

# Health Assessment 1.5

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Please list your five major health concerns in order of importance:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Notes:**

**PART I Read the following questions and circle the number that applies: \* Please be accurate and honest \***

**KEY:** 0 = I do not consume or use at all      2 = I consume or use **weekly**  
 1 = I consume or use 2 to 3 times **monthly**      3 = I consume or use **daily**      **\*\* This is for YOU \*\***

**DIET** 58

- |   |                               |   |
|---|-------------------------------|---|
| 1. 0 1 2 3 Alcohol                        | 9. 0 1 2 3 Fast foods         | 15. 0 1 2 3 Refined flour/baked goods                                       |
| 2. 0 1 2 3 Artificial sweeteners          | 10. 0 1 2 3 Fried foods       | 16. 0 1 2 3 Vitamins and minerals -<br>natural source _____ synthetic _____ |
| 3. 0 1 2 3 Candy, desserts, refined sugar | 11. 0 1 2 3 Luncheon meats    | 17. 0 1 2 3 Water, distilled _____ filtered _____                           |
| 4. 0 1 2 3 Carbonated beverages           | 12. 0 1 2 3 Margarine         | 18. 0 1 2 3 Water, tap  |
| 5. 0 1 2 3 Chewing tobacco                | 13. 0 1 2 3 Milk products     | 19. 0 1 2 3 Water, well   |
| 6. 0 1 2 3 Cigarettes .... per day _____  | 13a 0 1 2 3 Soy products      | 20. 0 1 2 3 Diet often for weight control                                   |
| 7. 0 1 2 3 Cigars/pipes                   | 14. No Yes Radiation exposure |   |
| 8. 0 1 2 3 Caffeinated beverages          |                               |   |

**LIFESTYLE** 12

21. 0 1 2 3 Exercise per week (0 = 2 or more times a week, 1 = 1 time a week, 2 = 1 or 2 times /month, 3 = never, less than once/month)
22. 0 1 2 3 Changed jobs (0 = over 12 months ago, 1 = within last 12 months, 2 = within last 6 months, 3 = within last 2 months)
23. 0 1 2 3 Divorced (0 = never, over 2 years ago, 1 = within last 2 years, 2 = within last year, 3 = within last 6 months)
24. 0 1 2 3 Work over 60 hours/week (0 = never, 1 = occasionally, 2 = usually, 3 = always)

**MEDICATIONS Indicate any medications you're currently taking or have taken in the last month (0=No, 1=Yes):** 54

- |  |   |
|--|---|
| 25. 0 1 Antacids _____                                   | 39. 0 1 Diuretics _____   |
| 26. 0 1 Anti-anxiety medications _____                   | 40. 0 1 Estrogen or progesterone (pharmaceutical, prescription) _____ |
| 27. 0 1 Anti-biotics _____                               | 41. 0 1 Estrogen or progesterone (natural) _____                      |
| 28. 0 1 Anti-convulsants _____                           | 42. 0 1 Heart medications _____                                       |
| 29. 0 1 Anti-depressants _____                           | 43. 0 1 High blood pressure medications _____                         |
| 30. 0 1 Anti-fungals _____                               | 44. 0 1 Laxatives _____   |
| 31. 0 1 Aspirin/Ibuprofen _____                          | 45. 0 1 Recreational drugs _____                                      |
| 32. 0 1 Asthma inhalers _____                            | 46. 0 1 Relaxants/Sleeping pills _____                                |
| 33. 0 1 Beta blockers _____                              | 47. 0 1 Testosterone (natural or prescription) _____                  |
| 34. 0 1 Birth control pills/implant contraceptives _____ | 48. 0 1 Thyroid medication _____                                      |
| 35. 0 1 Chemotherapy _____                               | 49. 0 1 Acetaminophen (Tylenol) _____                                 |
| 36. 0 1 Cholesterol lowering medications _____           | 50. 0 1 Ulcer medications _____                                       |
| 37. 0 1 Cortisone/steroids _____                         | 51. 0 1 Viagra, Cialis, etc. _____                                    |
| 38. 0 1 Diabetic medications/insulin _____               | Other medications not mentioned _____                                 |

**PART II (See key at bottom of this page)**

**Section 1** 55

- |  |  |
|--|--|
| 52. 0 1 2 3 Belching or gas within one hour after eating               | 61. 0 1 2 3 Feel like skipping breakfast           |
| 53. 0 1 2 3 Heartburn or acid reflux                                   | 62. 0 1 2 3 Feel better if I don't eat             |
| 54. 0 1 2 3 Bloating within one hour after eating                      | 63. 0 1 2 3 Sleepy after meals                     |
| 55. 0 3 Vegan diet (no dairy, meat, fish or eggs)<br>(0 = no, 1 = yes) | 64. 0 1 2 3 Fingernails chip, peel or break easily |
| 56. 0 1 2 3 Bad breath (halitosis)                                     | 65. 0 1 2 3 Anemia unresponsive to iron            |
| 57. 0 1 2 3 Loss of taste for meat                                     | 66. 0 1 2 3 Stomach pains or cramps                |
| 58. 0 1 2 3 Sweat has a strong odor                                    | 67. 0 1 2 3 Diarrhea, chronic                      |
| 59. 0 1 2 3 Stomach upset by taking vitamins                           | 68. 0 1 2 3 Diarrhea shortly after meals           |
| 60. 0 1 2 3 Sense of excess fullness after meals                       | 69. 0 1 2 3 Black or tarry colored stools          |
|  | 70. 0 1 2 3 Undigested food in stool               |

**KEY:** 0 = No, symptom does not occur      2 = Moderate symptom, occasionally occurs (**weekly**)  
 1 = Yes, minor or mild symptom, rarely occurs (**monthly**)      3 = Severe symptom, frequently occurs (**daily**)



**Section 6**

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- 165. 0 1 Experience pain relief with aspirin (0=no, 1=yes)
- 166. 0 1 2 3 Crave fatty or greasy foods
- 167. 0 1 2 3 Low- or reduced-fat diet (0=never, 1=years ago, 2=within past year, 3=currently)
- 168. 0 1 2 3 Tension headaches at base of skull
- 169. 0 1 2 3 Headaches when out in the hot sun
- 170. 0 1 2 3 Sunburn easily or suffer sun poisoning
- 171. 0 1 2 3 Muscles easily fatigued
- 172. 0 1 2 3 Dry flaky skin or dandruff

**Section 7**

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- 173. 0 1 2 3 Awaken a few hours after falling asleep, hard to get back to sleep \* At what time of night? \_\_\_\_\_
- 174. 0 1 2 3 Crave sweets
- 175. 0 1 2 3 Binge or uncontrolled eating
- 176. 0 1 2 3 Excessive appetite
- 177. 0 1 2 3 Crave coffee or sugar in the afternoon
- 178. 0 1 2 3 Sleepy in afternoon
- 179. 0 1 2 3 Fatigue that is relieved by eating
- 180. 0 1 2 3 Headache if meals are skipped or delayed
- 181. 0 1 2 3 Irritable before meals
- 182. 0 1 2 3 Shaky if meals delayed
- 183. 0 1 2 3 Family members with diabetes (0=none, 1=1 or 2, 2=3 or 4, 3=more than 4)
- 184. 0 1 2 3 Frequent thirst
- 185. 0 1 2 3 Frequent urination

**Section 8**

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- 186. 0 1 2 3 Muscles become easily fatigued
- 187. 0 1 2 3 Feel exhausted or sore after moderate exercise
- 188. 0 1 2 3 Vulnerable to insect bites
- 189. 0 1 2 3 Loss of muscle tone, heaviness in arms/legs
- 190. 0 1 2 3 Enlarged heart or congestive heart failure
- 191. 0 1 2 3 Pulse below 65 per minute (0=no, 1=yes)
- 192. 0 1 2 3 Ringing in the ears (Tinnitus)
- 193. 0 1 2 3 Numbness, tingling or itching in hands and feet
- 194. 0 1 2 3 Depressed
- 195. 0 1 2 3 Fear of impending doom
- 196. 0 1 2 3 Worrier, apprehensive, anxious
- 197. 0 1 2 3 Nervous or agitated
- 198. 0 1 2 3 Feelings of insecurity
- 199. 0 1 2 3 Heart races
- 200. 0 1 2 3 Can hear heart beat on pillow at night
- 201. 0 1 2 3 Whole body or limb jerk as falling asleep
- 202. 0 1 2 3 Night sweats
- 203. 0 1 2 3 Restless leg syndrome
- 204. 0 1 2 3 Cracks at corner of mouth (Cheilosis)
- 205. 0 1 2 3 Fragile skin, easily chaffed, as in shaving
- 206. 0 1 2 3 Polyps or warts
- 207. 0 1 2 3 MSG sensitivity
- 208. 0 1 2 3 Wake up without remembering dreams
- 209. 0 1 2 3 Small bumps on back of arms
- 210. 0 1 2 3 Strong light at night irritates eyes
- 211. 0 1 2 3 Nose bleeds and/or tend to bruise easily
- 212. 0 1 2 3 Bleeding gums especially when brushing teeth

**Section 9**

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- 213. 0 1 2 3 Tend to be a "night person"
- 214. 0 1 2 3 Difficulty falling asleep
- 215. 0 1 2 3 Slow starter in the morning
- 216. 0 1 2 3 Tend to be keyed up, trouble calming down
- 217. 0 1 2 3 Blood pressure above 120/80
- 218. 0 1 2 3 Headache after exercising
- 219. 0 1 2 3 Feeling wired or jittery after drinking coffee
- 220. 0 1 2 3 Clench or grind teeth
- 221. 0 1 2 3 Calm on the outside, troubled on the inside
- 222. 0 1 2 3 Chronic low back pain, worse with fatigue
- 223. 0 1 2 3 Become dizzy when standing up suddenly
- 224. 0 1 2 3 Difficulty maintaining manipulative correction
- 225. 0 1 2 3 Pain after manual/manipulative correction
- 226. 0 1 2 3 Arthritic tendencies
- 227. 0 1 2 3 Crave salty foods
- 228. 0 1 2 3 Salt foods before tasting
- 229. 0 1 2 3 Perspire easily
- 230. 0 1 2 3 Chronic fatigue, or get drowsy often
- 231. 0 1 2 3 Afternoon yawning
- 232. 0 1 2 3 Afternoon headache
- 233. 0 1 2 3 Asthma, wheezing or difficulty breathing
- 234. 0 1 2 3 Pain on the inner (medial) side of the knee
- 235. 0 1 2 3 Tendency to sprain ankles or "shin splints"
- 236. 0 1 2 3 Tendency to need sunglasses
- 237. 0 1 2 3 Allergies and/or hives
- 238. 0 1 2 3 Weakness, dizziness

**Section 10**

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- 239. 0 1 Height over 6' 6" (0=no, 1=yes)
- 240. 0 1 Early sexual development (before age 10) (0=no, 1=yes)
- 241. 0 1 2 3 Increased libido
- 242. 0 1 2 3 Splitting type headache
- 243. 0 1 2 3 Memory failing
- 244. 0 1 Tolerate sugar, feel fine when eating sugar (0=no, 1=yes)
- 245. 0 1 Height under 4' 10" (0=no, 1=yes)
- 246. 0 1 2 3 Decreased libido
- 247. 0 1 2 3 Excessive thirst
- 248. 0 1 2 3 Weight gain around hips or waist
- 249. 0 1 2 3 Menstrual disorders
- 250. 0 1 Delayed sexual development (after age 13) (0=no, 1=yes)
- 251. 0 1 2 3 Tendency to ulcers or colitis

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 1 = Yes, minor or mild symptom, rarely occurs (**monthly**)      3 = Severe symptom, frequently occurs (**daily**)

**Section 11**

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- 252. 0 1 2 3 Sensitive/allergic to iodine
- 253. 0 1 2 3 Difficulty gaining weight, even with large appetite
- 254. 0 1 2 3 Nervous, emotional, can't work under pressure
- 255. 0 1 2 3 Inward trembling
- 256. 0 1 2 3 Flush easily
- 257. 0 1 2 3 Fast pulse at rest
- 258. 0 1 2 3 Intolerance to high temperatures
- 259. 0 1 2 3 Difficulty losing weight
- 260. 0 1 2 3 Mentally sluggish, reduced initiative
- 261. 0 1 2 3 Easily fatigued, sleepy during the day
- 262. 0 1 2 3 Sensitive to cold, poor circulation (cold hands and feet)
- 263. 0 1 2 3 Constipation, chronic
- 264. 0 1 2 3 Excessive hair loss and/or coarse hair
- 265. 0 1 2 3 Morning headaches, wear off during the day
- 266. 0 1 2 3 Loss of outer (lateral) 1/3 of eyebrow
- 267. 0 1 2 3 Seasonal sadness

**Section 12 – Men Only**

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- 268. 0 1 2 3 Prostate problems
- 269. 0 1 2 3 Difficulty with urination, dribbling
- 270. 0 1 2 3 Difficult to start and stop urine stream
- 271. 0 1 2 3 Pain or burning with urination
- 272. 0 1 2 3 Waking to urinate at night
- 273. 0 1 2 3 Interruption of stream during urination
- 274. 0 1 2 3 Pain on inside of legs or heels
- 275. 0 1 2 3 Feeling of incomplete bowel evacuation
- 276. 0 1 2 3 Decreased sexual function

**Section 13 – Women Only**

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- 277. 0 1 2 3 Depression during periods
- 278. 0 1 2 3 Mood swings associated with periods (PMS)
- 279. 0 1 2 3 Crave chocolate around periods
- 280. 0 1 2 3 Breast tenderness associated with cycle
- 281. 0 1 2 3 Excessive menstrual flow
- 282. 0 1 2 3 Scanty blood flow during periods
- 283. 0 1 2 3 Occasional skipped periods
- 284. 0 1 2 3 Variations in menstrual cycles
- 285. 0 1 2 3 Endometriosis
- 286. 0 1 2 3 Uterine fibroids
- 287. 0 1 2 3 Breast fibroids, benign masses
- 288. 0 1 2 3 Painful intercourse (dyspareunia)
- 289. 0 1 2 3 Vaginal discharge
- 290. 0 1 2 3 Vaginal dryness
- 291. 0 1 2 3 Vaginal itching
- 292. 0 1 2 3 Gain weight around hips, thighs and buttocks
- 293. 0 1 2 3 Excess facial or body hair
- 294. 0 1 2 3 Hot flashes
- 295. 0 1 2 3 Night sweats (in menopausal females)
- 296. 0 1 2 3 Thinning skin

**Section 14**

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- 297. 0 1 2 3 Aware of heavy and/or irregular breathing
- 298. 0 1 2 3 Discomfort at high altitudes
- 299. 0 1 2 3 "Air hunger" or sigh frequently
- 300. 0 1 2 3 Compelled to open windows in a closed room
- 301. 0 1 2 3 Shortness of breath with moderate exertion
- 302. 0 1 2 3 Ankles swell, especially at end of day
- 303. 0 1 2 3 Cough at night
- 304. 0 1 2 3 Blush or face turns red for no reason
- 305. 0 1 2 3 Dull pain or tightness in chest and/or radiate into right arm, worse with exertion
- 306. 0 1 2 3 Muscle cramps with exertion

**Section 15**

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- 307. 0 1 2 3 Pain in mid-back region
- 308. 0 1 2 3 Puffy around the eyes, dark circles under eyes
- 309. 0 1 History of kidney stones (0 = no, 1 = yes)
- 310. 0 1 2 3 Cloudy, bloody or darkened urine
- 311. 0 1 2 3 Urine has a strong odor

**Section 16**

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- 312. 0 1 2 3 Runny or drippy nose
- 313. 0 1 2 3 Catch colds at the beginning of winter
- 314. 0 1 2 3 Mucus producing cough
- 315. 0 1 2 3 Frequent colds or flu (0 = 1 or less per year, 1 = 2 to 3 times per year, 2 = 4 to 5 times per year, 3 = 6 or more times per year)
- 316. 0 1 2 3 Other infections (sinus, ear, lung, skin, bladder, kidney, etc.) (0 = 1 or less per year, 1 = 2 to 3 times per year, 2 = 4 to 5 times per year, 3 = 6 or more times per year)
- 317. 0 1 2 3 Never get sick (0 = sick only 1 or 2 times in last 2 years, 1 = not sick in last 2 years, 2 = not sick in last 4 years, 3 = not sick in last 7 years)
- 318. 0 1 2 3 Acne (adult)
- 319. 0 1 2 3 Itchy skin (Dermatitis)
- 320. 0 1 2 3 Cysts, boils, rashes
- 321. 0 1 2 3 History of Epstein Bar, Mono, Herpes, Shingles, Chronic Fatigue Syndrome, Hepatitis or other chronic viral condition (0 = no, 1 = yes in the past, 2 = currently mild condition, 3 = severe)

- |                   |                         |              |                     |
|-------------------|-------------------------|--------------|---------------------|
| 1 Upper GI        | 5 Mineral Needs         | 9 Adrenal    | 13 Women Only       |
| 2 Liver / GB      | 6 Essential Fatty Acids | 10 Pituitary | 14 Cardiovascular   |
| 3 Small Intestine | 7 Sugar Handling        | 11 Thyroid   | 15 Kidney / Bladder |
| 4 Large Intestine | 8 Vitamin Needs         | 12 Men Only  | 16 Immune System    |

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