

HEALTH SURVEY QUESTIONNAIRE

NAME: _____ DATE: _____

DATE OF BIRTH: ____/____/____ SEX M / F FILE NO. _____

HEALTH CONCERNS (PLEASE LIST, IN ORDER OF IMPORTANCE, YOUR MAJOR HEALTH CONCERNS):

1. _____ 3. _____
 2. _____ 4. _____

FOODS AND LIFESTYLE (CIRCLE ALL ITEMS WHICH YOU EAT, DRINK OR USE)

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Alcohol • Artificial sweeteners • Baked goods, refined grains, cakes, cookies, etc. • Caffeinated coffee, tea • Candy • Carbonated beverages | <ul style="list-style-type: none"> • Chocolate • Cigarettes, cigars, pipes, chewing tobacco • Decaffeinated coffee, teas • Diet frequently • Fast food restaurants • Fried foods | <ul style="list-style-type: none"> • Hydrogenated fats and oils • Luncheon meats, bacon, sausage • Margarine • Milk or milk products • Other _____ • Other _____ |
|---|--|--|

MEDICATIONS (CIRCLE ANY ITEMS WHICH YOU ARE TAKING)

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Acetaminophen (Tylenol) • Antacids • Anti-anxiety medications • Antibiotics • Antidepressants • Antifungal • Anti-Inflammatory/ Steroids • Birth control pill/patch | <ul style="list-style-type: none"> • Diuretics • Heart medications • High blood pressure meds • Hormones • Laxatives • Lithium • Mood elevators • Muscle relaxants | <ul style="list-style-type: none"> • NSAIDS, Aspirin, Advil
Ibuprofen, Motrin etc. • Radiation/Chemotherapy • Sleeping pills • Thyroid medications • Ulcer medications • Other _____ • Other _____ |
|--|--|---|

CATEGORY 1 - NUTRIENT INDICATORS (TOTAL SCORE POSSIBLE: 123)

- | | | | | |
|--|---|---|---|---|
| 1. Vulnerable to insect bites, fleas, mosquitoes..... | 0 | 1 | 2 | 3 |
| 2. Loss of muscle tone, feeling heaviness in arms, legs..... | 0 | 1 | 2 | 3 |
| 3. Depression | 0 | 1 | 2 | 3 |
| 4. Fatigue after consuming high carbohydrate food | 0 | 1 | 2 | 3 |
| 5. Excessively apprehensive, worrier, insecure | 0 | 1 | 2 | 3 |
| 6. Restlessness, can't keep still, nervous movement | 0 | 1 | 2 | 3 |
| 7. Restless leg syndrome | 0 | 1 | 2 | 3 |
| 8. Startle, limb jerk as falling asleep..... | 0 | 1 | 2 | 3 |
| 9. Cheilosis, cracks on corner of mouth | 0 | 1 | 2 | 3 |
| 10. Friable skin, easily chafed or irritated | 0 | 1 | 2 | 3 |
| 11. Thick tongue | 0 | 1 | 2 | 3 |
| 12. Limited or reduced sun light..... | 0 | 1 | 2 | 3 |
| 13. Do not recall dreams | 0 | 1 | 2 | 3 |
| 14. MSG sensitivity | 0 | 1 | 2 | 3 |
| 15. Muscle cramps with use and while exercising | 0 | 1 | 2 | 3 |
| 16. Bruise easily | 0 | 1 | 2 | 3 |
| 17. Nose bleeds..... | 0 | 1 | 2 | 3 |
| 18. Bleeding gums, receding gums..... | 0 | 1 | 2 | 3 |
| 19. Skin blemishes, skin damaged, slow healing..... | 0 | 1 | 2 | 3 |
| 20. Hoarseness..... | 0 | 1 | 2 | 3 |
| 21. Difficulty swallowing | 0 | 1 | 2 | 3 |
| 22. Joint stiffness after rising..... | 0 | 1 | 2 | 3 |
| 23. Muscle cramping at rest, toes, feet, legs | 0 | 1 | 2 | 3 |
| 24. Low grade fever common, easily raised | 0 | 1 | 2 | 3 |
| 25. Crave chocolate | 0 | 1 | 2 | 3 |

0" = Does not Apply, "1" = Mild or Monthly, "2" = Moderate or Weekly, "3" = Severe or Daily

26.	Foot odor; foul and strong smelling.....	0	1	2	3
27.	Tendency to anemia.....	0	1	2	3
28.	Reduced sense of taste or smell.....	0	1	2	3
29.	Cuts and wounds heal slowly, scarring.....	0	1	2	3
30.	Poor night vision.....	0	1	2	3
31.	Red sclera, “bloodshot” eyes.....	0	1	2	3
32.	Tinnitus, ringing in the ears.....	0	1	2	3
33.	Eat fast food regularly.....	0	1	2	3
34.	Crave fried foods i.e. French fries, chips.....	0	1	2	3
35.	Sunburn easily, dry skin, skin lesions.....	0	1	2	3
36.	Sun blisters, fever blisters, cold sores.....	0	1	2	3
37.	Muscles and joint pain and stiffness.....	0	1	2	3
38.	Bone spurs, osteophyte formation.....	0	1	2	3
39.	Tendency to excessive inflammation.....	0	1	2	3
40.	Frequent aspirin or other NSAID use.....	0	1	2	3
41.	ADD, ADHD, Dyslexia, learning difficulties.....	0	1	2	3
CATEGORY 2 - UPPER GI (TOTAL SCORE POSSIBLE: 36)					
42.	Acid reflux, acid indigestion, heartburn.....	0	1	2	3
43.	Feel like skipping breakfast.....	0	1	2	3
44.	Indigestion or gas shortly after meals.....	0	1	2	3
45.	Loss of appetite for meat (non-vegetarian).....	0	1	2	3
46.	Bad breath; halitosis.....	0	1	2	3
47.	Black or tar like stools.....	0	1	2	3
48.	Acid or spicy foods upset stomach.....	0	1	2	3
49.	Stomach upset (acid) relieved by eating.....	0	1	2	3
50.	History of ulcers, gastritis.....	0	1	2	3
51.	Use of NSAIDs.....	0	1	2	3
52.	Iron anemia, B12 deficiency.....	0	1	2	3
53.	Use antacids, acid blockers.....	0	1	2	3
CATEGORY 3 - GALLBLADDER AND LIVER (TOTAL SCORE POSSIBLE: 33)					
54.	Light or clay colored stools.....	0	1	2	3
55.	Pain between shoulder blades.....	0	1	2	3
56.	Nausea, queasy feeling, history of motion sickness, sea sickness, morning sickness.....	0	1	2	3
57.	Difficulty digesting fatty foods and oils.....	0	1	2	3
58.	Gallbladder attacks, gall stones.....	0	1	2	3
59.	Gallbladder removed N = 0 Y = 3.....	0	3		
60.	History of hepatitis.....	0	1	2	3
61.	History of alcoholism, long term prescription use, drug use, NSAIDs.....	0	1	2	3
62.	Constipation.....	0	1	2	3
63.	Sensitive to odors, chemicals, fragrances, cleaning solvents, airborne allergens.....	0	1	2	3
64.	Exposure to toxins, chemicals, industrial or environmental pollutants, pesticides, exhaust.....	0	1	2	3
CATEGORY 4 - INTESTINAL (TOTAL SCORE POSSIBLE: 27)					
65.	Low fiber diet, low in plant foods.....	0	1	2	3
66.	Undigested food in stool.....	0	1	2	3
67.	Dysbiosis: Yeast or fungal overgrowth, parasites, poor intestinal flora.....	0	1	2	3
68.	Food, airborne allergies, sinus congestion.....	0	1	2	3
69.	Craving noodles, breads, potatoes, sweets.....	0	1	2	3
70.	Excessive abdominal swelling.....	0	1	2	3
71.	Constipation, diarrhea, alternating constancy.....	0	1	2	3
72.	Hemorrhoids.....	0	1	2	3
73.	Blood or mucus in stool.....	0	1	2	3
CATEGORY 5 - SUGAR HANDLING (TOTAL SCORE POSSIBLE 30)					
74.	Crave sweets, starch.....	0	1	2	3
75.	Shaky if meals skipped or delayed.....	0	1	2	3

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76.	Irritable before meals.....	0	1	2	3
77.	Excessive appetite, hungry between meals.....	0	1	2	3
78.	Fatigue relieved by eating.....	0	1	2	3
79.	Crave sweets, coffee or other stimulants mid-morning and/or afternoons	0	1	2	3
80.	Awaken at night several hours after falling asleep, hard to get back to sleep	0	1	2	3
81.	Headache, relieved by eating.....	0	1	2	3
82.	Excess thirst/hunger, urinate excessively	0	1	2	3
83.	Diabetic.....	0	1	2	3
CATEGORY 6 - IMMUNE AND ALLERGIES (TOTAL SCORE POSSIBLE: 45)					
84.	Recurrent or chronic infections	0	1	2	3
85.	Autoimmune disease.....	0	1	2	3
86.	Sinus or lung condition.....	0	1	2	3
87.	Swollen tonsils, adenoids, lymph nodes	0	1	2	3
88.	Chronic bronchitis	0	1	2	3
89.	Frequent, recurrent ear infections.....	0	1	2	3
90.	Unaddressed dental issues	0	1	2	3
91.	Recover slowly from illness	0	1	2	3
92.	Fungal, yeast overgrowth, skin, feet, vaginal, intestinal, sinus, lung, ear, lymph, other.....	0	1	2	3
93.	Personal history of cancer, family history	0	1	2	3
94.	Slow wound healing	0	1	2	3
95.	Skin blemishes.....	0	1	2	3
96.	Viral sensitive.....	0	1	2	3
97.	Asthma, airborne allergies and sensitivities	0	1	2	3
98.	Food allergies	0	1	2	3
CATEGORY 7 – HEART (TOTAL SCORE POSSIBLE: 30)					
99.	Personal or family history of heart disease.....	0	1	2	3
100.	High blood pressure.....	0	1	2	3
101.	Shortness of breath	0	1	2	3
102.	Swollen ankles, worse at night	0	1	2	3
103.	Chronic cough, worse while reclined	0	1	2	3
104.	Discomfort in high altitudes	0	1	2	3
105.	Discomfort or tightness in the chest, left shoulder, arm, neck, jaw and back region	0	1	2	3
106.	Fatigue.....	0	1	2	3
107.	Low back pain	0	1	2	3
108.	Palpitations, irregular heart beat.....	0	1	2	3
CATEGORY 8 – PITUITARY (TOTAL SCORE POSSIBLE: 33)					
109.	Increased sex drive	0	1	2	3
110.	Memory failing	0	1	2	3
111.	Keyed up, unable to relax.....	0	1	2	3
112.	“Splitting” type headache.....	0	1	2	3
113.	Reduced tolerance to sugar.....	0	1	2	3
114.	Sex drive reduced or absent.....	0	1	2	3
115.	Abnormal thirst.....	0	1	2	3
116.	Increased tolerance to sugar	0	1	2	3
117.	Weight gain around hips and waist.....	0	1	2	3
118.	Tendency toward ulcers or colitis.....	0	1	2	3
119.	Menstrual disorders (women.), lack of menstruation (teenage girls)	0	1	2	3
CATEGORY 9: THYROID (TOTAL SCORE POSSIBLE: 45)					
120.	Can’t gain weight.....	0	1	2	3
121.	Heart palpitations, fast pulse at rest.....	0	1	2	3
122.	Inward trembling	0	1	2	3
123.	Nervous, emotional, can’t work under pressure	0	1	2	3
124.	Night sweats	0	1	2	3
125.	Easily flushed	0	1	2	3

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126. Intolerant to high temperatures.....	0	1	2	3
127. Difficulty losing weight.....	0	1	2	3
128. Mentally sluggish, reduced initiative.....	0	1	2	3
129. Sensitive to cold.....	0	1	2	3
130. Dry skin	0	1	2	3
131. Constipation.....	0	1	2	3
132. Headache upon waking, wear-off in the day	0	1	2	3
133. Coarse hair, hair loss	0	1	2	3
134. Tightness in throat area.....	0	1	2	3
CATEGORY 10 – ADRENAL (TOTAL SCORE POSSIBLE: 42)				
135. Difficulty falling asleep, a “night person”.....	0	1	2	3
136. Increased blood pressure	0	1	2	3
137. Headaches.....	0	1	2	3
138. Abdominal fat deposits, “apple shape”.....	0	1	2	3
139. Driving, type “A” personality.....	0	1	2	3
140. Fatigue, drowsiness, afternoon yawning	0	1	2	3
141. Low blood pressure	0	1	2	3
142. Weakness, dizziness	0	1	2	3
143. Allergies, asthma, hives.....	0	1	2	3
144. Arthritic tendencies.....	0	1	2	3
145. Difficulty holding adjustments	0	1	2	3
146. Perspire easily.....	0	1	2	3
147. Crave salt	0	1	2	3
148. Afternoon headaches	0	1	2	3
CATEGORY 11 - FEMALE HEALTH (TOTAL SCORE POSSIBLE: 54)				
149. Premenstrual tension.....	0	1	2	3
150. Painful menses (cramping).....	0	1	2	3
151. Depression	0	1	2	3
152. Menstruation excessive, prolonged, too frequent.....	0	1	2	3
153. Acne; worse with menstruation	0	1	2	3
154. Painful/tender breasts	0	1	2	3
155. Excess hair growth on face or body.....	0	1	2	3
156. Masculine tendencies.....	0	1	2	3
157. Birth control pill, patch.....	0	1	2	3
158. Hormone replacement therapy.....	0	1	2	3
159. Fertility issues, miscarriage, failure to conceive	0	1	2	3
160. Vaginal discharge	0	1	2	3
161. Scanty menses.....	0	1	2	3
162. Skipped menses	0	1	2	3
163. Menopausal hot flashes	0	1	2	3
164. Vaginal dryness	0	1	2	3
165. Decreased lean body mass, thinning skin.....	0	1	2	3
166. Hair thinning, decreased luster, premature gray.....	0	1	2	3
CATEGORY 12 - MALE HEALTH (TOTAL SCORE POSSIBLE: 30)				
167. Prostate problems	0	1	2	3
168. Urination difficult, dribbling, night urination.....	0	1	2	3
169. Incomplete bowel evacuation	0	1	2	3
170. Pain inside heels, legs.....	0	1	2	3
171. Tire easily, avoid activity	0	1	2	3
172. Decrease lean body mass, thinning skin	0	1	2	3
173. Fertility issues, low sperm count	0	1	2	3
174. Reduced sex drive.....	0	1	2	3
175. Difficult to maintain erection	0	1	2	3
176. Depression	0	1	2	3

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