

Personal questioning of clients Mark with a cross	G·B·M- Analysis		Result 14 to 21 days after suppression of radiation by G·B·M		
	Present condition		unchanged	alleviated	eliminated
↵ General complaints	SHE	HE	Filled in by G·B·M		
01 Tiredness			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 Reduction in performance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 Insomnia			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 Pain in neck area			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 Back pain			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 Restlessness in the legs			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Circulatory disorders			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 Circulatory disturbances			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Cold feet			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 High blood pressure			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Low blood pressure			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Headache/migraine			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Palpitations			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Dizziness			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Difficulty in breathing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Asthma			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Neuritis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Ear infections			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Eye infections			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 Rheumatism			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Arthritis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 Arthrosis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Bladder trouble			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Bed-wetting			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Kidney trouble			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Kidney trouble			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Lack of concentration			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Nervousness			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Irritability			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 Indisposition			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Restlessness			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 Inner tension			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Depression			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Eczema			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Sweating			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>