9. THE STRUCTURAL-MUSCULAR / SKELETAL SYSTEM

NAME: _____ **DATE:** _____

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

1 - for mild or rarely occurring **2** - for moderate or regularly occurring

3 - for severe or often occurring or leave **blank** - if the symptom / statement does not apply

SKELETAL

282	Pain, swelling, stiffness in joints	
283	Joint inflammation (rheumatoid arthritis)	
284	Pain, stiffness, inflammation of spine	
285	Facial pain	
286	Joints make popping sounds	
288	Gout	
289	Ankylosing spondylitis	
290	Bones fracture easily	
291	Gradual loss of height	
292	Tooth loss; teeth "falling out"	
293	Lack of exercise	
294	Rounding of shoulders; stooping	
295	Female: Menopause	
296	Pain in forearm or biceps	
297	Cramps in calf muscle during sleep or exercise	
298	Painful cramping of feet or toes	
299	Teeth prone to decay, frequent toothaches	
300	Malformation of bones	
301	Insomnia	
302	Muscles weak, weak grip, light objects feel heavy	
303	Heart palpitations	
304	Diets high in animal foods (meat, dairy, eggs)	

MUSCULAR

305	Muscle pain	
306	Muscle weakness	
307	Sprains; muscle strains	
308	Muscle(s) spasm	

NEUROMUSCULAR

309	Muscles wasting in some part of the body	
310	Numbness or loss of sensation	
311	Mood swings and / or depression	
312	Blurred or double vision	
313	Tingling and / or numbness, especially in extremities	
314	Loss of balance and / or coordination	
315	Muscular stiffness	
316	Difficulty breathing	
317	Male: impotence	
318	Tremors	
319	Loss of peripheral vision	
320	Slurred speech	
321	Objects fall from hands, reach in wrong place	
322	Hands tremble	
323	Impaired speech	