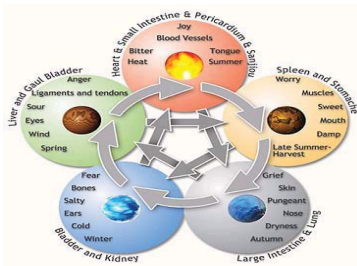


Please mark 5 to 10 personality traits that your companion has had in the past 4 years (that lasted greater than 48 hours):



Fire	
N	A
<input type="checkbox"/> Lively	<input type="checkbox"/> Insomnia
<input type="checkbox"/> Communicative	<input type="checkbox"/> Separation anxiety
<input type="checkbox"/> Very Friendly	<input type="checkbox"/> Restless
<input type="checkbox"/> Affectionate	<input type="checkbox"/> Excess heat
<input type="checkbox"/> Loves to be petted	<input type="checkbox"/> Rapid heart rate
<input type="checkbox"/> Center of the party	<input type="checkbox"/> Heart problems



Wood	
N	A
<input type="checkbox"/> Decisive	<input type="checkbox"/> Ligament problems
<input type="checkbox"/> Assertive	<input type="checkbox"/> Liver problems
<input type="checkbox"/> Confident	<input type="checkbox"/> Red eyes
<input type="checkbox"/> Strong	<input type="checkbox"/> Angers easily
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Ear problems
<input type="checkbox"/> Athletic-Stamina	<input type="checkbox"/> Nail problems
<input type="checkbox"/> Alpha Animal	<input type="checkbox"/> Footpad problems
	<input type="checkbox"/> Anal sac issues

Earth	
N	A
<input type="checkbox"/> Relaxed, laid back	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Sociable	<input type="checkbox"/> Constipation
<input type="checkbox"/> Round and large	<input type="checkbox"/> Loss of appetite
<input type="checkbox"/> Loyal	<input type="checkbox"/> Vomitis
<input type="checkbox"/> Serene and balanced	<input type="checkbox"/> Gum Disease
<input type="checkbox"/> Cares for others (motherly)	<input type="checkbox"/> Weak Muscles
	<input type="checkbox"/> Overeats-obese
	<input type="checkbox"/> Worries

Water	
N	A
<input type="checkbox"/> Careful	<input type="checkbox"/> Rear weakness
<input type="checkbox"/> Curious	<input type="checkbox"/> Fearful
<input type="checkbox"/> Self contained	<input type="checkbox"/> Bone and back issues
<input type="checkbox"/> Likes to hide	<input type="checkbox"/> Urinary problems
<input type="checkbox"/> Meditative	<input type="checkbox"/> Disturbed growth
<input type="checkbox"/> Slow and consistent	<input type="checkbox"/> Deafness
	<input type="checkbox"/> Reproductive problems

Metal	
N	A
<input type="checkbox"/> Loves order	<input type="checkbox"/> Asthma
<input type="checkbox"/> Obeys the rules	<input type="checkbox"/> Dry skin
<input type="checkbox"/> Aloof	<input type="checkbox"/> Sinus problems
<input type="checkbox"/> Symmetrical body	<input type="checkbox"/> Breathing disorder
<input type="checkbox"/> Disciplined attitude	<input type="checkbox"/> Nose problems
<input type="checkbox"/> Good hair/coat	<input type="checkbox"/> Cough