

43.	Have you often had severe toothaches? -----	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 live or gallbladder 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.	Does severe itching often bother you? -----	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 ever 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 convulsion (epilepsy)? -----	Yes	No
92.	Do you bite your nails? -----	Yes	No
93.	Does stuttering or stammering trouble you? -----	Yes	No
94.	Are you a sleepwalker? -----	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