GENERAL HEALTH QUESTIONAIRE

Name	Home #		Work #
Street	Age	Ht.	Cell #
City	Birthdate		
State Zip	Occupation		
Physician	Referred By		
Main Problem	Email Address		

INSTRUCTIONS: Please read each section below carefully and, afer each numbered symptom, place an "X" in the column wich best describes how that symptom applies to you.

	Almost never (None)	Sometimes (Mild)	Often (Moderate)	Most of the time (Severe)
Section A				
1. Stomach easily upset after eating				
2. Bloating in stomach, upper abdomen				
3. Burping or belching				
4. Feeling of undigested food in stomach				
5. Uncomfortable fullness in stomach				
6. Known or suspected food allergies				
7. Fullness afer small amounts of food				
Section B				
1. Burning or gnawing stomach pain				
2. Heartburn or indigestion				
3. Pain relieved by antacids				
4. Stomach pain from stress or spicy foods				
5. Wake at night with stomach pain				
6. Pain temporarily improved by eating				
7. History of ulcer, gastritis, or antacid use				
8. Nausea after eating				
9. Use of aspirin or anti-inflammatory drugs				
Section C				
1. Bloating 1-2 hours or more after eating				
2. Bloating in lower abdomen				
3. Foul-smelling stools or gas				
4. Shiny or loose, floating stools				
5. Abdominal pain				
6. Diarrhea				
7. Food allergies				
8. Difficulty gaining weight				
9. Undigested food in stools				
Section D				
1. Constipation				
2. Alternating constipation and diarrhea				
3. Fullness in lower abdomen				
4. Straining at stool				
5. History of antibiotic use				
6. Thin stools				
7. Mucus in stools				
8. Flatulence or gas				
9. Hard or difficult bowel movements				
Section E				
1. Dislike or can't tolerate fatty foods				
2. Headaches after eating				
3. Ligh-colored stools				
4. Constipation				
5. Hard stool				
6. Oily skin				

7. Acne
8. Pain or tenderness under right side of ribs
9. Elevated cholesterol or trigylcerides, if known
10. Hemorrhoids
11. Bleeding during or after bowel movements

Section F

1. Dry skin
2. Dry, brittle hair
3. Tiredness, low energy
4. Gain weight easily
5. Low appetite
6. Constipation
7. Cold hands and feet
8. Depressed or apathetic
9. Low sex drive
10. Trouble concentrating or forgetful

Section G

1. Dizziness on standing
2. Water retention
3. Weak or shaky feeling
4. Rapid mood swings
5. Over-sensitive to sugar
6. Known or suspected allergies
7. Hair falls out
8. Impatient or irritable
9. Under stress
10. Tiredness or fatigue

Section H

1. Catch cold or flu easily
2. Slow to recover from illness
3. Swollen lymph glands
4. Sore throat
5. Poor wound healing
6. Runny nose
7. Recurrent infections
8. Cold sores or fever blisters
9. Easy bruising or bleeding gums
10. Skin bumps, boils or infections

Section I

1. Itchy eyes, nose, ears, or roof of mouth
2. Painful or swollen joints
3. Fatigue or tiredness
4. Post-nasal drip
5. Skin rashes
6. Sneezing
7. Dark circles under eyes
8. Ears stuffed up
9. Nasal or sinus congestion
10. Feel worse after eating certain foods
11. Asthma or wheezing

Section J

1. Dizzy when standing quickly
2. Irritable, weak or shaky if meal is missed
3. Crave sweets
4. Headaches relieved by eating
5. Heart races after eating sugar
6. Feel tired 1-3 hours after eating
7. Feel fain easily

8. Need coffee for energy
9. Tiredness or fatigue
10. Periods of emotional instability

Section K

1. Increased thirst
2. Increased urination
3. Night sweats
4. Fatigue
5. Overweight
6. Yeast infections
7. Family history of diabetes
8. Lowered resistance to infection
9. Wounds heal slowly
10. Poor circulation

Section L

1. Chest pain during exertion
2. "Heaviness" in legs
3. Heart pounds easily
4. Heart "misses" beats or races
5. Swelling of feet or ankles
6. Difficulty breathing at night
7. Fatigue after minor exertion
8. High cholesterol, if known
9. High blood pressure, if known
10. Family history of heart disease
11. Poor circulation

Section M

1. Chest pain during deep breathing
2. Chronic cough
3. Cough up phlegm
4. Recurrent respiratory infections
5. Smoker
6. Wheezing
7. Shortness of breath
8. Heavy feeling or tightness in chest

Section N

1. Frequent urination
2. Recurrent bladder or kidney infections
3. Painful urination
4. Cloudy, red, or brownish uring
5. Strong smelling urine
6. Pain in mid to lower back
7. Water retention or ankle swelling
8. Difficulty urinating
9. Urinary leakage or incontinence

Section O

1. Stiff, painful or swollen joints
2. Recent bone fracture
3. Known or suspected osteoporosis
4. Leg cramps at night
5. Muscle spasms or cramps
6. Back pain
7. Bursitis or tendonitis
8. Stiff all over
9. Pain in neck and shoulders
10. Post-menopausal (women)

Section P

1. Difficulty falling asleep at night
2. Restless at night
3. Leg cramps at night
4. Wake up often during night
5. Mental activity interferes with sleep

Section Q (Women only)

a) Symptoms within 2 weeks before period:

1. Weight gain
2. Depression or irritability
3. Sore or swollen breasts
4. Abdominal bloating or swelling
5. Low back ache
6. Crave sweets
7. Other symptoms worse at this time
8. Headaches

b) General symptoms:

1. Vaginal itching
2. Recurrent vaginal discharge
3. Irregular periods
4. Heavy bleeding during period
5. Breast lumps
6. Breasts sore to touch
7. Bad cramps during period

c) Menopause or pre-menopause symptoms:

1. Hot flashes
2. Mood swings
3. Insomnia
4. Erratic or missed periods
5. Dryness of skin, hair, vagina
6. Painful intercourse
7. Known or suspected osteoporosis
8. Hysterectomy

Section R (Men only)

1. Difficult urination
2. Dribbling after urination
3. Painful ejaculation
4. Painful urination
5. Low sex drive
6. Straining with urination
7. Uncomfortable feeling of bladder fullness
8. Difficulty stopping flow
9. Still feel need to urinate after voiding