## Health Analysis

| No.    | REY O  | Date                             | r appetite s   | s you | 45,   |  |
|--------|--|----------------------------------|--|-------|-------|--|
| Patier |  | Home Pho                         |  |       | 47.   |  |
| Addre  | ess City   | State                            | Zip _  | oy oc | 48, [ |  |
| Marita |  | □Widowed                         |  |       |       |  |
| Age _  | Occupation   | t at your stomach                | w suiten slol<br>u suiter ital   |       | 52.   |  |
|        |  |                                  |  |       |       |  |
| 1.     | Do you need glasses to read?   |                                  |  | YES   | □ NC  |  |
| 2.     | Do you need glasses to see things at a distance  | ?le bari pov bias                | Dictor ever  | YES   | □ NC  |  |
| 3.     | Has your eyesight blacked out completely?  |                                  |  | YES   |       |  |
| 4.     | Do your eyes continually blink or water?   |                                  | sd reve u□   | YES   |       |  |
| 5.     | Do you often have bad pains in your eyes?  |                                  |  | YES   |       |  |
| 6.     | Are your eyes often red or inflamed?   |                                  | vitnstanor□  | YES   |       |  |
| 7.     | Are you hard of hearing?   |                                  | ant sales 🗖  | YES   | □ NC  |  |
| 8.     | Have you ever had a fluid leaking from your ea   | r?                               | at ever ha   | YES   |       |  |
| 9.     | Do you have constant noises in your ears?  |                                  |  | YES   | □ NC  |  |
| 10.    | Do you have to clear your throat constantly?   |                                  |  | YES   |       |  |
| 11.    | Do you often feel a choking lump in your throat  | ?                                |  | YES   | □ NC  |  |
| 12.    | Are you often troubled with bad spells of sneezi   |                                  |  | YES   | □ NC  |  |
| 13.    |  | inding syeves niv                |  | YES   | □ NC  |  |
| 14.    | Do you suffer from a constantly running nose?  | in vaur familie?                 |  | YES   | □ NC  |  |
| 15.    | Have you at times had bad nose bleeds?   |                                  |  | YES   | □ NC  |  |
| 16.    | Do you often catch severe colds?   |                                  |  | YES   | □ NC  |  |
| 17.    | Do you frequently suffer from heavy chest colds  |                                  |  | YES   | □ NO  |  |
| 18.    | When you catch a cold, do you always have to   |                                  |  | YES   | □ NC  |  |
| 19.    | Do frequent colds keep you miserable all winter  |                                  |  | YES   | □ NO  |  |
| 20.    |  |                                  |  | YES   | □ NO  |  |
| 21.    | Do you suffer from asthma?   |                                  |  | YES   | □ NO  |  |
| 22.    | Are you troubled by constant coughing?   |                                  | A silling a sear Albert contraction from the executions  | YES   | □ NO  |  |
| 23.    | Have you ever coughed up blood?  |                                  |  | YES   | □ NO  |  |
| 24.    | Do you wake up drenched with sweat during the  |                                  |  | YES   |       |  |
| 25.    | Have you ever had a chronic chest condition?   |                                  |  | YES   | □ NO  |  |
| 26.    | Have your aver had TD (tube-ended)   |                                  |  | YES   | □ NO  |  |
| 27.    | Did you ever live with anyone who had T.B.?  | ) DEED SAU AL ALBE               |  | YES   | □ NO  |  |
| 28.    | Has a doctor ever said your blood pressure was   | too high?                        |  | YES   | □ NO  |  |
| 29.    | Has a doctor ever said your blood pressure was   |                                  |  | YES   | □ NO  |  |
| 30.    | Do you have pains in the heart or chest?   |                                  |  | YES   | □ NO  |  |
| 31.    | Are you often bothered by thumping of the hear   | teel faint?                      | 1 0 1 1 0 0 1 0 0  | YES   | □ NO  |  |
| 32.    | Control of the contro | esupo asmesan<br>ant numbasis or |  | YES   | □ NO  |  |
| 33.    | Do you often have difficulty in breathing?   |                                  |  | YES   | □ NO  |  |
| 34.    | Do you get out of breath before anyone else?   |                                  |  | YES   | □ NO  |  |
| 35.    | Do you sometimes get out of breath just sitting  | ctill?                           |  | YES   | □ NO  |  |
|        | Are your ankles often badly swollen?   | oull!                            |  |       |       |  |
| 36.    |  | a severe seiture                 |  | YES   | □ NO  |  |
| 37.    | Do cold hands or feet trouble you, even in hot v   | -                                | man a man and a second   | YES   | □ NO  |  |
| 38.    | Do you suffer from frequent cramps in your legs  |                                  |  | YES   | □ NO  |  |
| 39.    | Has a doctor ever said you had heart trouble?  | iv stuttering or st              | to the said of the said and the said   | YES   | □ NO  |  |
| 40.    | Does heart trouble run in your family?   |                                  |  | YES   | □ NO  |  |
| 41.    | Have you lost more than half your teeth?  Are you troubled by bleeding gums?   |                                  |  | YES   | □ NO  |  |
| 4/.    | ALE VOG HOUDIED DV DIERDING GUMS?  |                                  | the state of the s | A Pro | I NO  |  |

| 43. | Have you often had severe toothaches?  |     | YES |   | NO |
|-----|--|-----|-----|---|----|
| 44. | Is your tongue usually badly coated?   |     | YES |   | NO |
| 45. | Is your appetite always poor?  |     | YES |   | NO |
| 46. | Do you usually eat sweets or other foods between meals?  |     | YES |   | NO |
| 47. | Do you always gulp your food hurriedly?  |     | YES |   | NO |
| 48. | Do you often suffer from an upset stomach?   |     | YES |   | NO |
| 49. | Do you usually feel bloated after eating?  |     | YES |   | NO |
| 50. | Do you usually belch a lot after eating?   |     | YES | 6 | NO |
| 51. | Are you often sick at your stomach?  |     | YES |   | NO |
| 52. | Do you suffer from indigestion?  |     | YES |   | NO |
| 53. | Do severe pains in the stomach often cause you to double over?   |     | YES |   | NO |
| 54. | Do you suffer from constant stomach trouble?   |     | YES |   | NO |
| 55. | Does stomach trouble run in your family?   |     | YES |   | NO |
| 56. | Has a doctor ever said you had stomach ulcers?   | 900 | YES |   | NO |
| 57. |  |     | YES |   | NO |
| 58. | Have you ever had severe bloody diarrhea? "Saw 10 Moled village and an analysis and severe bloody diarrhea?" | 9 🗇 | YES |   | NO |
| 59. | Were you ever troubled with intestinal worms?  |     | YES |   | NO |
| 60. | Do you constantly suffer from bad constipation?  |     | YES |   | NO |
| 61. | Have you ever had piles (rectal hemorrhoids)?  |     | YES |   | NO |
| 62. | Have you ever had jaundice (yellow eyes and skin)?   |     | YES |   | NO |
| 63. | Have you ever had serious liver or gall bladder trouble?   |     | YES |   | NO |
| 64. | Are your joints often painfully swollen?   |     | YES |   | NO |
| 65. | Do your muscles and joints constantly feel stiff?  |     | YES |   | NO |
| 66. | Do you usually have severe pains in the arms or legs?  |     | YES |   | NO |
| 67. |  |     | YES |   | NO |
| 68. | Does arthritis run in your family?   |     | YES |   | NO |
| 69. | Do weak or painful feet make your life miserable?  |     | YES |   | NO |
| 70. | Do pains in the back make it hard for you to keep up with your work?   |     | YES |   | NO |
| 71. | Are you troubled with a serious bodily disability or deformity?  |     | YES |   | NO |
| 72. | Do you have sensitive skin?  | U.  | YES |   | NO |
| 73. | Does it take a long time for a cut to heal?  |     | YES |   | NO |
| 74. | Does your face often get badly flushed?  |     | YES |   | NO |
| 75. | Do you sweat a great deal, even in cold weather?   |     | YES |   | NO |
| 76. | Are you often bothered by severe itching?  |     | YES |   | NO |
| 77. | Does your skin often break out in a rash?  |     | YES |   | NO |
| 78. | Are you often troubled with boils?   |     | YES |   | NO |
| 79. | Do you suffer from frequent severe headaches?  |     | YES |   | NO |
| 80. | Does pressure or pain in the head often make life miserable?   |     | YES |   | NO |
| 81. | Are headaches common in your family?   |     | YES |   | NO |
| 82. | Do you have hot or cold spells?  |     | YES |   |    |
| 83. | 됐다고 하는데 아무슨 사람들이 되었다면 하는데 아무는 이 사람들이 아무슨 사람들이 되었다면 하는데 아무리               |     |     |   | NO |
| 84. | Do you frequently feel faint?  |     | YES |   | NO |
| 85. | Have you fainted more than twice in your life?   |     | YES |   | NO |
| 86. | Do you have constant numbness or tingling in any part of your body?  |     | YES |   | NO |
| 87. | Was any part of your body ever paralyzed?  |     | YES |   | NO |
| 88. | Were you ever knocked unconscious?   |     | YES |   | NO |
| 89. | Have you at times had a twitching of the head, face or shoulders?  |     | YES |   | NO |
| 90. | Did you ever have a severe seizure or convulsion (epilepsy)?   |     | YES |   | NO |
| 91. | Has anyone in your family ever had a seizure or convulsion (epilepsy)?                                       |     | YES |   | NO |
| 92. | Do you bite your nails?  |     | YES |   | NO |
| 93. | Are you troubled by stuttering or stammering?  |     | YES |   | NO |
| 94. | Are you a sleepwalker?   |     | YES |   | NO |
| 95. | Are you a bed wetter?  |     | YES |   | NO |
| 96. | Were you a bed wetter between the ages of 8 to 14?   |     | YES |   | NO |
|     |  |     |     |   |    |

|       | WOMEN ONLY ARE YOU PREGNANT?   | 5 U       | YES                  | F    | N              |
|-------|--|-----------|----------------------|------|----------------|
| 97w.  | Have your menstrual periods usually been painful?                            | L         | YES                  | 1 Au |                |
| 98w.  | Have you often felt weak or sick with your periods?                          |           | YES                  |      | HER AND STREET |
| 99w.  | Have you often had to lie down when your periods came on?                    |           | YES                  |      |                |
| 100w. | Have you usually been tense or jumpy with your periods?                      |           | YES                  | Ε    |                |
| 101w. | Have you ever had severe hot flashes or sweats?                              | Г         | YES                  | Е    | N              |
| 102w. | Have you often been troubled with a vaginal discharge?                       | uo Ę      | YES                  | Е    | N              |
| 97m.  | MEN ONLY  Have you ever had anything wrong with your genitals?               |           | YES                  | Ē    | N              |
| 98m.  | Are your genitals often painful or sore?                                     |           | YES                  | E    | - C            |
| 99m.  | Have you ever had treatment for your genitals?                               |           |                      | E    | The state of   |
| 100m. | Has a doctor ever said you had a hernia (rupture)?                           |           |                      |      |                |
| 101m. | Have you ever passed blood while urinating?                                  |           | YES                  | Ē    |                |
| 102m. | Do you have trouble starting your stream when urinating?                     |           |                      |      |                |
| 103.  | Do you have to get up every night and urinate?                               |           | YES                  | Ē    | -              |
| 104.  | During the day, do you usually have to urinate frequently?                   |           |                      |      |                |
| 105.  | Do you often have severe burning when you urinate?                           | U e       | Market State Company | Ē    |                |
| 106.  | Do you sometimes lose control of your bladder?                               |           |                      | 5    |                |
| 107.  | Has a doctor ever said you had kidney or bladder disease?                    |           |                      | Ē    |                |
| 108.  | Are you often exhausted or fatigued?   |           |                      | E    |                |
| 109.  | Does working tire you out completely?  |           | YES                  |      |                |
| 110.  | Do you usually get up tired or exhausted in the morning?                     |           |                      |      |                |
| 111.  | Does every little effort wear you out?                                       | 1000      | YES                  | Ē    |                |
| 112.  | Are you constantly too tired and exhausted to even eat?                      |           |                      |      |                |
| 113.  | Do you suffer from severe nervous exhaustion?                                |           |                      | Ē    |                |
| 114.  | Does nervous exhaustion run in your family?                                  |           | YES                  |      |                |
| 115.  | Are you frequently ill?  | ********* | YES                  |      | -              |
| 116.  | Are you frequently confined to bed by illness?                               |           | NEW CONTRACTOR       |      |                |
| 117.  | Are you always in poor health?   |           | YES                  |      |                |
| 118.  | Are you considered a sickly person?  |           | YES                  |      | -              |
| 119.  | Do you come from a sickly family?  |           | YES                  |      |                |
| 120.  | Do severe pains and aches make it impossible to work?                        |           | YES                  |      |                |
| 121.  | Do you wear yourself out worrying about work?                                |           | YES                  |      | N              |
| 122.  | Are you always ill and unhappy?  |           | YES                  |      | N              |
| 123.  | Are you constantly made miserable by poor health?                            |           | YES                  |      |                |
| 124.  | Did you ever have scarlet fever?   |           | YES                  |      | ************   |
| 125.  | As a child, did you have rheumatic fever, growing pains, or twitching limbs? |           | YES                  |      |                |
| 126.  | Did you ever have malaria?   |           | YES                  |      |                |
| 127.  | Were you ever treated for severe anemia?                                     |           | YES                  |      |                |
| 128.  | Were you ever treated for venereal disease?                                  |           | YES                  |      |                |
| 129.  | bo you have diabetes?  |           | YES                  |      |                |
| 130.  | bld a doctor ever say you ridd a golfer in your neck?                        |           | YES                  |      | NO             |
| 131.  | Did a doctor ever treat you for a tumor or cancer?                           |           | YES                  |      |                |
| 132.  | Do you suffer from any chronic disease?                                      |           | YES                  |      | NO             |
| 133.  | Are you definitely underweight?  |           | YES                  |      | NO             |
| 134.  | Are you definitely overweight?   |           | YES                  |      | NC             |
| 135.  | Did a doctor ever say you had varicose veins (swollen veins) in your legs?   |           | YES                  |      |                |
| 136.  | Did you guar baya a gariera and it   |           | YES                  |      | NC             |
| 137.  | Nid you ever have a serious injury?  |           | YES                  |      | NC             |
| 138.  | Do you often have small accidents or injuries?                               |           | YES                  |      | NC             |
|       | Do you usually have difficulty falling or staying asleep?                    |           | YES                  |      | NO             |
|       | Do you find it impossible to take a regular rest period each day?            |           |                      |      |                |
| 140.  | bo you find it impossible to take a fedular rest period each day?            |           | YES                  |      | NO             |

|     | 142.         | Do you smoke more than 20 cigarettes a day?   |   | YES |      | NO       |
|-----|--------------|---|---|-----|------|----------|
|     | 143.         | Do you drink more than 6 cups of coffee or tea a day?   |   | YES |      | NO       |
|     | 144.         | Do you usually consume 2 or more alcoholic drinks a day?  |   | YES |      | NO       |
|     | 145.         | Do you sweat or tremble a lot during examinations or questioning?   |   | YES |      | NO       |
|     | 146.         | Do you get nervous and shaky when approached by a superior?   |   | YES |      | NO       |
|     | 147.         | Does your work fall to pieces when a boss or superior is watching you?  |   | YES |      | NO       |
|     | 148.         | Does your thinking get mixed up when you have to do things quickly?   |   | YES |      | NO       |
|     | 149.         | Must you do things slowly to do them without mistakes?  |   | YES |      | NO       |
|     | 150.         | Do you always get directions and orders wrong?  |   | YES |      | NO       |
|     | 151.         | Are you anxious around unfamiliar people or places?   |   | YES |      | NO       |
|     | 152.         | Are you scared to be alone when there are no friends around you?  |   | YES |      | NO       |
|     | 153.         | Is it difficult to make up your mind?   |   | YES |      | NO       |
|     | 154.         | Do you always wish you had someone at your side to advise you?  |   | YES |      | NO       |
|     | 155.         | Are you considered a clumsy person?   |   | YES |      | NO       |
|     | 156.         | Does it bother you to eat anywhere except your home?  |   | YES |      | NO       |
|     | 157.         | Do you feel alone and sad at a party?   |   | YES |      | NO       |
|     | 158.         | Do you usually feel unhappy and depressed?  |   | YES |      | NO       |
|     | 159.         | Do you often cry?   |   | YES |      | NO       |
|     | 160.         | Are you always miserable and blue?  |   | YES |      | NO       |
|     | 161.         | Does life look entirely hopeless?   |   | YES |      | NO       |
|     | 162.         | Do you often wish you were dead and away from it all?   |   | YES |      | NO       |
| -   | 163.         | Does worrying continually get you down?   |   | YES |      | NO       |
|     | 164.         | Does worrying run in your family?   |   | YES |      | NO       |
|     | 165.         | Does every little thing get on your nerves and wear you out?  |   | YES |      | NO       |
|     | 166.         | Are you considered a nervous person?  |   | YES |      | NO       |
|     | 167.         | Does nervousness run in your family?  |   | YES |      | NO       |
|     | 168.         | Did you ever have a nervous breakdown?  |   | YES |      | NO       |
|     | 169.         | Did anyone in your family ever have a nervous breakdown?  |   | YES |      | NO       |
|     | 170.         | Were you ever a patient in a mental hospital?   |   | YES |      | NO       |
|     | 171.         | Was anyone in your family ever in a mental hospital?  |   | YES |      | NO       |
|     | 172.         | Are you extremely shy or sensitive?   |   | YES |      | NO       |
|     | 173.         | Do you have a shy or sensitive family?  |   | YES |      | NO       |
|     | 174.         | Are your feelings easily hurt?  |   | YES |      | NO       |
|     | 175.         | Does criticism always hurt you?   |   | YES |      | NO       |
|     | 176.         | Are you considered a touchy person?   |   | YES |      | NO       |
| -   | 177.         | Do people usually misunderstand you?  | - | YES |      | NO       |
|     | 178.         | Is your guard up, even around your friends?   |   | YES |      | NO       |
|     | 179.         | Do you always do things on sudden impulse?  |   | YES |      | NO       |
|     | 180.         | Are you easily upset or irritated?  |   | YES |      | NO       |
|     | 181.         | Do you go to pieces if you don't constantly control yourself?   |   | YES |      | NO       |
|     | 182.         | Do little annoyances get on your nerves and get you angry?  |   | YES |      | NO       |
|     | 183.         | Does it make you angry to have anyone tell you what to do?  |   | YES |      | NO       |
|     | 184.         | Do people often annoy and irritate you?   |   | YES |      | NO       |
| 200 | 185.         | Do you often flare up in anger if you can't have what you want right away?  |   | YES |      | NO       |
|     | 186.         | Do you often get in a violent rage?   | - |     | -    | NO       |
|     | 187.         | Do you often shake or tremble?  |   | YES |      | NO       |
|     | 188.         | Are you constantly keyed up or jittery?   |   | YES |      | NO       |
|     | 189.         | Do sudden noises make you jump or shake?  |   | YES |      | NO       |
|     | 190.         | Do you tremble or feel weak when someone shouts at you?   |   | YES |      | NO       |
|     | 191.         | Do you become scared at sudden movements or noises at night?  |   | YES |      | NO       |
|     | 192.         | Are you awakened out of your sleep by frightening dreams?  Do frightening thoughts keep coming back in your mind? |   | YES |      | NO       |
|     | 193.<br>194. | Do you often become frightened for no apparent reason?  |   | YES |      | NO<br>NO |
|     | 194.         | Do you often break out in a cold sweat?   |   | YES |      | NO       |
|     | 133.         | Do you often break out in a cold sweat:   | Ц | 163 |      | 140      |
|     | @ PMG I      | nc 2007   |   |     | Form | 026      |