

Rate each statement 0-5 according to intensity of how you recently felt. For example, any one item in each question may be rated a 5x or you may decide to rate it as a 5 because you have all of the 5 symptoms at a level 1.

0=Never 1=Rarely 2=Occasionally 3=Regularly 4=Often 5=Very Often

1.	Aggressive, push myself, get my way, protective, overact
2.	Sensitive, heart-broken, deny love, life isn't worth living without loved one, rejected by someone
3.	Hold grudges, ongoing feuds, blame others, rubbed the wrong way, hate my situation
4.	Hard to understand new information, digest situations, pretend everything is fine, unhappy, bloated
5.	Need better coordination, control others, feel controlled, pressure in chest, limbs stiff
6.	Depressed, tired after eating, sad, need for company, irritated
7.	In a rut, same routine, need room to breathe, stifled, suffocation attacks
8.	Flushes of heat, cold perspiration, sexually stimulated, apathetic, physically weak
9.	Withhold things, feel overworked, refuse to talk about problems, temperature, changes affect, someone in the way
10.	Anxious, forgetful, lightheaded or dizzy, fearful, can't take heat
11.	Someone took my place, someone else gets credit, deserve something someone else has, resent others success, never rewarded
12.	Jump at the slightest noise, nervous, mental conflicts, light sleeper, projects left undone
13.	Exhausted, need courage, worried, slowly draining energy, dislike talking about condition
14.	Concerned, unknown upsets me, how am I going to figure this out, filled with thoughts, sense something bad might happen
15.	Need more energy, getting old, worn out, sensitive to sun, heat or other forms of radiation, difficulty concentrating
16.	Feel like running away, unexplained fears, overly concerned with what I eat, shy, nauseated when under pressure
17.	Chilly, high blood pressure, hurts to think, bad memory, go to bathroom at night, unstable, behavior has changed, constant need to eat, balance is poor, sexual problems
18.	Unstable, behavior has changed, constant need to eat, balance is poor, sexual problems, chilly, high blood pressure, hurts to think, bad memory, go to bathroom at night.
19.	Bored, tired of same situations, difficulty prioritizing, hard to distinguish one situation from another, trembling
20.	Under stress, low stamina, hidden condition, difficult to laugh off problems, odd facial expressions
21.	Lost a loved one or job/position, lose at almost anything, nervous tension after minimal exercise, palms sweaty
22.	Bad temper, impatient, find fault easily, curse, angry about situation
23.	Reject others, need to inhale fresh air, had shock or trauma, antagonized by others, breathing is irregular
24.	Use drugs (prescription, non-prescription, recreational), drink alcohol, use cigarettes, cigars, or chewing tobacco, easily excitable, prone to sighing/sobbing

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1.		Have you had infections or inflammations, pus or mucus formations?
2.		Have you had blood pressure issues, a strong pulse, blood clots or constrictions in your chest?
3.		Have you had bowel dysfunction such as diarrhea or constipation?
4.		Have you had digestive problems, such as indigestion, gas, heartburn or acid reflux?
5.		Have you had the flu, viral disease, or sinus problems?
6.		Have you been tired after eating, felt constant hunger or felt irritated?
7.		Have you had a cough, hoarseness, or wheezing (asthmatic) symptoms?
8.		Have you had issues with sexual performance, flushes of heat or physical weakness?
9.		Have you had chronic soreness in the low back, stiff shoulders or neck that may be affected by temperature or barometric pressure changes?
10.		Have you had vertigo or dizziness, or had a tendency toward fearfulness or anxiety?
11.		Have you had problems with veins, such as varicose veins or hemorrhoids?
12.		Have you had sleep related problems, nervousness, or mental conflicts of long duration?
13.		Have you been exhausted or shaky, not able to concentrate, or felt like energy was draining from your body?
14.		Have you had nervous pain or migraine headaches, or sensed that something bad was going to happen?
15.		Have you been worn out, felt you were getting old, or been sensitive to sun, heat and other forms of radiation?
16.		Have you had discomfort in the kidney or bladder area, or pain in low back?
17.		Have you experienced hormonal changes, had a bad memory, experienced hypoglycemia or diabetes, had to get up in the middle of the night to go to the bathroom, or suffered from sexual disturbances (impotence, frigidity or over stimulation)?
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19.		Have you had skin related problems, such as rashes, acne, warts, cysts, or unexplained itching?
20.		Have you had low blood sugar, been under a lot of stress, or feel you have a hidden condition?
21.		Do you perspire excessively, had sweaty palms, or felt nervous tension after minimal physical activity?
22.		Do you have tooth decay or bone issues (osteoporosis, arthritis), calcium deficiency or hyperactivity?
23.		Do you have allergies or have you had a shock, trauma or injury?
24.		Do you have addictions, find you need something for a "quick fix", or feel you are emotionally unstable?