

HEALTH ANALYSIS

Patient _____ Age _____ Date _____

Please Circle the Appropriate Answer

- | | | |
|--|-----|----|
| 1. Do you need glasses to read?..... | YES | NO |
| 2. Do you ever have blurry vision?..... | YES | NO |
| 3. Do your eyes continually blink or water?..... | YES | NO |
| 4. Are you hard of hearing?..... | YES | NO |
| 5. Do you have constant noises in your ears?..... | YES | NO |
| 6. Do you often feel a choking or lump in your throat?..... | YES | NO |
| 7. Is your nose constantly stuffed up?..... | YES | NO |
| 8. Do you suffer from a constantly running nose?..... | YES | NO |
| 9. Do you often catch colds?..... | YES | NO |
| 10. Are you frequently in poor health?..... | YES | NO |
| 11. Do you suffer from seasonal or other allergies..... | YES | NO |
| 12. Do you suffer from asthma?..... | YES | NO |
| 13. Do you ever have difficulty in breathing?..... | YES | NO |
| 14. Has a doctor ever said your blood pressure was too high?..... | YES | NO |
| 15. Has a doctor ever said your blood pressure was too low?..... | YES | NO |
| 16. Do you have pains in the heart or chest?..... | YES | NO |
| 17. Does your heart ever race like mad?..... | YES | NO |
| 18. Are your ankles often badly swollen?..... | YES | NO |
| 19. Do cold hands or feet often trouble you, even in hot weather?..... | YES | NO |
| 20. Do you suffer from frequent cramps in your legs?..... | YES | NO |
| 21. Has a doctor ever said you have heart trouble?..... | YES | NO |
| 22. Do you often suffer from an upset stomach?..... | YES | NO |
| 23. Do you usually feel bloated after eating?..... | YES | NO |
| 24. Do you suffer from indigestion?..... | YES | NO |
| 25. Do you suffer from frequent loose bowel movements?..... | YES | NO |
| 26. Do you ever suffer from bad constipation?..... | YES | NO |
| 27. Do you sweat a great deal, even in cold weather?..... | YES | NO |
| 28. Do you ever suffer from headaches?..... | YES | NO |
| 29. Do you suffer from migraines?..... | YES | NO |
| 30. Do you ever get lightheaded or dizzy?..... | YES | NO |
| 31. Did you ever have a seizure or convulsion (epilepsy)?..... | YES | NO |
| For Women Only... Are you pregnant? YES NO | | |
| 32w. Are your menstrual periods painful or unusually heavy?..... | YES | NO |
| 33w. Are your menstrual periods irregular in timing?..... | YES | NO |
| 34w. Have you often felt weak or sick with your periods?..... | YES | NO |
| 35w. Have you ever had severe hot flashes or sweats?..... | YES | NO |
| 36w. Have you ever experienced difficulty in conceiving a child..... | YES | NO |

(OVER...PLEASE COMPLETE OTHER SIDE)

For Men Only...

37m. Are your genitals often painful or sore?.....	YES	NO
38m. Has a doctor ever said you have a hernia (rupture)?.....	YES	NO
39m. Do you suffer from erectile dysfunction?.....	YES	NO
40m. Do you have trouble starting your stream when urinating?.....	YES	NO
41. Do you have to get up to urinate more than 1 time per night?.....	YES	NO
42. Do you sometimes lose control of your bladder?.....	YES	NO
43. Has a doctor ever said you had kidney or bladder disease?.....	YES	NO
44. Are you often exhausted or fatigued?.....	YES	NO
45. Do you usually have difficulty falling asleep or staying asleep?.....	YES	NO
46. Do you find it difficult to exercise daily?.....	YES	NO
47. Do severe pains and aches make it hard for you to do your work?.....	YES	NO
48. Do you usually have severe pains in the arms or legs?.....	YES	NO
49. Are your joints often painfully swollen?.....	YES	NO
50. Do you have diabetes?.....	YES	NO
51. Does it take a long time for a cut to heal?.....	YES	NO
52. Are you concerned with losing weight?.....	YES	NO
53. Did a doctor ever treat you for a tumor or cancer?.....	YES	NO
54. Do you suffer from any chronic disease?.....	YES	NO
55. Do you smoke tobacco products?.....	YES	NO
56. Do you drink more than six cups of coffee or tea a day?.....	YES	NO
57. Do you usually take two or more alcoholic drinks per day?.....	YES	NO
58. Does your thinking get completely mixed up when you have to do things quickly?.....	YES	NO
59. Do you usually feel unhappy and depressed?.....	YES	NO
60. Are you considered a nervous person?.....	YES	NO
61. Were you ever a patient at a mental hospital?.....	YES	NO
62. Do people often annoy and irritate you?.....	YES	NO
63. Do you often flare up in anger if you can't have what you want right away?.....	YES	NO
64. Do you ever shake or tremble?.....	YES	NO