



Date	Pre-Hallelujah Diet Rate severity of symptom from 1 minimum to 5 severe	Symptom	Date	While on Hallelujah Diet Rate severity of symptom from 1 minimum to 5 severe
		<b>SKIN, NAILS &amp; HAIR</b>		
	1 2 3 4 5	Skin oil on nose and forehead		1 2 3 4 5
	1 2 3 4 5	Cuticles tear easily		1 2 3 4 5
	1 2 3 4 5	Rough, dry, flaky or scaly skin		1 2 3 4 5
	1 2 3 4 5	Hair dull, dry, sparse, loose and falling out		1 2 3 4 5
	1 2 3 4 5	Dry, brittle hair		1 2 3 4 5
	1 2 3 4 5	Pale skin, palms of hands very pale		1 2 3 4 5
	1 2 3 4 5	Fingernails very light in color		1 2 3 4 5
	1 2 3 4 5	Fingernails flat or concave (spoon-shaped)		1 2 3 4 5
	1 2 3 4 5	Thin, fragile or brittle nails		1 2 3 4 5
	1 2 3 4 5	Hair or nails grow slowly		1 2 3 4 5
	1 2 3 4 5	White spots on fingernails		1 2 3 4 5
	1 2 3 4 5	Stretch marks		1 2 3 4 5
	1 2 3 4 5	Abnormally greasy or scaly skin around nose		1 2 3 4 5
	1 2 3 4 5	Shrinking or .disappearing. upper lip		1 2 3 4 5
	1 2 3 4 5	Graying hair		1 2 3 4 5
	1 2 3 4 5	Oily hair		1 2 3 4 5
	1 2 3 4 5	Chapping of backs of hands		1 2 3 4 5
	1 2 3 4 5	Itchy, red or inflamed skin, dermatitis		1 2 3 4 5
	1 2 3 4 5	Greasy scaliness on skin near nose, mouth, eyes		1 2 3 4 5
	1 2 3 4 5	Lemon-yellowish tint to skin, pale complexion		1 2 3 4 5
	1 2 3 4 5	Skin shiny, dry and scaly		1 2 3 4 5
	1 2 3 4 5	Eczema		1 2 3 4 5
	1 2 3 4 5	Hard goose bumps on back of arms that won't go away		1 2 3 4 5



Date	Pre-Hallelujah Diet Rating severity of symptom from 1 minimum to 5 severe	Symptom	Date	While on Hallelujah Diet Rating severity of symptom from 1 minimum to 5 severe
	1 2 3 4 5	Acne, pimples or blackheads		1 2 3 4 5
	1 2 3 4 5	Warts		1 2 3 4 5
	1 2 3 4 5	Excess pigmentation of skin		1 2 3 4 5
	1 2 3 4 5	Skin sensitive to sun, photosensitivity		1 2 3 4 5
	1 2 3 4 5	White patches on skin, loss of pigment, vitiligo		1 2 3 4 5
	1 2 3 4 5	Scleroderma		1 2 3 4 5
	1 2 3 4 5	Skin bruises easily, .black & blue. marks		1 2 3 4 5
	1 2 3 4 5	Broken capillaries, hemorrhages or little pink spots on skin		1 2 3 4 5
	1 2 3 4 5	Bloating or puffiness in face		1 2 3 4 5
	1 2 3 4 5	Shingles, hives		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
		<b>MENTAL &amp; EMOTIONAL</b>		
	1 2 3 4 5	Slow mental reactions		1 2 3 4 5
	1 2 3 4 5	Nervousness or irritability		1 2 3 4 5
	1 2 3 4 5	Anxiety, confusion, disorientation		1 2 3 4 5
	1 2 3 4 5	Forgetfulness, poor memory, short attention span		1 2 3 4 5
	1 2 3 4 5	Depression		1 2 3 4 5
	1 2 3 4 5	Mental aberrations or schizophrenia		1 2 3 4 5
	1 2 3 4 5	Agitation		1 2 3 4 5
	1 2 3 4 5	Apathy, feel as if have lost incentive in life		1 2 3 4 5
	1 2 3 4 5	Irritability or moodiness		1 2 3 4 5
	1 2 3 4 5	Paranoia, delusions or hallucinations		1 2 3 4 5



Date	Pre-Hallelujah Diet Rating severity of symptom from 1 minimum to 5 severe	Symptom	Date	While on Hallelujah Diet Rating severity of symptom from 1 minimum to 5 severe
	1 2 3 4 5	Emotional upsets cause complete exhaustion		1 2 3 4 5
	1 2 3 4 5	Inferiority complex		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
		<b>SENSORY</b>		
	1 2 3 4 5	Cataracts		1 2 3 4 5
	1 2 3 4 5	Inner side of lower eyelid is pale		1 2 3 4 5
	1 2 3 4 5	Loss of sense of smell or taste		1 2 3 4 5
	1 2 3 4 5	Poor night vision, unable to see well in dim light		1 2 3 4 5
	1 2 3 4 5	Eyes sensitive to glare, sunlight or bright lights		1 2 3 4 5
	1 2 3 4 5	Inability to adjust eyes when entering a dark room		1 2 3 4 5
	1 2 3 4 5	Cataracts		1 2 3 4 5
	1 2 3 4 5	Dry eyes		1 2 3 4 5
	1 2 3 4 5	Eyelids red, scaly or dry		1 2 3 4 5
	1 2 3 4 5	Eye inflammation, discharge, mattering, swollen		1 2 3 4 5
	1 2 3 4 5	Sinus problems		1 2 3 4 5
	1 2 3 4 5	Abscesses in ears, mouth or salivary glands		1 2 3 4 5
	1 2 3 4 5	Pupils in eyes are unusually large, dilated		1 2 3 4 5
	1 2 3 4 5	Conjunctivitis		1 2 3 4 5
	1 2 3 4 5	Sensation of sand on inside of eyelids		1 2 3 4 5
	1 2 3 4 5	Dimming of vision		1 2 3 4 5
	1 2 3 4 5	Eyes red, itchy, burning		1 2 3 4 5
	1 2 3 4 5	Red lines in whites of eyes		1 2 3 4 5



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	1 2 3 4 5	See spots before the eyes		1 2 3 4 5
	1 2 3 4 5	Hemorrhages or ruptured blood vessels in eye		1 2 3 4 5
	1 2 3 4 5	Nearsightedness, myopia		1 2 3 4 5
	1 2 3 4 5	Ringing sound in ear, tinnitus		1 2 3 4 5
	1 2 3 4 5	Glaucoma		1 2 3 4 5
	1 2 3 4 5	Macular degeneration		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
		<b>ENDOCRINE</b>		
	1 2 3 4 5	Premature aging		1 2 3 4 5
	1 2 3 4 5	Look older than chronological age		1 2 3 4 5
	1 2 3 4 5	Low hormone levels		1 2 3 4 5
	1 2 3 4 5	Enlargement of thyroid gland, goiter		1 2 3 4 5
	1 2 3 4 5	Overweight, obesity		1 2 3 4 5
	1 2 3 4 5	Have difficulty losing weight		1 2 3 4 5
	1 2 3 4 5	Sluggish metabolism		1 2 3 4 5
	1 2 3 4 5	Excessive body odor		1 2 3 4 5
	1 2 3 4 5	Excessive perspiration		1 2 3 4 5
	1 2 3 4 5	Tendency for diabetes		1 2 3 4 5
	1 2 3 4 5	Hypoglycemia (low blood sugar)		1 2 3 4 5
	1 2 3 4 5	FEMALE: Excess hair on face, arms, legs		1 2 3 4 5
	1 2 3 4 5	MALE: Baldness, excess hair on arms and back		1 2 3 4 5
	1 2 3 4 5	Low body temperature, especially at bed rest		1 2 3 4 5



Date	Pre-Hallelujah Diet Rating severity of symptom from 1 minimum to 5 severe	Symptom	Date	While on Hallelujah Diet Rating severity of symptom from 1 minimum to 5 severe
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
		<b>NERVOUS</b>		
	1 2 3 4 5	Dizziness		1 2 3 4 5
	1 2 3 4 5	Poor coordination		1 2 3 4 5
	1 2 3 4 5	General, overall weakness		1 2 3 4 5
	1 2 3 4 5	Nervous tics or twitches		1 2 3 4 5
	1 2 3 4 5	Unusual sensitivity to noise		1 2 3 4 5
	1 2 3 4 5	Insomnia		1 2 3 4 5
	1 2 3 4 5	Sleep disturbances		1 2 3 4 5
	1 2 3 4 5	Can't remember dreams		1 2 3 4 5
	1 2 3 4 5	Irritable nerves or muscles		1 2 3 4 5
	1 2 3 4 5	Muscle spasms, tremors, convulsions or seizures		1 2 3 4 5
	1 2 3 4 5	Restless legs		1 2 3 4 5
	1 2 3 4 5	Painful and cold hands or feet		1 2 3 4 5
	1 2 3 4 5	Mental depression or apathy		1 2 3 4 5
	1 2 3 4 5	Restlessness or hyperactivity		1 2 3 4 5
	1 2 3 4 5	Nervous degeneration		1 2 3 4 5
	1 2 3 4 5	Numbness, pricking or tingling in hands or feet		1 2 3 4 5
	1 2 3 4 5	Loss of ankle or knee jerk reflexes		1 2 3 4 5
	1 2 3 4 5	Burning sensation in hands or feet		1 2 3 4 5
	1 2 3 4 5	Feel as if hands and feet go numb		1 2 3 4 5
	1 2 3 4 5	Muscular twitching		1 2 3 4 5



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	1 2 3 4 5	Hyperactivity		1 2 3 4 5
	1 2 3 4 5	Poor coordination in walking		1 2 3 4 5
	1 2 3 4 5	Numbness, tingling, soreness or weakness in hands or feet		1 2 3 4 5
	1 2 3 4 5	Jerking of limbs		1 2 3 4 5
	1 2 3 4 5	Memory loss		1 2 3 4 5
	1 2 3 4 5	Stammer		1 2 3 4 5
	1 2 3 4 5	Headaches		1 2 3 4 5
	1 2 3 4 5	Numbness or loss of sensation		1 2 3 4 5
	1 2 3 4 5	Migraine headaches		1 2 3 4 5
	1 2 3 4 5	ADD & ADHD		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
		<b>IMMUNE</b>		
	1 2 3 4 5	Catch colds, flu, infections easily		1 2 3 4 5
	1 2 3 4 5	Wounds heal poorly		1 2 3 4 5
	1 2 3 4 5	Get infections easily		1 2 3 4 5
	1 2 3 4 5	Cuts, sores or wounds heal slowly		1 2 3 4 5
	1 2 3 4 5	Allergic tendencies		1 2 3 4 5
	1 2 3 4 5	Allergies, such as skin rash, dermatitis, hay fever, sneezing		1 2 3 4 5
	1 2 3 4 5	Asthma		1 2 3 4 5
	1 2 3 4 5	Dark or puffy circles under the eyes		1 2 3 4 5
	1 2 3 4 5	Hay fever, sneezing attacks		1 2 3 4 5
	1 2 3 4 5	Dry stuffy nose, tendency to pick nose		1 2 3 4 5



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	1	2	3	4	5			1	2	3	4	5
	1	2	3	4	5	Runny nose		1	2	3	4	5
	1	2	3	4	5	Rheumatoid arthritis		1	2	3	4	5
	1	2	3	4	5	Other: _____		1	2	3	4	5
	1	2	3	4	5	Other: _____		1	2	3	4	5
	1	2	3	4	5	Other: _____		1	2	3	4	5
						<b>MUSCULOSKELETAL</b>						
	1	2	3	4	5	Muscle wasting		1	2	3	4	5
	1	2	3	4	5	Pain in forearm or biceps		1	2	3	4	5
	1	2	3	4	5	Cramps in calf muscle during sleep or exercise		1	2	3	4	5
	1	2	3	4	5	Painful cramping of feet or toes		1	2	3	4	5
	1	2	3	4	5	Joint pains		1	2	3	4	5
	1	2	3	4	5	Teeth crowded, with poor placement in mouth		1	2	3	4	5
	1	2	3	4	5	Teeth prone to decay, frequent toothaches		1	2	3	4	5
	1	2	3	4	5	Lack of endurance or stamina		1	2	3	4	5
	1	2	3	4	5	Sensitive teeth		1	2	3	4	5
	1	2	3	4	5	Loose teeth, loss of dental fillings		1	2	3	4	5
	1	2	3	4	5	Bone spurs		1	2	3	4	5
	1	2	3	4	5	Prone to athletic injuries, strained knees, elbow		1	2	3	4	5
	1	2	3	4	5	Loss of ligament tone or strength		1	2	3	4	5
	1	2	3	4	5	Muscular weakness		1	2	3	4	5
	1	2	3	4	5	Unusually sore or stiff muscles after exercising		1	2	3	4	5
	1	2	3	4	5	Muscular degeneration, muscular dystrophy		1	2	3	4	5
	1	2	3	4	5	Stiffness or swelling in ankles, feet or legs		1	2	3	4	5
	1	2	3	4	5	Cramping pains in legs		1	2	3	4	5



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	1 2 3 4 5	Unable to close hands into tight, flat fists		1 2 3 4 5
	1 2 3 4 5	Soreness, tenderness, weakness of thumb muscles		1 2 3 4 5
	1 2 3 4 5	Back pains		1 2 3 4 5
	1 2 3 4 5	Extreme weariness, exhaustion		1 2 3 4 5
	1 2 3 4 5	Fatigue, tiredness, lack of energy		1 2 3 4 5
	1 2 3 4 5	Fleeting. pains in joints or legs, joint tenderness		1 2 3 4 5
	1 2 3 4 5	Listlessness, lack of endurance, tire easily		1 2 3 4 5
	1 2 3 4 5	Fragile bones		1 2 3 4 5
	1 2 3 4 5	Poor bone development		1 2 3 4 5
	1 2 3 4 5	Abnormal number of dental cavities		1 2 3 4 5
	1 2 3 4 5	Osteoporosis (demineralized bone)		1 2 3 4 5
	1 2 3 4 5	Osteomalacia (softening of bone)		1 2 3 4 5
	1 2 3 4 5	Rickets (bowlegs, knock-knees)		1 2 3 4 5
	1 2 3 4 5	Joint pains		1 2 3 4 5
	1 2 3 4 5	Muscular cramps		1 2 3 4 5
	1 2 3 4 5	Facial and back pain		1 2 3 4 5
	1 2 3 4 5	Whitish, yellowish, or brown mottling or discoloration of teeth		1 2 3 4 5
	1 2 3 4 5	Pitting of teeth		1 2 3 4 5
	1 2 3 4 5	Pain and aching of bones and spine		1 2 3 4 5
	1 2 3 4 5	Osteoarthritis		1 2 3 4 5
	1 2 3 4 5	Gout		1 2 3 4 5
	1 2 3 4 5	Muscles stiff in morning, feel need to limber up		1 2 3 4 5
	1 2 3 4 5	Feel creaky and stiff after sitting still for some time		1 2 3 4 5
	1 2 3 4 5	Awake in morning not feeling rested		1 2 3 4 5



Date	Pre-Hallelujah Diet Rating severity of symptom from 1 minimum to 5 severe	Symptom	Date	While on Hallelujah Diet Rating severity of symptom from 1 minimum to 5 severe
	1 2 3 4 5	An almost .painful. fatigue not helped by rest		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
		<b>CIRCULATORY</b>		
	1 2 3 4 5	Excess fluid retention (edema) in hands or feet		1 2 3 4 5
	1 2 3 4 5	Anemia		1 2 3 4 5
	1 2 3 4 5	Hemolytic anemia		1 2 3 4 5
	1 2 3 4 5	High cholesterol		1 2 3 4 5
	1 2 3 4 5	Heart palpitations		1 2 3 4 5
	1 2 3 4 5	High blood pressure		1 2 3 4 5
	1 2 3 4 5	Slow, rapid or irregular heartbeat		1 2 3 4 5
	1 2 3 4 5	Weakened heart tissue, cardiomyopathy		1 2 3 4 5
	1 2 3 4 5	Heart palpitations or gallop rhythm		1 2 3 4 5
	1 2 3 4 5	Enlarged heart		1 2 3 4 5
	1 2 3 4 5	Diastolic blood pressure over 90		1 2 3 4 5
	1 2 3 4 5	Lightheaded or dizzy when getting up out of a lying or sitting position		1 2 3 4 5
	1 2 3 4 5	Rapid heartbeat on exertion		1 2 3 4 5
	1 2 3 4 5	Nosebleeds		1 2 3 4 5
	1 2 3 4 5	Low blood pressure		1 2 3 4 5
	1 2 3 4 5	History of stroke		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5



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		<b>REPRODUCTIVE</b>		
	1 2 3 4 5	FEMALE: Vaginal discharge, burning, itching		1 2 3 4 5
	1 2 3 4 5	FEMALE: Endometriosis, uterine fibroids		1 2 3 4 5
	1 2 3 4 5	FEMALE: Excessive, lengthy, painful menses		1 2 3 4 5
	1 2 3 4 5	FEMALE: Other menstrual disturbances or discomfort		1 2 3 4 5
		FEMALE: Indicate which conditions apply <b>only</b> if they occur within 14 days prior to and two days after the menstrual period.		
	1 2 3 4 5	• Anxiety, nervous tension		1 2 3 4 5
	1 2 3 4 5	• Depression		1 2 3 4 5
	1 2 3 4 5	• Mood swings, emotional outbursts, crying spells		1 2 3 4 5
	1 2 3 4 5	• Dizziness, fainting		1 2 3 4 5
	1 2 3 4 5	• Headache		1 2 3 4 5
	1 2 3 4 5	• Backache, cramps		1 2 3 4 5
	1 2 3 4 5	• Insomnia		1 2 3 4 5
	1 2 3 4 5	• Bloating, weight gain		1 2 3 4 5
	1 2 3 4 5	• Forgetfulness, confusion		1 2 3 4 5
	1 2 3 4 5	• Increased appetite		1 2 3 4 5
	1 2 3 4 5	• Craving for sweets		1 2 3 4 5
	1 2 3 4 5	• Breast tenderness		1 2 3 4 5
	1 2 3 4 5	Sterility		1 2 3 4 5
	1 2 3 4 5	MALE: Prostate problems		1 2 3 4 5
	1 2 3 4 5	Impotence		1 2 3 4 5
	1 2 3 4 5	Low sex drive		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5



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		<b>URINARY</b>		
	1 2 3 4 5	Frequent kidney, urinary or bladder infections		1 2 3 4 5
	1 2 3 4 5	Greenish tint to urine		1 2 3 4 5
	1 2 3 4 5	Kidney disease		1 2 3 4 5
	1 2 3 4 5	Frequent urination		1 2 3 4 5
	1 2 3 4 5	Difficulty starting urination		1 2 3 4 5
	1 2 3 4 5	Have to urinate more than twice during night		1 2 3 4 5
	1 2 3 4 5	Burning or itching sensation upon urination		1 2 3 4 5
	1 2 3 4 5	Unable to control flow of urine, incontinence		1 2 3 4 5
	1 2 3 4 5	Excessive urination		1 2 3 4 5
	1 2 3 4 5	Bed wetting, uncontrolled urination		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
		<b>DIGESTIVE</b>		
	1 2 3 4 5	Indigestion or sourness 2 to 3 hours after meals		1 2 3 4 5
	1 2 3 4 5	Abdominal bloating, distension		1 2 3 4 5
	1 2 3 4 5	Full, loggy feeling after heavy meal		1 2 3 4 5
	1 2 3 4 5	Excessive gas, belching or burping after meals		1 2 3 4 5
	1 2 3 4 5	Heavy, tired feeling after eating		1 2 3 4 5
	1 2 3 4 5	Constipation		1 2 3 4 5
	1 2 3 4 5	Burning sensation in stomach		1 2 3 4 5
	1 2 3 4 5	Consistent gas & bloating from most foods		1 2 3 4 5
	1 2 3 4 5	Fats/greasy foods cause nausea, headaches		1 2 3 4 5



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	1	2	3	4	5			1	2	3	4	5
	1	2	3	4	5	Onions, cabbage, radishes, cucumbers cause bloating, gas, distress		1	2	3	4	5
	1	2	3	4	5	Stool appears yellow, clay-colored, foul odor		1	2	3	4	5
	1	2	3	4	5	Constipation		1	2	3	4	5
	1	2	3	4	5	Bad breath/bad taste in mouth, excess body odor		1	2	3	4	5
	1	2	3	4	5	Diarrhea without apparent cause		1	2	3	4	5
	1	2	3	4	5	Mucous shreds in stools		1	2	3	4	5
	1	2	3	4	5	Have more than 3 bowel movements per day		1	2	3	4	5
	1	2	3	4	5	Painful, hard bowel movements		1	2	3	4	5
	1	2	3	4	5	Thin, pencil-like bowel movements		1	2	3	4	5
	1	2	3	4	5	Alternating constipation and diarrhea		1	2	3	4	5
	1	2	3	4	5	Hemorrhoids or rectal fissure		1	2	3	4	5
	1	2	3	4	5	Nausea		1	2	3	4	5
	1	2	3	4	5	Glucose intolerance, hypoglycemia, diabetes		1	2	3	4	5
	1	2	3	4	5	Cravings for ice, ice eating		1	2	3	4	5
	1	2	3	4	5	Cravings for chocolate		1	2	3	4	5
	1	2	3	4	5	Unusual thirst		1	2	3	4	5
	1	2	3	4	5	Loss of appetite, anorexia		1	2	3	4	5
	1	2	3	4	5	White coating on tongue		1	2	3	4	5
	1	2	3	4	5	Loss of weight		1	2	3	4	5
	1	2	3	4	5	Cracks or sores in corner of mouth		1	2	3	4	5
	1	2	3	4	5	Reddish-purple (magenta) colored tongue		1	2	3	4	5
	1	2	3	4	5	Shiny or sore tongue		1	2	3	4	5
	1	2	3	4	5	Lips red, white, scaly, swollen or chapped		1	2	3	4	5



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	1	2	3	4	5			1	2	3	4	5
	1	2	3	4	5	Small ulcers or canker sores in mouth		1	2	3	4	5
	1	2	3	4	5	Whitish, coated tongue		1	2	3	4	5
	1	2	3	4	5	Brilliant red, painful tongue		1	2	3	4	5
	1	2	3	4	5	Swollen tongue with red tips and sides		1	2	3	4	5
	1	2	3	4	5	Poor stomach digestion, low stomach acid		1	2	3	4	5
	1	2	3	4	5	Tongue purplish-red (magenta) swollen & painful		1	2	3	4	5
	1	2	3	4	5	Bleeding ulcer		1	2	3	4	5
	1	2	3	4	5	Ulcers in mouth		1	2	3	4	5
	1	2	3	4	5	Red, swollen or bleeding gums		1	2	3	4	5
	1	2	3	4	5	Intestinal malabsorption, sprue		1	2	3	4	5
	1	2	3	4	5	Gums bleed easily, especially when brushing teeth		1	2	3	4	5
	1	2	3	4	5	Bluish-red, swollen or inflamed gums		1	2	3	4	5
	1	2	3	4	5	Burning in mouth and throat		1	2	3	4	5
	1	2	3	4	5	Metallic taste in mouth		1	2	3	4	5
	1	2	3	4	5	Candida		1	2	3	4	5
	1	2	3	4	5	Food cravings		1	2	3	4	5
	1	2	3	4	5	Cravings for sugars, bread or alcohol		1	2	3	4	5
	1	2	3	4	5	Unusual craving for salt		1	2	3	4	5
	1	2	3	4	5	Spastic colon, colitis, irritable bowel		1	2	3	4	5
	1	2	3	4	5	Diverticulitis and/or diverticulosis		1	2	3	4	5
	1	2	3	4	5	Acid reflux and heartburn		1	2	3	4	5
	1	2	3	4	5	Other: _____		1	2	3	4	5
	1	2	3	4	5	Other: _____		1	2	3	4	5
	1	2	3	4	5	Other: _____		1	2	3	4	5



Date	Pre-Hallelujah Diet Rating severity of symptom from 1 minimum to 5 severe	Symptom	Date	While on Hallelujah Diet Rating severity of symptom from 1 minimum to 5 severe
		<b>RESPIRATORY</b>		
	1 2 3 4 5	Cystic fibrosis		1 2 3 4 5
	1 2 3 4 5	Emphysema		1 2 3 4 5
	1 2 3 4 5	Clogged sinuses		1 2 3 4 5
	1 2 3 4 5	Bronchial asthma		1 2 3 4 5
	1 2 3 4 5	Sleep apnea		1 2 3 4 5
	1 2 3 4 5	Snoring		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Cancer		1 2 3 4 5
	1 2 3 4 5	Lupus erythematosus		1 2 3 4 5
	1 2 3 4 5	Addictions		1 2 3 4 5
	1 2 3 4 5	Hepatitis		1 2 3 4 5
	1 2 3 4 5	Multiple sclerosis		1 2 3 4 5
	1 2 3 4 5	Leukemia		1 2 3 4 5
	1 2 3 4 5	Diabetes		1 2 3 4 5
	1 2 3 4 5	Cerebral Palsy		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5	Other: _____		1 2 3 4 5
	1 2 3 4 5			1 2 3 4 5
	1 2 3 4 5			1 2 3 4 5