HEALTH ANALYSIS

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	entAddress			
	rital Status: \square Single \square Married \square Widowed \square Separated \square D			
	cation: ☐ High School ☐ Some College ☐ College Grad ☐ Post Grad Stu			in
Age	e Occupation Recreational Activitie	es		_
	Please Circle the Appropriate Answer.			
1	D 1.1 10	*7	N	
1.	Do you need glasses to read?			
2.	Do you need glasses to see things at a distance?			
3.	Has your eyesight often blacked out completely?			
4.	Do your eyes continually blink or water?			
5.	Do you often have bad pains in your eyes?			
6.	Are your eyes often red or inflamed?			
7.	Are you hard of hearing?			
8.	Have you ever had a fluid leaking from your ear?			
<u>9.</u>	Do you have constant noises in your ears?			
10.				
11.	Do you often feel a choking lump in your throat?			
12.	Are you often troubled with bad spells of sneezing?	Yes	No	
	Is your nose continually stuffed up?			
	Do you suffer from a constantly running nose?			
	Have you at times had bad nose bleeds?			
	Do you often catch severe colds?			
	Do you frequently suffer from heavy chest colds?			
18.	When you catch a cold, do you always have to go to bed?	Yes	No	
19.	1 1 2			
	Do you get hay fever?			
21.	Do you suffer from asthma?	Yes	No	
22.	Are you troubled by constant coughing?	Yes	No	
23.	Have you ever coughed up blood?			
24.	Do you wake up drenched with sweat during the middle of the night?	Yes	No	
25.	Have you ever had a chronic chest condition?	Yes	No	
26.	Have you ever had T.B. (tuberculosis)?	Yes	No	
	Did you ever live with anyone who had T.B.?			
28.	Has a doctor ever said your blood pressure was too high?	Yes	No	
29.	Has a doctor ever said your blood pressure was too low?	Yes	No	
30.	Do you have pains in the heart or chest?			
31.	Are you often bothered by thumping of the heart?	Yes	No	
32.	Does your heart often race like mad?			
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 still?			
36.	Are your ankles often badly swollen?	Yes	No	
37.	Do cold hands or feet trouble you, even in hot weather?	Yes	No	
38.	Do you suffer from frequent cramps in your legs?			
	Has a doctor ever said you had heart trouble?			
<u>40.</u>	Does heart trouble run in your family?	Yes	No	
41.	Have you lost more than half your teeth?			
	Are you troubled by bleeding gums?			

43. Have you often had sever tooth aches? 44. Is your tongue usually badly coated? 45. Is your appetite always poor? 46. Do you usually eat sweets or other foods between meals? 47. Do you always gulp your food hurriedly? 48. Do you usually eat sweets or other foods between meals? 48. Do you often suffer from an upset stomach? 49. Do you usually feel bloaded after eating? 49. So, May an achieve a success of the stomach? 49. Do you usually belch a lot after eating? 49. So, Do you usually belch a lot after eating? 49. So, Do you usually belch a lot after eating? 49. So,				
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Women Only... Are you Pregnant? Yes No 102.W. Have you ever been troubled with a vaginal discharge?......Yes No Men only... 100.M. Has a doctor ever said you had a hernia (rupture)? Yes No 101.M. Have you ever passed blood while urinating? Yes No 102.M. Do you have trouble starting your stream when urinating? Yes No Everyone... 103. Do you have to get up every night and urinate? Yes No 104. During the day, do you usually have to urinate frequently? Yes No 107. Has a doctor ever said you had kidney or bladder disease? Yes No 109. Does working tire you out completely? Yes No 113. Do you suffer from severe nervous exhaustion? Yes No 114. Does nervous exhaustion run in your family? Yes No 115. Are you frequently ill? _______Yes No 124. Did you ever have scarlet fever? Yes No 125. As a child, did you have rheumatic fever, growing pains, or twitching of the limbs?Yes No 126. Did you ever have malaria? Yes No 127. Were vou ever treated for severe anemia? Yes No 132. Do you suffer from any chronic disease? Yes No 133. Are you definitely underweight? Yes No 134. Are you definitely overweight? Yes No 135. Did a doctor ever say you had varicose veins (swollen veins) in your legs?

Yes No 136. Did you ever have a serious operation?

Yes No

137. Did you ever have a serious injury?Yes No138. Do you often have small accidents or injuries?Yes No139. Do you usually have difficulty falling asleep or staying asleep?Yes No140. Do you find it impossible to take a regular rest period each day?Yes No141. Do you find it difficult to exercise daily?Yes No

142. Do you smoke more than 20 cigarettes a day?	Yes	No
143. Do you drink more than six cups of coffee or tea a day?		
144. Do you usually take two or more alcoholic drinks a day?		
145. Do you sweat or tremble a lot during examinations or questioning?		
146. Do you get nervous and shaky when approached by a superior?	Yes	No
147. Does your work fall to pieces when the boss or a superior is watching you?	Yes	No
148. Does your thinking get completely mixed up when you have to do things quickly?		
149. Must you do things slowly to do them without mistakes?		
150. Do you always get directions and orders wrong?		
151. Are you anxious around unfamiliar people or places?		
152. Are you scared to be alone when there are no friends around you?		
153. Is it difficult for you to make up your mind?		
154. Do you always wish you had someone at your side to advise you?		
155. Are you considered a clumsy person?		
156. Does it bother you to eat anywhere except in your home?		
157. Do you feel alone and sad at a party?		
158. Do you usually feel unhappy and depressed?		
159. Do you often cry?		
160. Are you always miserable and blue?		
161. Does life look entirely hopeless?		
162. Do you often wish you were dead and away from it all?		
163. Does worrying continually get you down?		
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?		
168. Did you ever have a nervous breakdown?		
169. Did anyone in your family ever have a nervous breakdown?		
170. Were you ever a patient in a mental hospital?		
171. Was anyone in your family ever in a mental hospital?		
172. Are you extremely shy or sensitive?	Yes	No
173. Do you have a shy or sensitive family?		
174. Are your feelings easily hurt?		
175. Does criticism always hurt you?		
176. Are you considered a touchy person?		
177. Do people usually misunderstand you?		
178. Is your guard up, even around friends?		
179. Do you always do things on sudden impulse?		
180. Are you easily upset or irritated?	Vac	No.
181. Do you go to pieces if you don't constantly control yourself?		
182. Do little annoyances get on your nerves and get you angry?		
183. Does it make you angry to have anyone tell you what to do?		
184. Do people often annoy and irritate you?		
185. Do you often flare up in anger if you can't have what you want right away?		
186. Do you often get in a violent rage?	Yes	No
187. Do you often shake or tremble?		
188. Are you constantly keyed up or jittery?		
189. Do sudden noises make you jump or shake?		
190. Do you tremble or feel weak whenever 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?	Yes	No
193. Do frightening thoughts keep coming back in your mind?		
194. Do you often become frightened for no apparent reason?		
*Grade Intensity/Severity: (No complaint or pain) 0 1 2 3 4 5 6 7 8 9 10 (Worse possible pain/com		