

HEALTH APPRAISAL QUESTIONNAIRE - COMPREHENSIVE

NAME _____

DATE _____

CIRCLE the number which best describes the frequency of your symptoms. If you do not know the answer to the question, leave it blank. When you are finished, please add the number of points in each section and enter the number on the Total Points line. The score for YES is the number inside the parenthesis ().

0 = never or rarely 1 = twice a week or less 2 = three to six times a week 3 = daily or several times a day

PART I GASTROINTESTINAL

Section A HYPOACIDITY

- | | | | | |
|--|---|---|---|-------|
| 1. Indigestion "sour stomach" | 0 | 1 | 2 | 3 |
| 2. Excessive belching, burping and/or bloating | 0 | 1 | 2 | 3 |
| 3. Gas immediately following a meal | 0 | 1 | 2 | 3 |
| 4. Sense of fullness during and after meals | 0 | 1 | 2 | 3 |
| 5. Poor appetite, disinterest in food | 0 | 1 | 2 | 3 |
| 6. Offensive breath | 0 | 1 | 2 | 3 |
| 7. Bad taste in mouth | 0 | 1 | 2 | 3 |
| 8. Partial loss of taste or smell | 0 | 1 | 2 | 3 |
| 9. Difficulty swallowing | 0 | 1 | 2 | 3 |
| 10. Difficult bowel movements | 0 | 1 | 2 | 3 |
| 11. Unintentional weight loss | N | | | Y (5) |
| 12. History of anaemia, unresponsive to iron | N | | | Y (5) |
| 13. Vegetarian (no eggs, dairy) | N | | | Y (3) |
| 14. Picky eater | N | | | Y (3) |
| 15. Spoon shaped nails | N | | | Y (3) |
| 16. Sores in corner of mouth | N | | | Y (3) |
| 17. Smooth tongue | N | | | Y (3) |

Total Points _____

Section B SMALL INTESTINE / PANCREAS

- | | | | | |
|---|---|---|---|-------|
| 1. Indigestion and fullness lasts 2-4 hours after eating | 0 | 1 | 2 | 3 |
| 2. Pain, tenderness, soreness on left side under rib cage | 0 | 1 | 2 | 3 |
| 3. Bloating | 0 | 1 | 2 | 3 |
| 4. Excessive passage of gas | 0 | 1 | 2 | 3 |
| 5. Abdominal cramps, aches | 0 | 1 | 2 | 3 |
| 6. Nausea and/or vomiting | 0 | 1 | 2 | 3 |
| 7. Dry, flaky skin; dry, brittle hair | 0 | 1 | 2 | 3 |
| 8. Difficulty gaining weight | 0 | 1 | 2 | 3 |
| 9. Weakness and fatigue | 0 | 1 | 2 | 3 |
| 10. Specific foods/beverages aggravate indigestion | 0 | 1 | 2 | 3 |
| 11. Roughage and fibre cause constipation | 0 | 1 | 2 | 3 |
| 12. Three or more large bowel movements daily | 0 | 1 | 2 | 3 |
| 13. Alternating constipation and diarrhoea | 0 | 1 | 2 | 3 |
| 14. Stool poorly formed | 0 | 1 | 2 | 3 |
| 15. Stool - undigested food | 0 | 1 | 2 | 3 |
| 16. Stool - greasy, shiny | 0 | 1 | 2 | 3 |
| 17. Stool - yellowish, foul smelling | 0 | 1 | 2 | 3 |
| 18. Mucus in stool | 0 | 1 | 2 | 3 |
| 19. Black stool | 0 | 1 | 2 | 3 |
| 20. Rectal spasms | 0 | 1 | 2 | 3 |
| 21. Dark urine | 0 | 1 | 2 | 3 |
| 22. Bone and back pain | 0 | 1 | 2 | 3 |
| 23. Pounding heart | 0 | 1 | 2 | 3 |
| 24. Iron deficiency anaemia | N | | | Y (3) |

Total Points _____

Section C HYPERACIDITY

- | | | | | |
|--|---|---|---|-------|
| 1. Stomach pain, burning, aching, 1-4 hours after eating | 0 | 1 | 2 | 3 |
| 2. Feeling hungry an hour or two after eating | 0 | 1 | 2 | 3 |
| 3. Strong emotions, thought, smell of food aggravates stomach | 0 | 1 | 2 | 3 |
| 4. Heartburn, especially when lying down or bending forward | 0 | 1 | 2 | 3 |
| 5. Heartburn due to spicy and fatty foods, chocolate, peppers, citrus, alcohol, caffeine | 0 | 1 | 2 | 3 |
| 6. Difficulty or pain when swallowing | 0 | 1 | 2 | 3 |
| 7. Chest pain, difficulty breathing, lung infections | 0 | 1 | 2 | 3 |
| 8. Constipation, difficult bowel movements | 0 | 1 | 2 | 3 |
| 9. Black, tarry stool | 0 | 1 | 2 | 3 |
| 10. Unexplained weight gain | N | | | Y (3) |
| 11. Antacids, carbonated beverages, cream/milk/food relieve symptoms | N | | | Y (5) |
| 12. Digestive problems subside with rest and relaxation | N | | | Y (5) |

Total Points _____

Section D COLON

- | | | | | |
|---|---|---|---|-------|
| 1. Lower abdominal pain, cramping and/or spasms | 0 | 1 | 2 | 3 |
| 2. Lower abdominal pain, relief by passing stool or gas | 0 | 1 | 2 | 3 |
| 3. Raw fruits, vegetables and stress aggravate bowel pain | 0 | 1 | 2 | 3 |
| 4. Diarrhoea (loose watery stool) | 0 | 1 | 2 | 3 |
| 5. More than three bowel movements daily | 0 | 1 | 2 | 3 |
| 6. Excessive gas and bloating | 0 | 1 | 2 | 3 |
| 7. Painful, difficult, straining during bowel movements | 0 | 1 | 2 | 3 |
| 8. Hard, dry or small stool | 0 | 1 | 2 | 3 |
| 9. Extremely narrow stools | 0 | 1 | 2 | 3 |
| 10. Alternating diarrhoea/constipation | 0 | 1 | 2 | 3 |
| 11. Mucus and pus in stool | 0 | 1 | 2 | 3 |
| 12. Feel bowels do not empty completely | 0 | 1 | 2 | 3 |
| 13. Rectal pain or cramps | 0 | 1 | 2 | 3 |
| 14. Bright red blood following bowel movement | 0 | 1 | 2 | 3 |
| 15. Anal itching | 0 | 1 | 2 | 3 |
| 16. Irritable, moody | 0 | 1 | 2 | 3 |
| 17. Rash under breast, armpit, around navel or groin area | N | | | Y (5) |
| 18. Feel ill in damp, mouldy settings or rainy weather | N | | | Y (3) |

Total Points _____

PART II DETOX METABOLISM

PART III IMMUNE FUNCTION (continued)

Section A LIVER/GALLBLADDER/PANCREAS

1. Moderate to severe pain under right side of ribcage	0	1	2	3
2. Abdominal pain worse with deep breathing	0	1	2	3
3. Bitter fluid repeats after eating	0	1	2	3
4. Bloating, full feeling	0	1	2	3
5. Belching, heartburn, gas	0	1	2	3
6. Fatty foods cause indigestion	0	1	2	3
7. Nausea and/or vomiting	0	1	2	3
8. Feel restless, agitated, angry	0	1	2	3
9. Unexplained itchy skin, worse at night	0	1	2	3
10. Yellowish cast to skin, eyes	0	1	2	3
11. Stool colour alternates from clay colour to normal brown	0	1	2	3
12. General feeling of poor health	0	1	2	3
13. Fatigue, weakness, exhaustion	0	1	2	3
14. Unable to concentrate, irritable, confused	0	1	2	3
15. Aching muscles	0	1	2	3
16. Trembling hands	0	1	2	3
17. Weight gain due to water retention	0	1	2	3
18. Swollen feet and/or legs	0	1	2	3
19. Bleeding tendencies in gums, nose	0	1	2	3
20. Loss of chest and armpit hair	0	1	2	3
21. Reddened skin, especially palms	0	1	2	3
22. Dark urine, diminished flow	0	1	2	3
23. Dry, flaky skin and/or hair	N			Y (3)
24. Loss of appetite and weight	N			Y (3)
25. Easily bruised	N			Y (3)
26. Thinning of pubic hair	N			Y (3)
27. Feeling of extreme dryness	N			Y (3)
28. Loss of skin elasticity	N			Y (3)

Total Points _____

Section B HYPOTHYROID

1. Tired, sluggish	0	1	2	3
2. Feel cold - hands, feet, all over	0	1	2	3
3. Tight sensations in neck	0	1	2	3
4. Difficult, infrequent bowel movements	0	1	2	3
5. Dryness, discolouration of skin, hair	0	1	2	3
6. Thick, brittle nails	0	1	2	3
7. Puffy face, hands and feet	0	1	2	3
8. Swollen upper eyelids	0	1	2	3
9. Eyeballs move involuntarily	0	1	2	3
10. Muscles weak, cramp and/or tremble	0	1	2	3
11. Slow mental processes, forgetfulness	0	1	2	3
12. Slow heart beats	0	1	2	3
13. Abdominal swelling	0	1	2	3
14. Unsteady gait, movements	0	1	2	3
15. Lack of interest in sex	0	1	2	3
16. Gain weight easily	N			Y (5)
17. Swelling of the neck	N			Y (5)
18. Outer third of eyebrow thins	N			Y (3)
19. Thinning hair on scalp, face and genitals	N			Y (3)
20. Loss of appetite	N			Y (3)
21. Premenstrual tension	N			Y (3)
22. Infertility	N			Y (3)
23. Excessive menstrual bleeding	N			Y (3)
24. Absence of periods	N			Y (3)

Total Points _____

PART III IMMUNE FUNCTION

Section A HYPOADRENAL

1. Progressive, mild fatigue after exertion or stress	0	1	2	3
2. General weakness	0	1	2	3
3. Blurred vision, dizzy when rising	0	1	2	3
4. Depression	0	1	2	3
5. Rapid mood swings	0	1	2	3
6. Irritable	0	1	2	3
7. Dark circles under the eyes	0	1	2	3
8. Abdominal pain, indigestion	0	1	2	3

Section A (continued)

9. Bouts of nausea, vomiting	0	1	2	3
10. Diarrhoea or constipation	0	1	2	3
11. Blotchy skin (white patches)	0	1	2	3
12. Craving for salty foods	0	1	2	3
13. Decreased appetite	N			Y (3)
14. Gradual weight loss	N			Y (3)
15. Tan skin, no sun	N			Y (3)
16. Gradual loss of body hair	N			Y (3)
17. Black freckles on upper forehead, face, neck	N			Y (3)
18. Sensitive to minor changes in weather and surroundings	N			Y (5)

Total Points _____

Section B HYPOIMMUNITY

1. Catch colds easily	0	1	2	3
2. Infections - eyes, ears, nose, throat, lungs, skin	0	1	2	3
3. Diarrhoea	0	1	2	3
4. Puffy face	0	1	2	3
5. Dark areas on cheeks, under eyes	0	1	2	3
6. Difficulty seeing at night	0	1	2	3
7. Eyes tear, burn, discharge	0	1	2	3
8. Ears continuously drain	0	1	2	3
9. Nasal congestion or discharge - thick, yellow, green	0	1	2	3
10. Sore throat or post-nasal drip	0	1	2	3
11. Cough with mucus	0	1	2	3
12. Inflamed or bleeding gums	0	1	2	3
13. Cold sores, few blisters	0	1	2	3
14. Gums swelling, bleeding	0	1	2	3
15. Unexplained weight loss of 4-5 kg in last three months	N			Y (3)
16. Lack of appetite	N			Y (3)
17. Nail discolourations	N			Y (3)
18. Bumpy skin on backs of arms	N			Y (3)
19. Wounds heal slowly	N			Y (3)
20. Hair is easily plucked out, or falls out, grows slowly	N			Y (3)
21. Lips are red and swollen	N			Y (3)
22. Tongue is red, swollen, raw looking	N			Y (3)
23. Impaired taste and smell	N			Y (3)
24. Neck, armpit, groin swelling	N			Y (5)

Total Points _____

Section C HYPERIMMUNITY

1. Muscles fatigue quickly	0	1	2	3
2. Moody, irritable, tired	0	1	2	3
3. Severe fatigue	0	1	2	3
4. Severe joint pain, redness, swelling	0	1	2	3
5. Chronic pain, stiffness throughout body	0	1	2	3
6. Migraine headaches	0	1	2	3
7. Specific food(s) worsen pain, inflammation, stiffness	0	1	2	3
8. Sensitive to light (skin or eyes)	0	1	2	3
9. Dark circles under eyes	0	1	2	3
10. Swollen-looking face or body	0	1	2	3
11. Localised or general itching - eyes, ears, throat, nose, skin	0	1	2	3
12. Clear, watery discharge from nose, eyes	0	1	2	3
13. Extreme dryness of eyes, nasal passages, mouth	0	1	2	3
14. Sneezing	0	1	2	3
15. Cough or wheezing	0	1	2	3
16. Mouldy, damp environments trigger sickness	0	1	2	3
17. Post nasal drip with certain foods	0	1	2	3
18. Heart palpitations after eating certain foods	0	1	2	3
19. Weight loss, muscle weakness	N			Y (3)
20. Scalp hair falls out easily, in clumps	N			Y (3)
21. Hair loss, entire body	N			Y (5)
22. Bruises easily	N			Y (3)
23. Nails loosened, pitted, discoloured	N			Y (3)

Total Points _____

PARTIV CARDIOVASCULAR

Section A ANAEMIA

1. Sense of being overly tired	0	1	2	3
2. Prolonged recovery after exercise	0	1	2	3
3. Coldness, especially in hands and feet	0	1	2	3
4. Difficulty breathing, palpitations on exertion	0	1	2	3
5. Headache, dizziness, spots before eyes	0	1	2	3
6. Irritable	0	1	2	3
7. Forgetful, poor concentration	0	1	2	3
8. Mild yellowing of eyes or skin	0	1	2	3
9. Ringing in ears	0	1	2	3
10. Susceptible to infections	0	1	2	3
11. Jaundice and dark urine	0	1	2	3
12. Black stool (no iron supplements)	0	1	2	3
13. Unusual cravings for clay, dirt, ice	0	1	2	3
14. Fingernails are flattened, spoon-shaped, brittle, thin	N			Y (5)
15. White patches on skin	N			Y (3)
16. Pale lips, gums, eyelids, nail beds	N			Y (3)
17. Red, sore tongue	N			Y (3)
18. Mouth, throat, rectum ulcers	N			Y (3)
19. Unusual bruising	N			Y (3)
20. Spontaneous bleeding - nose, mouth, gums, rectum or vagina	N			Y (3)
21. Small red dots under the skin	N			Y (3)
22. Sores in corner of mouth	N			Y (3)
23. Smooth tongue	N			Y (3)

Total Points _____

Section B BLOOD PRESSURE

1. Nosebleeds	0	1	2	3
2. Headache, typically in morning	0	1	2	3
3. Weak, fatigued, nervous	0	1	2	3
4. Ringing in ears	0	1	2	3
5. Dizziness, drowsiness	0	1	2	3
6. Blushing - no apparent cause	0	1	2	3
7. Numbness, tingling in hands and feet	0	1	2	3
8. Blurred vision	0	1	2	3
9. Is blood pressure high?	N			Y (10)

Total Points _____

Section C HEART

1. Feel jittery	0	1	2	3
2. Heartburn that moves to neck, jaws, left shoulder and arm	0	1	2	3
3. First effort of the day causes pain around chest	0	1	2	3
4. Dizziness	0	1	2	3
5. Choking, smothering sensation	0	1	2	3
6. Minor exertion exhausts	0	1	2	3
7. Heart pounds easily	0	1	2	3
8. Heavy sweating (no exertion)	0	1	2	3
9. Mild or severe chest pain	0	1	2	3
10. Difficulty catching breath, especially during exercise	0	1	2	3
11. Wheezing or dry cough	0	1	2	3
12. Heart palpitations - slow, rapid or irregular	0	1	2	3
13. Swelling in feet, ankles, legs, comes and goes	0	1	2	3
14. Veins on neck are prominent	0	1	2	3
15. High blood cholesterol	N			Y (10)

Total Points _____

Section D CIRCULATION

1. Fluid retention	0	1	2	3
2. Numbness, tingling, pricking sensation in hands, feet	0	1	2	3
3. Muscle pain in the calves or thighs when walking	0	1	2	3
4. Muscle pain at rest	0	1	2	3
5. Cold feet	0	1	2	3
6. Headaches	0	1	2	3

Section D (continued)

7. Dizziness, everything spins	0	1	2	3
8. Poor concentration	0	1	2	3
9. Slurred speech	0	1	2	3
10. Ringing in ears	0	1	2	3
11. Brief moments of hearing loss	0	1	2	3
12. Nausea comes and goes quickly	0	1	2	3
13. Falling without known cause	0	1	2	3
14. Brief difficulty swallowing	0	1	2	3
15. Brief difficulty speaking	0	1	2	3
16. Stammering or twitching of tongue	0	1	2	3
17. Double vision	0	1	2	3
18. Difficulty understanding spoken or written word	0	1	2	3
19. Brief loss of muscular coordination in legs, arms	0	1	2	3
20. Inability to recognize persons or things that pass very quickly	0	1	2	3
21. One leg or arm shiny, hairless skin	N			Y (5)
22. Discoloured or blue toes	N			Y (5)
23. Open sores on feet and legs	N			Y (5)
24. Fingers and toes numb in response to cold weather, even when protected	N			Y (5)

Total Points _____

PART V GLUCOSE TOLERANCE

Section A HYPOGLYCAEMIA

Missing meals or fasting is associated with:

1. Sudden anxiety associated with hunger	0	1	2	3
2. Tingling sensation in hands	0	1	2	3
3. Palpitations	0	1	2	3
4. Feel shaky, jittery, tremours	0	1	2	3
5. Weakness	0	1	2	3
6. Profuse perspiration, clammy skin	0	1	2	3
7. Nightmares	0	1	2	3
8. Awake from sleep restless	0	1	2	3
9. Agitated, easily upset	0	1	2	3
10. Poor memory, forgetful	0	1	2	3
11. Confused, disoriented	0	1	2	3
12. Dizziness, feel faint	0	1	2	3
13. Feels cold, numb	0	1	2	3
14. Mild headache	0	1	2	3
15. Blurred vision	0	1	2	3
16. Lack of coordination	0	1	2	3

Total Points _____

Section B HYPERGLYCAEMIA

1. Excessive, frequent urination	0	1	2	3
2. Increased thirst and appetite	0	1	2	3
3. Blurred vision, falling eyesight	0	1	2	3
4. Fatigue, drowsiness	0	1	2	3
5. Crave sweets, but eating sweets does not relieve craving	0	1	2	3
6. Feel hungry for air (can't get enough)	0	1	2	3
7. Breath smells sweet	0	1	2	3
8. Depressed	0	1	2	3
9. Tingling, numbness, pricking sensation in extremities	0	1	2	3
10. Profuse sweating	0	1	2	3
11. Dribble after voiding	0	1	2	3
12. Impotency	0	1	2	3
13. Dizziness when standing from sitting position	0	1	2	3
14. Slurred speech	0	1	2	3
15. Unintentional weight loss	N			Y (3)
16. Recurring persistent infection - bladder, skin or gums	N			Y (3)
17. Boils and leg sores	N			Y (3)
18. Very slow wound healing	N			Y (3)
19. Excessive weight gain	N			Y (3)

Total Points _____

PART VI LUNGS

1. Weakness and fatigue	0	1	2	3
2. Chest discomfort, pain	0	1	2	3
3. Sudden breathing difficulty	0	1	2	3
4. Shortness of breath	0	1	2	3
5. Shallow breathing	0	1	2	3
6. Noisy, rattling sounds when breathing in or out	0	1	2	3
7. Cough - dry or moist	0	1	2	3
8. Rapid heartbeats	0	1	2	3
9. Excessive perspiration	0	1	2	3
10. Anxiety, restlessness	0	1	2	3
11. Consistent low grade temperature (100-101°)	0	1	2	3
12. Bluish nails and lips	0	1	2	3
13. Post nasal drip	0	1	2	3
14. Sputum thick, clear, yellow	0	1	2	3
15. Sputum smells offensive	0	1	2	3
16. Bloody sputum	0	1	2	3
17. Bad breath	0	1	2	3
18. Wheezing	0	1	2	3
19. Loud snoring	0	1	2	3
20. Sleepy during day	0	1	2	3
21. Morning headache	0	1	2	3
22. Difficulty concentrating	0	1	2	3
23. Unexplained weight loss	N			Y (3)
24. Infections settle in lungs	N			Y (3)
25. Flu symptoms longer than 5 days	N			Y (3)

Total Points _____

PART VII KIDNEY / BLADDER

1. Retain fluid throughout body	0	1	2	3
2. Mild lower back pain	0	1	2	3
3. Frequent urge to urinate, but only small amounts pass	0	1	2	3
4. Interruption of urine stream	0	1	2	3
5. Excessive urination	0	1	2	3
6. Excessive urination at night	0	1	2	3
7. Burning when urinating	0	1	2	3
8. Frequent urination with urgency	0	1	2	3
9. Rarely need to urinate	0	1	2	3
10. Difficulty passing urine	0	1	2	3
11. Dripping after urination	0	1	2	3
12. Can't hold urine	0	1	2	3
13. Bloody, cloudy and/or darkened urine	0	1	2	3
14. Strong smelling urine	0	1	2	3
15. Joint and muscle pain	0	1	2	3
16. Tingling in joints	0	1	2	3
17. Dark circles under eyes	0	1	2	3
18. Grey, blackish caste to skin	0	1	2	3
19. Back or leg pains associated with dripping after urination	N			Y (5)
20. Poor skin elasticity, dryness	N			Y (3)

Total Points _____

PART VIII MALE

Section A PROSTATE

1. Frequent or urgent need to urinate	0	1	2	3
2. Delayed, weak, or interrupted urine stream	0	1	2	3
3. Pain or burning upon urination	0	1	2	3
4. Urge to urinate several times a night	0	1	2	3
5. Rose coloured (bloody) urine	0	1	2	3
6. Difficulty urinating	0	1	2	3
7. A sense of bladder fullness	0	1	2	3
8. Ejaculation causes pain	0	1	2	3
9. Blood in the semen	0	1	2	3
10. Lack of sex drive, impotency	0	1	2	3
11. Impotency	0	1	2	3
12. Pain or fatigue in the legs or back	0	1	2	3
13. Dripping after urination	0	1	2	3
14. Increased straining with small amounts of urine passed	0	1	2	3
15. Anaemia	N			Y (3)

Total Points _____

PART VIII (continued)

Section B REPRODUCTION

1. Itchy patches around inner thigh and groin	0	1	2	3
2. Itching at night	0	1	2	3
3. Painful testicles	0	1	2	3
4. Difficulty attaining and/or maintaining an erection	0	1	2	3
5. Low sexual drive	0	1	2	3
6. Premature ejaculation	0	1	2	3
7. Low energy level or stamina	0	1	2	3
8. Inflammation on the head of penis	N			Y (5)
9. Genital and/or rectal rash or irritation	N			Y (5)
10. Distorted nail growth	N			Y (3)
11. Loss of pubic or armpit hair	N			Y (3)
12. Infertile	N			Y (3)
13. Low sperm count, low sperm motility	N			Y (3)
14. Unexplained weight gain	N			Y (3)
15. Testicles appear smaller	N			Y (3)
16. Development of breasts or nipple tenderness	N			Y (3)
17. Feeling of heaviness or hardness in testicle	N			Y (3)
18. Sparse beard or slow hair growth	N			Y (3)
19. Decreased body hair	N			Y (3)
20. Fine wrinkling in corner of mouth or around eyes	N			Y (3)

Total Points _____

PART IX FEMALE

Section A Circle if you experience any of these symptoms within

PMS		3 days to two weeks (ovulation) prior to menstruation:		
1. Insomnia	0	1	2	3
2. Abdominal bloating	0	1	2	3
3. Breast tenderness, swelling	0	1	2	3
4. Breast lumps appear	0	1	2	3
5. Heart palpitations	0	1	2	3
6. Sweating and flushing	0	1	2	3
7. Depressed, irritable, nervous	0	1	2	3
8. Easily angered, resentful	0	1	2	3
9. Easily overwhelmed	0	1	2	3
10. Nausea and/or vomiting	0	1	2	3
11. Diarrhoea or constipation	0	1	2	3
12. Headache	0	1	2	3
13. Food cravings, binge eating	0	1	2	3
14. Back pain	0	1	2	3
15. Numbness, tingling in hands and feet	0	1	2	3
16. Clumsiness	0	1	2	3
17. Feeling hopeless, sad	0	1	2	3
18. Weight gain - water	N			Y (3)
19. Suicidal	N			Y (10)

Total Points _____

Section B OVARIAN DYSFUNCTION

1. Vaginal dryness, pain	0	1	2	3
2. Painful intercourse	0	1	2	3
3. Engorged breasts	0	1	2	3
4. Milk production (not nursing)	0	1	2	3
5. Disinterest in sex	0	1	2	3
6. Blurred vision	0	1	2	3
7. Headache	0	1	2	3
8. Acne and/or oily skin	0	1	2	3
9. Aggressive feelings	0	1	2	3
10. Overwhelming urges for sexual intercourse	0	1	2	3
11. Absence of menstrual flow for six or more months	N			Y (20)
12. Occasionally skip periods	N			Y (5)
13. Menstruation began after 16 years of age	N			Y (3)
14. Breasts shrinking	N			Y (5)
15. Thinning pubic and armpit hair	N			Y (5)
16. Unable to become pregnant	N			Y (10)
17. Miscarriage	N			Y (3)
18. Excess facial hair	N			Y (5)
19. Poor sense of smell	N			Y (3)
20. Monthly abdominal pain without bleeding	N			Y (5)

Total Points _____

PART IX (continued)

PART X MUSCULOSKELETAL

Section C MENSTRUAL IRREGULARITIES

Circle if you experience any of these symptoms during your period.

1. Painful intercourse	0	1	2	3
2. Menstrual type pain between menses	0	1	2	3
3. Irregular intervals between periods	N		Y (5)	
4. Extended menses, greater than 32 days	N		Y (10)	
5. Shortened menses, less than 24 days	N		Y (5)	
6. Vaginal bleeding between periods	N		Y (10)	
7. Vaginal discharge between periods	N		Y (5)	
8. Pain during periods is becoming progressively worse	N		Y (5)	
9. Pain, cramps	0	1	2	3
10. Unusual fatigue, can't work	0	1	2	3
11. Irritable and depressed	0	1	2	3
12. Constipation and/or diarrhoea	0	1	2	3
13. Lower abdominal pain, bloating	0	1	2	3
14. Nausea and/or vomiting	0	1	2	3
15. Lower backache	0	1	2	3
16. Pelvic and/or rectal pressure	0	1	2	3
17. Urinary difficulties	0	1	2	3
18. Frequent urination	N		Y (5)	
19. Scanty blood flow	N		Y (3)	
20. Heavy blood flow	N		Y (3)	

Total Points _____

Section D DYSPLASIA/FIBROCYSTIC SYNDROME

1. Painful, tender vaginal lumps	0	1	2	3
2. Clear, grey, or yellow vaginal discharge	0	1	2	3
3. Vaginal bleeding after intercourse or between periods	0	1	2	3
4. Burning or itching of the external genitalia	0	1	2	3
5. Urgent, painful urination	0	1	2	3
6. Lower abdominal or back pain	0	1	2	3
7. Heavy, watery and bloody vaginal discharge	0	1	2	3
8. Heavy menstrual flow	0	1	2	3
9. Pelvic cramps	0	1	2	3
10. Thin, scant, white vaginal discharge	0	1	2	3
11. Greenish, yellow, or offensive discharge	0	1	2	3
12. White, cheeselike discharge	0	1	2	3
13. Breast lumps or swelling	N		Y (10)	
14. Lumps hurt just before period	N		Y (5)	
15. Swelling under armpit	N		Y (5)	
16. Change in breast size, shape	N		Y (5)	
17. White or slightly bloody vaginal discharge, one week before period	N		Y (10)	

Total Points _____

Section E MENOPAUSE

1. Irregular menstrual cycle	0	1	2	3
2. Dry skin, hair, vagina	0	1	2	3
3. Disinterest in sex	0	1	2	3
4. Mood swings, irritable	0	1	2	3
5. Depression, anxiety, nervousness	0	1	2	3
6. Craving for sweets, binge eating	0	1	2	3
7. Headaches or dizziness	0	1	2	3
8. Painful intercourse	0	1	2	3
9. Sudden hot flushes	0	1	2	3
10. Spontaneous sweating	0	1	2	3
11. Shortness of breath and/or heart palpitations	0	1	2	3
12. Unpredictable vaginal bleeding	0	1	2	3
13. Difficulty holding urine	0	1	2	3
14. Difficulty sleeping	0	1	2	3
15. Mental foginess	0	1	2	3
16. Vaginal pain and/or itching	0	1	2	3
17. Thin, scant, white vaginal discharge	0	1	2	3
18. Low back and/or hip pain	0	1	2	3
19. Breast tenderness, pain or tingling, pricking sensation	0	1	2	3
20. Easily bruised, loss of skin tone	0	1	2	3
21. Thinning of armpit and pubic hair	N		Y (5)	
22. Breasts beginning to shrink, sag	N		Y (10)	
23. Abnormal growth of hair above lip	N		Y (3)	

Total Points _____

Section A BONE INTEGRITY

1. Generalised bone tenderness, achiness	0	1	2	3
2. Localised bone pain	0	1	2	3
3. Bone deformity or swelling	0	1	2	3
4. Shins hurt during or after exercise	0	1	2	3
5. Low back or hip pain	0	1	2	3
6. Difficulty sitting straight	0	1	2	3
7. Walking difficulties, limp	0	1	2	3
8. Crunching or creaking sounds when moving joints	0	1	2	3
9. Hands, feet, throat spasm or feel numb	0	1	2	3
10. Joint pain and stiffness - especially spine, hips, knees	0	1	2	3
11. Hearing loss, headaches, ringing in ears	0	1	2	3
12. Cavities	N		Y (5)	
13. Tooth loss due to gum disease	N		Y (5)	
14. Established bone loss	N		Y (10)	
15. Calcium deposits	N		Y (5)	
16. Spinal curvature	N		Y (10)	
17. Recent loss of height	N		Y (10)	
18. Bow legs	N		Y (5)	
19. Stooped posture	N		Y (5)	
20. Hump at base of neck	N		Y (5)	
21. Irregular patches of increased pigmentation	N		Y (3)	
22. Unexplained bone fracture	N		Y (10)	

Total Points _____

Section B MUSCLE

1. Muscle aches and pains	0	1	2	3
2. Muscle stiffness, tension	0	1	2	3
3. Specific body points feel sore when pressed	0	1	2	3
4. Headaches	0	1	2	3
5. Fatigued, tired, sluggish	0	1	2	3
6. Difficulty sleeping	0	1	2	3
7. Feel unrefreshed upon waking	0	1	2	3
8. Difficulty speaking/swallowing	0	1	2	3
9. Muscle cramps or spasm	0	1	2	3
10. Muscles twitch or tremble - eyelids, thumb, calf muscle	0	1	2	3
11. Irrestible urge to move legs	0	1	2	3
12. Legs move during sleep	0	1	2	3
13. Unpleasant crawling sensation inside the calves, while lying down	0	1	2	3
14. Numbing, tingling sensation	0	1	2	3
15. Excessive joint mobility	0	1	2	3
16. Unable to fully straighten or extend legs and/or arms	0	1	2	3
17. Upper or lower back pain	0	1	2	3
18. Loss of muscle strength	N		Y (3)	
19. Muscle loss, wasting	N		Y (3)	

Total Points _____

(continued: Section C)

Section C CONNECTIVE TISSUE

1. Joint stiffness, soreness, swelling	0	1	2	3
2. Red, swollen, painful joints	0	1	2	3
3. Joint stiffness improves with rest, worsens with movement	0	1	2	3
4. Dry mouth	0	1	2	3
5. Dry, painful eyes	0	1	2	3
6. Joint stiffness worsens with rest, improves with movement	0	1	2	3
7. Cracking joints	0	1	2	3
8. Limp	0	1	2	3
9. Shooting, aching, tingling pain down the back of leg	0	1	2	3
10. Joint pain involves one or a few joints	0	1	2	3
11. Joints hurt when moving or when carrying weight	0	1	2	3
12. Limited range of motion	0	1	2	3
13. Difficulty standing up from seated position	0	1	2	3
14. Walks slowly	0	1	2	3
15. Headaches	0	1	2	3
16. Difficulty chewing food or opening mouth	0	1	2	3
17. Intermittent pain, ache on one side of head, spreading to cheek, temple, lower jaw, ear, neck, shoulder	0	1	2	3
18. Numbness, prickling, tingling sensation in the neck, shoulder and arms	0	1	2	3
19. Injure, strain, sprain easily	0	1	2	3
20. Discomfort or pain in neck, shoulder or arm	0	1	2	3
21. Involuntary muscle spasms	0	1	2	3
22. Deliberate movement with hands is difficult	0	1	2	3
23. Red, painless skin lumps on elbows, knees, toes, ear, nose, back of scalp	N			Y (5)
24. Knobby overgrowths on the joints closest to the fingertips	N			Y (5)
25. Muscle loss around inflamed joint	N			Y (10)
26. Double jointed	N			Y (3)
27. One leg shorter than the other	N			Y (5)

Total Points _____

Section D NEUROLOGICAL

1. Head feels heavy	0	1	2	3
2. Light headedness, fainting	0	1	2	3
3. Ringing, buzzing in ears	0	1	2	3
4. Trembling hands	0	1	2	3
5. Limbs feel too heavy to hold up	0	1	2	3
6. Loss of feeling in hands and/or feet (toes)	0	1	2	3
7. Tingling sensation followed by numbness, or pain begins in hands and feet and spreads toward the centre of your body	0	1	2	3
8. Unsteady gait, lose balance	0	1	2	3
9. Muscles feel weak	0	1	2	3
10. Weak grip with spasm and arm weakness	0	1	2	3
11. Exhaustion on slightest effort	0	1	2	3
12. Need for 10-12 hours sleep	0	1	2	3
13. Muscular weakness begins in leg and moves upward	0	1	2	3
14. Difficulty walking, moving around, handling small objects	0	1	2	3
15. Nervous, anxious	0	1	2	3
16. Convulsions	0	1	2	3
17. Confused, forgetful	0	1	2	3
18. Slowed or slurred speech	0	1	2	3
19. Difficulty breathing	0	1	2	3
20. Blurred vision	0	1	2	3
21. Eyelids droop	0	1	2	3
22. Impaired hearing, eyesight, sense of touch, smell, taste	N			Y (10)
23. Accident prone - trip, stumble, feel clumsy	N			Y (5)

Total Points _____

1. Circle the following if you:

- Diet often • Skip meals • Do not exercise regularly
- Under excessive stress • Vegetarian • Exposed to chemicals
- Smoke cigarettes — How many per week? _____
- Drink alcohol — How many per week? _____
- Drink coffee — How many per week? _____
- Use sugar — How much each day? _____

2. Circle any of the following medications you have taken in the last six months.

- Antacids • Antidiabetic/Insulin • Cortisone/Anti-inflammatories
- Laxatives • Aspirin/Tylenol • Heart Medications
- Thyroid • Antibiotic/Antifungal • High Blood Pressure
- Lithium • Ulcer Medications • Relaxants/Sleeping Tablets
- Radiation • Chemotherapy • Antidepressants
- Hormones • Oral Contraceptives
- Recreational Drugs — Specify _____
- Others _____

3. List nutritional/herbal supplements currently taking _____

4. Main health concern and other comments _____

PART XI MOOD AND BEHAVIOUR

PART XII DERMATOLOGY / SKIN

Section A STRESS

DO YOU...

1	Feel stressed, nervous or tense	0	1	2	3
2	Feel irritable or oversensitive	0	1	2	3
3	Experience difficulty concentrating and loss of clear thought	0	1	2	3
4	Have coffee, tea, tobacco, sugar or other stimulants as a pick-me-up	0	1	2	3

IN THE PAST TWO YEARS, HAVE YOU EXPERIENCED...

5	Divorce	N	Y	(5)
6	Separation from partner	N	Y	(4)
7	Death in the family	N	Y	(4)
8	Breaking the law	N	Y	(4)
9	Bankruptcy	N	Y	(4)
10	Moving house	N	Y	(3)
11	Losing or starting work	N	Y	(3)

Total Points _____

Section B ANXIETY

DO YOU...

1	Experience worry or anxiety	0	1	2	3
2	Often feel nervous or tense	0	1	2	3
3	Feel overcautious or pessimistic	0	1	2	3
4	Have difficulty sitting quietly without fidgeting	0	1	2	3
5	Experience rapid heart beat or panic	0	1	2	3
6	Have coffee, tea, tobacco, sugar or other stimulants as a pick-me-up	0	1	2	3

Total Points _____

Section C DEPRESSION

DO YOU...

1	Feel depressed	0	1	2	3
2	Experience a feeling of indifference (don't care attitude)	0	1	2	3
3	Lose you sense of humour or take life too seriously	0	1	2	3
4	Feel like crying for no appropriate reason	0	1	2	3
5	Feel suicidal or wonder if life is worth living	0	1	2	3

Total Points _____

Section D INSOMNIA

DO YOU...

1	Have an overactive mind, or worry too much	0	1	2	3
2	Have a fear of insomnia or sleep	0	1	2	3
3	Have a disruptive environment	0	1	2	3
4	Suffer from pain or discomfort	0	1	2	3
5	Eat chocolate or drink caffeine or alcohol with or after dinner	0	1	2	3
6	Have difficulty falling asleep or staying asleep	0	1	2	3
7	Often eat after 8 p.m.	0	1	2	3

Total Points _____

Section E HYPERACTIVITY / ADD

DO YOU...

1	Find it difficult to keep still or are fidgety	0	1	2	3
2	Have a short attention span	0	1	2	3
3	Find it difficult to relax	0	1	2	3
4	Have or had learning difficulties	0	1	2	3
5	Experience mental confusion or sluggishness	0	1	2	3
6	Have allergies (especially to food)	0	1	2	3

Total Points _____

DO YOU HAVE...

1	Acne	0	1	2	3
2	Psoriasis	0	1	2	3
3	Eczema	0	1	2	3
4	Dermatitis	0	1	2	3
5	Warts	0	1	2	3
6	Tinea	0	1	2	3
7	Dandruff	0	1	2	3
8	Rashes	0	1	2	3

9 Are you satisfied with the condition of your skin? N Y

Total Points _____

PART XIII DETOX IMBALANCE

ARE YOU SENSITIVE TO...

1	Sulphites (wine, dried fruit, or salad bar vegetables)	N	Y	(2)
2	Monosodium glutamate (MSG)	N	Y	(2)
3	Foods containing the preservative sodium benzoate or potassium benzoate	N	Y	(2)
4	Foods containing tyramine (red wine, cheese, bananas, or chocolate)	N	Y	(2)
5	Foods or beverages containing caffeine	N	Y	(2)
6	Foods with onions or garlic in them	N	Y	(2)
7	Chemicals such as fragrances, exhaust fumes, or strong odours	N	Y	(2)
8	Have you had a history of exposure to chemicals such as herbicides, insecticides, pesticides or organic solvents	N	Y	(2)
9	Do you notice that your urine has a strong odour after eating asparagus	N	Y	(2)
10	Do you regularly consume more than two alcoholic beverages per day	N	Y	(2)
11	Do you feel ill after ingesting even small amounts of alcohol	N	Y	(2)
12	Do you regularly consume more than four cups of coffee per day	N	Y	(2)
13	Do you regularly use acetaminophen/paracetamol containing medications (e.g. Tylenol)	N	Y	(2)
14	Do you use any hormone therapy in the form of birth control pills, progesterone, oestrogen, prostate medications etc.	N	Y	(2)
15	Are you allergic to antibiotics such as penicillin, sulpha drugs, tetracyclines etc.	N	Y	(2)
16	Are you currently taking an antacid such as cimetidine (Tagamet) or ranitidine (Zantac)	N	Y	(2)
17	Have you recently used or do you regularly use tobacco products	N	Y	(2)
18	What is your blood type?	_____		

Total Points _____

PART XIV VITALITY/BODY IMAGE

Section A VITALITY

DO YOU...

1	Experience inadequate energy or fatigue	0	1	2	3
2	Suffer from Chronic Fatigue Syndrome	0	1	2	3
3	Find it hard to get up or become motivated in the morning	0	1	2	3
4	Often feel tired or overworked	0	1	2	3
5	Have difficulty staying awake	0	1	2	3
6	Experience mental confusion or sluggishness	0	1	2	3

Total Points _____

Section B WEIGHT MANAGEMENT

Where 0 is very satisfied and 4 is very concerned, rate how you feel about ...

1	The way my body looks	0	1	2	3	4
2	The way my body feels	0	1	2	3	4
3	My body fat	0	1	2	3	4
4	My muscle tone	0	1	2	3	4
5	My strength	0	1	2	3	4
6	My endurance	0	1	2	3	4
7	My flexibility	0	1	2	3	4
8	My attractiveness	0	1	2	3	4
9	My present weight	0	1	2	3	4

Total Points _____

PART XV WELLNESS

1	Are you female and over 50 years of age	N	Y
2	Are you male and over 50 years of age	N	Y
3	If female, are you planning to have a baby within the next 6 months, and therefore requiring preconceptual care	N	Y
4	(Females only) Are you pregnant or breastfeeding	N	Y