

Health Assessment Questionnaire

Center for Better Bones

Name _____ Sex: _____ Age: _____ Date of Birth: _____ Wt.: _____
 Address: _____ Phone: _____ Email: _____

Please list your five major health CONCERNS in order of importance

1 _____
 2 _____
 3 _____
 4 _____
 5 _____

Please list your five major health GOALS in order of importance

1 _____
 2 _____
 3 _____
 4 _____
 5 _____

Directions:
 Please review the following symptom descriptions. Circle the numbers 0- 1- 2- or 3 depending on the frequency you experience each symptom (0 = never; 1 = at times; 2= often; 3- very frequently)

CATEGORY I	0	1	2	3
Section A:				
1 Bad breath, halitosis.....	0	1	2	3
2 Loss of taste for high protein foods (meat, etc.)....	0	1	2	3
3 Burning "acid" or nervous stomach.....	0	1	2	3
4 Gas shortly after eating.....	0	1	2	3
5 Indigestion ½ to 1 hour after eating, may last 3-4 hours.....	0	1	2	3
6 Undigested foods found in stools.....	0	1	2	3
7 Acid or spicy foods upset stomach.....	0	1	2	3
Section B:				
8 Lower bowel gas and or bloating after eating.....	0	1	2	3
9 Feet burn.....	0	1	2	3
10 "Whites" of eyes (sclera) yellow.....	0	1	2	3
11 Dry skin, itchy feet and/or skin peels on feet.....	0	1	2	3
12 Brown spots or bronzing of skin.....	0	1	2	3
13 Bitter metallic taste in mouth.....	0	1	2	3
14 Blurred vision.....	0	1	2	3
15 Headache over eyes.....	0	1	2	3
16 Feel nauseous, queasy or gag easily.....	0	1	2	3
17 Color of stools light brown or yellow.....	0	1	2	3
18 Greasy or high fat foods cause distress.....	0	1	2	3
19 Pain between shoulder blades.....	0	1	2	3
20 Dark circles under eyes.....	0	1	2	3
21 "Acid" breath.....	0	1	2	3
22 History of gallbladder attacks or gall stones OR gallbadder removed.....	0	1	2	3
23 Appetite reduced.....	0	1	2	3
Section C:				
24 Coated tongue or "fuzzy" debris on tongue.....	0	1	2	3
25 Pass large amounts of foul smelling gas.....	0	1	2	3
26 Irritable bowel or mucous colitis.....	0	1	2	3
27 Constipation, diarrhea alternating or stools alternate from soft to watery.....	0	1	2	3
28 Bowel movements painful or difficult, constipation, and/or laxatives used.....	0	1	2	3
29 Burning or itching anus.....	0	1	2	3

CATEGORY II	0	1	2	3
30 Head congestion "sinus fullness".....	0	1	2	3
31 Sneezing attacks.....	0	1	2	3
32 Dreaming, nightmare-like bad dreams.....	0	1	2	3
33 Milk products and/or wheat products cause distress.....	0	1	2	3
34 Eyes and nose watery.....	0	1	2	3
35 Eyes swollen and puffy.....	0	1	2	3
36 Pulse speeds after meals and/or heart pounds after retiring.....	0	1	2	3

CATEGORY III	0	1	2	3
Section A:				
37 Crave sweets or coffee in afternoon or mid-morning.....	0	1	2	3
38 Hungry between meals or excessive appetite.....	0	1	2	3
39 Overeating sweets upsets.....	0	1	2	3
40 Eat when nervous.....	0	1	2	3
41 Irritable before meals.....	0	1	2	3
42 Get "shaky" or light-headed if meals delay	0	1	2	3
43 Fatigue, eating relieves.....	0	1	2	3
44 Heart palpitates if meals missed or delayed.....	0	1	2	3
45 Awaken a few hours after sleep, hard to get back to sleep.....				

Section B:				
46 Muscle soreness after moderate exercise.....	0	1	2	3
47 Vulnerability to insect bites.....	0	1	2	3
48 Loss of muscle tone or "heaviness" in arms or legs.....	0	1	2	3
49 Enlarged heart and/or heart failure.....	0	1	2	3
50 Worrier, feel insecure and/or highly emotional...0	1	2	3	
51 Pulse slow/below 65 or irregular pulse.....	0	1	2	3

CATEGORY IV	0	1	2	3
Section A:				
52 Sex drive increased.....	0	1	2	3
53 "Splitting" type headaches.....	0	1	2	3
54 Memory failing.....	0	1	2	3
55 Tolerance for sugar reduced.....	0	1	2	3

CATEGORY IV**Section B:**

56	Sex drive reduced or absent.....	0	1	2	3
57	Abnormal thirst.....	0	1	2	3
58	Weight gain around hips or waist.....	0	1	2	3
59	Tendency to ulcers or colitis.....	0	1	2	3
60	Increased ability to eat sugar without symptoms.....	0	1	2	3
61	Menstrual disorders (women).....	0	1	2	3
62	Lack of menstruation (young girls).....	0	1	2	3

Section C:

63	Difficulty gaining weight, even if large appetite.....	0	1	2	3
64	Heart palpitations.....	0	1	2	3
65	Nervous, emotional, and/or can't work under pressure.....	0	1	2	3
66	Insomnia.....	0	1	2	3
67	Inward trembling.....	0	1	2	3
68	Night sweats.....	0	1	2	3
69	Fast pulse at rest.....	0	1	2	3
70	Intolerant to high temperatures.....	0	1	2	3
71	Easily flushed.....	0	1	2	3

Section D:

72	Difficulty losing weight.....	0	1	2	3
73	Reduced initiative and/or mental sluggishness.....	0	1	2	3
74	Easily fatigued, sleepy during the day.....	0	1	2	3
75	Sensitive to cold, poor circulation (cold hands and feet).....	0	1	2	3
76	Dry or scaly skin.....	0	1	2	3
77	"Ringing" in ears/noises in head.....	0	1	2	3
78	Hearing impaired.....	0	1	2	3
79	Constipation.....	0	1	2	3
80	Excessive falling hair and/or coarse hair.....	0	1	2	3
81	Headaches when awoken/wear off during day.....	0	1	2	3

Section E:

82	Blood pressure increased.....	0	1	2	3
83	Headaches.....	0	1	2	3
84	Hot flashes.....	0	1	2	3
85	Hair growth on face or body (question to females).....	0	1	2	3
86	Masculine tendencies (Question to females).....	0	1	2	3

Section F:

87	Blood pressure low.....	0	1	2	3
88	Crave salt.....	0	1	2	3
89	Chronic fatigue/get drowsy.....	0	1	2	3
90	Afternoon yawning.....	0	1	2	3
91	Weakness/dizziness.....	0	1	2	3
92	Weakness after colds/slow recovery.....	0	1	2	3
93	Circulation poor.....	0	1	2	3
94	Muscular and nervous exhaustion.....	0	1	2	3
95	Subject to colds, asthma, bronchitis (respiratory disorders).....	0	1	2	3
96	Allergies and/or hives.....	0	1	2	3
97	Difficulty maintaining manipulative correction.....	0	1	2	3
98	Arthritic tendencies.....	0	1	2	3
99	Nails weak, ridged.....	0	1	2	3
100	Perspire easily.....	0	1	2	3
101	Slow starter in morning.....	0	1	2	3
102	Afternoon headaches.....	0	1	2	3

CATEGORY V**Section A:**

103	Frequent skin rashes and/or hives.....	0	1	2	3
104	Muscle-leg-toe cramping at rest and/or while sleeping.....	0	1	2	3
105	Fever easily raised/fever common.....	0	1	2	3

106	Crave chocolate.....	0	1	2	3
107	Feet have bad odor.....	0	1	2	3
108	Hoarseness frequent.....	0	1	2	3
109	Difficulty swallowing.....	0	1	2	3
110	Joint stiffness after rising.....	0	1	2	3
111	Vomiting, frequent.....	0	1	2	3
112	Tendency to anemia.....	0	1	2	3
113	"Whites" of eyes (sclera) blue.....	0	1	2	3
114	"Lump" in throat.....	0	1	2	3
115	Dry mouth-eyes-nose.....	0	1	2	3
116	White spots on finger nails.....	0	1	2	3
117	Cuts heal slowly and/or scar easily.....	0	1	2	3
118	Reduced or "lost" sense of taste and/or smell.....	0	1	2	3
119	Susceptible to colds, fevers, and/or infections.....	0	1	2	3
120	Strong light irritates eyes.....	0	1	2	3
121	Noises in head or ringing in ears.....	0	1	2	3
122	Burning sensations in mouth.....	0	1	2	3
123	Numbness in hands and feet (extremities "go to sleep").....	0	1	2	3
124	Intolerant to monosodium glutamate (MSG).....	Y	OR	N	
125	Cannot recall dreams.....	0	1	2	3
126	Nose bleeds frequent.....	0	1	2	3
127	Bruise easily, "black and blue" spots.....	0	1	2	3
128	Muscle cramps, worse with exercise ("charley horses").....	0	1	2	3

CATEGORY VI

129	Aware of heavy and/or irregular breathing.....	0	1	2	3
130	Discomfort in high altitudes.....	0	1	2	3
131	"Air hunger"/sigh frequently.....	0	1	2	3
132	Swollen ankles/worse at night.....	0	1	2	3
133	Shortness of breath with exertion.....	0	1	2	3
134	Dull pain in chest and/or pain radiating into left arm, worse on exertion.....	0	1	2	3

CATEGORY VII**Female Only**

135	Premenstrual tension.....	0	1	2	3
136	Painful menses (cramping, etc.).....	0	1	2	3
137	Menstruation excessive or prolonged.....	0	1	2	3
138	Painful/tender breasts.....	0	1	2	3
139	Menstruate too frequently.....	0	1	2	3
140	Acne, worse at menses.....	0	1	2	3
141	Depressed feelings before menstruation.....	0	1	2	3
142	Vaginal discharge.....	0	1	2	3
143	Menses scanty or missed.....	0	1	2	3
144	Hysterectomy/ovaries removed.....	Y	OR	N	
145	Menopausal hot flashes.....	0	1	2	3
146	Depression.....	0	1	2	3

CATEGORY VII**Males Only**

147	Prostate trouble.....	0	1	2	3
148	Urination difficult or dribbling.....	0	1	2	3
149	Night urination frequent.....	0	1	2	3
150	Pain on inside of legs or heels.....	0	1	2	3
151	Feeling of incomplete bowel evacuation.....	0	1	2	3
152	Leg nervousness at night.....	0	1	2	3
153	Tire easily/avoid activity.....	0	1	2	3
154	Reduced sex drive.....	0	1	2	3
155	Depression.....	0	1	2	3
156	Migrating aches and pains.....	0	1	2	3