

	Always	Sometimes	Never
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinus/Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tingling in Fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart palpitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart burn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive to foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas/Bloating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upper ack Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mid back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hip pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knee pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feel Inflamed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto Immune Issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immune system issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormones unbalanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain fog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>