

SECTION A:	
Have you taken Tetracycline or other antibiotics for acne for 1 month or longer?	YES/NO
Have you at any time in your life taken antibacterial medication for respiratory, urinary, or other infections for two months or longer, or in shorter courses four or more times in a one year period?	YES/NO
Have you taken a broad-spectrum antibiotic drug--even in a single dose?	YES/NO
Have you, at any time in your life, been bothered by persistent prostatitis, vaginitis or other problems affecting your reproductive organs?	YES/NO
Are you bothered by memory or concentration problems---do you sometimes feel spaced out?	YES/NO
Do you feel "sick all over" yet, in spite of visits to multiple physicians , the cause has not been found?	YES/NO
Have you been pregnant once?	YES/NO
-2 or more times?	YES/NO
Have you taken birth control pills for more than 2 years?	YES/NO
-For 6 months to 2 years?	YES/NO
Have you taken Prednisone, Decadron, or other cortizone-type drugs by mouth, injection, or inhalation for more than two weeks?	YES/NO
-for two weeks or less?	YES/NO
Does exposure to perfumes, insecticides, fabric shop odors, or other chemicals provoke moderate or severe symptoms?	YES/NO
Mild symptoms?	YES/NO
Are your symptoms worse on damp, muggy days or in moldy places?	YES/NO
Have you had athlete's foot, ring worm, "jock itch", or other chronic fungois in fections of the skin or nails?	YES/NO
-Have such infections been severe or persistent?	YES/NO
-Mild or Moderate?	YES/NO
Do you crave sugar?	YES/NO
Do you crave carbohydrates? (breads, etc)	YES/NO
Do you crave alcoholic beverages?	YES/NO
Does tobacco smoke really bother you?	YES/NO

SECTION B: (How often do you feel/have)

Fatigue or lethargy	Never/Occasional/Frequent/Daily
Feeling of being "drained"	Never/Occasional/Frequent/Daily
Poor memory	Never/Occasional/Frequent/Daily
Feeling "spacey" or "unreal"	Never/Occasional/Frequent/Daily
Inability to make decisions	Never/Occasional/Frequent/Daily
Numbness, burning, or tingling	Never/Occasional/Frequent/Daily
Insomnia	Never/Occasional/Frequent/Daily
Muscle Aches	Never/Occasional/Frequent/Daily
Muscle weakness or paralysis	Never/Occasional/Frequent/Daily
Pain and/or swelling in joints	Never/Occasional/Frequent/Daily
Abdominal Pain	Never/Occasional/Frequent/Daily
Constipation	Never/Occasional/Frequent/Daily
Diarrhea	Never/Occasional/Frequent/Daily
Bloating, belching, or intestinal gas	Never/Occasional/Frequent/Daily
Troublesome vaginal burning, itching or discharge	Never/Occasional/Frequent/Daily
Prostatitis	Never/Occasional/Frequent/Daily
Impotence	Never/Occasional/Frequent/Daily
Loss of sexual desire	Never/Occasional/Frequent/Daily
Endometriosis or infertility	Never/Occasional/Frequent/Daily
Cramps and/or other menstrual irregularities	Never/Occasional/Frequent/Daily
Premenstrual tension	Never/Occasional/Frequent/Daily
Attacks of anxiety or crying	Never/Occasional/Frequent/Daily
Cold hands or feet and/or chilliness	Never/Occasional/Frequent/Daily
Shaking or irritability when hungry	Never/Occasional/Frequent/Daily

SECTION C:	
Drowsiness	Never/Occasional/Frequent/Daily
Irritability or jitteriness	Never/Occasional/Frequent/Daily
Lack of coordination	Never/Occasional/Frequent/Daily
Inability to concentrate	Never/Occasional/Frequent/Daily
Frequent mood swings	Never/Occasional/Frequent/Daily
Headaches	Never/Occasional/Frequent/Daily
Dizziness and/or loss of balance	Never/Occasional/Frequent/Daily
Pressure above ears or feeling of head swelling	Never/Occasional/Frequent/Daily
Tendency to bruise easy	Never/Occasional/Frequent/Daily
Chronic rash or itching	Never/Occasional/Frequent/Daily
Psoriasis or recurrent hives	Never/Occasional/Frequent/Daily
Indigestion or heartburn	Never/Occasional/Frequent/Daily
Food sensitivities or intolerances	Never/Occasional/Frequent/Daily
Mucus in the stool	Never/Occasional/Frequent/Daily
Rectal itching	Never/Occasional/Frequent/Daily
Dry mouth or throat	Never/Occasional/Frequent/Daily
Rash or blisters on the mouth	Never/Occasional/Frequent/Daily
Bad breath	Never/Occasional/Frequent/Daily
Foot, hair or body odor not relieved by washing	Never/Occasional/Frequent/Daily
Nasal congestion or postnasal drip	Never/Occasional/Frequent/Daily
Nasal itching	Never/Occasional/Frequent/Daily
Sore throat	Never/Occasional/Frequent/Daily
Laryngitis or loss of voice	Never/Occasional/Frequent/Daily
Cough or recurrent bronchitis	Never/Occasional/Frequent/Daily
Pain or tightness in the chest	Never/Occasional/Frequent/Daily
Wheezing or shortness of breath	Never/Occasional/Frequent/Daily
Frequent urination, urgency, or incontinence	Never/Occasional/Frequent/Daily
Burning with urination	Never/Occasional/Frequent/Daily
Erratic vision or spots in front of your eyes	Never/Occasional/Frequent/Daily
Burning or tearing eyes	Never/Occasional/Frequent/Daily
Recurrent infections or fluid in the ears	Never/Occasional/Frequent/Daily
Ear pain or deafness	Never/Occasional/Frequent/Daily