

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)

- Alcohol
- Artificial sweeteners
- Baked goods, refined grains, cakes, cookies, etc.
- Caffeinated coffee, tea
- Candy
- Carbonated beverages
- Chocolate
- Cigarettes, cigars, pipes, chewing tobacco
- Decaffeinated coffee, teas
- Diet frequently
- Fast food restaurants
- Fried foods
- Hydrogenated fats and oils
- Luncheon meats, bacon, sausage
- Margarine
- Milk or milk products
- Other _____
- Other _____

MEDICATIONS (CIRCLE ANY ITEMS WHICH YOU ARE TAKING)

- Acetaminophen (Tylenol)
- Antacids
- Anti-anxiety medications
- Antibiotics
- Antidepressants
- Antifungal
- Anti-Inflammatory/ Steroids
- Birth control pill/patch
- Diuretics
- Heart medications
- High blood pressure meds
- Hormones
- Laxatives
- Lithium
- Mood elevators
- Muscle relaxants
- 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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