IBS, IBD, Crohn's etc.	
221	Joint pains or stiffness	
222	Frequent night urination	
223	Wheezing	
224	Pale face	
225	Hives	
226	Nose runs constantly	
227	Noticeable changes in writing throughout the day	
228	Nosebleeds	
229	Bloating or gas after eating certain foods	
230	Canker sores	
231	Dark circles under eyes	
232	Stuffy nose	



GOOD NUTRITION IS OUR MISSION