

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Health Professional: \_\_\_\_\_

## PART I

Circle any of the following medications you are taking:

- |                         |                                 |                       |                            |
|-------------------------|---------------------------------|-----------------------|----------------------------|
| • Antacids              | • Chemotherapy                  | • Hormones            | • Relaxants/Sleeping Pills |
| • Antibiotic/Antifungal | • Cortisone Anti-Inflammatories | • Laxatives           | • Recreational Drugs       |
| • Antidepressants       | • Diuretics                     | • Lithium             | Specify _____              |
| • Antidiabetic/Insulin  | • Heart Medications             | • Oral Contraceptives | • Thyroid                  |
| • Aspirin/Tylenol       | • High Blood Pressure           | • Radiation           | • Ulcer Medications        |
|                         |                                 |                       | • Other _____              |

Circle if you eat, drink, or use:

- |                        |                                      |                         |                       |
|------------------------|--------------------------------------|-------------------------|-----------------------|
| • Alcohol              | • Distilled Water                    | • Luncheon Meats        | • Non-Herbal Teas     |
| • Candy                | • Fluoridated/Chlorinated Water      | • Margarine             | • Chew Tobacco        |
| • Carbonated Beverages | • At fast food restaurants regularly | • Refined Sugars        | • Vitamins & Minerals |
| • Cigarettes           | • Fried Foods                        | • Milk Products         | Specify _____         |
| • Coffee               | • Refined (White) Flour Products     | • Artificial Sweeteners |                       |

Circle if you:

- |                             |                                     |                                    |
|-----------------------------|-------------------------------------|------------------------------------|
| • Diet often                | • Exercise less than 3 times weekly | • Are exposed to chemicals at work |
| • Salt food without tasting | • Are under excessive stress        | • Are exposed to cigarette smoke   |

### DIRECTIONS:

Please read each description and **darken** the number which best describes the frequency of your symptoms within the past year. If you do not understand a symptom, put a **1** before the symptom's number.

**KEY:** 0 = Never (Occurs once a month or less) 1 = Mild (Occurs several times monthly) 2 = Moderate (Aware of it almost constantly) 3 = Severe

## PART II

### IMPORTANT

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

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

### Section C:

- |  |   |   |   |   |
|--|---|---|---|---|
| 24. Coated tongue or "fuzzy" debris on tongue                                  | 0 | 1 | 2 | 3 |
| 25. Pass large amounts of foul smelling gas                                    | 0 | 1 | 2 | 3 |
| 26. Irritable bowel or mucous colitis  | 0 | 1 | 2 | 3 |
| 27. Constipation, diarrhea alternating or stools alternate from soft to watery | 0 | 1 | 2 | 3 |
| 28. Bowel movements painful or difficult, constipation, and/or laxatives used  | 0 | 1 | 2 | 3 |
| 29. Burning or itching anus  | 0 | 1 | 2 | 3 |

### CATEGORY II

- |   |   |   |   |   |
|---|---|---|---|---|
| 30. Head congestion/"sinus fullness"                            | 0 | 1 | 2 | 3 |
| 31. Sneezing attacks  | 0 | 1 | 2 | 3 |
| 32. Dreaming, nightmare-like bad dreams                         | 0 | 1 | 2 | 3 |
| 33. Milk products and/or wheat products cause distress          | 0 | 1 | 2 | 3 |
| 34. Eyes and nose watery  | 0 | 1 | 2 | 3 |
| 35. Eyes swollen and puffy                                      | 0 | 1 | 2 | 3 |
| 36. Pulse speeds after meals and/or heart pounds after retiring | 0 | 1 | 2 | 3 |

### CATEGORY III

#### Section A:

- |   |   |   |   |   |
|---|---|---|---|---|
| 37. Crave sweets or coffee in afternoon or mid-morning        | 0 | 1 | 2 | 3 |
| 38. Hungry between meals or excessive appetite                | 0 | 1 | 2 | 3 |
| 39. Overeating sweets upsets                                  | 0 | 1 | 2 | 3 |
| 40. Eat when nervous  | 0 | 1 | 2 | 3 |
| 41. Irritable before meals                                    | 0 | 1 | 2 | 3 |
| 42. Get "shaky" or light-headed if meals delay                | 0 | 1 | 2 | 3 |
| 43. Fatigue, eating relieves                                  | 0 | 1 | 2 | 3 |
| 44. Heart palpitates if meals missed or delayed               | 0 | 1 | 2 | 3 |
| 45. Awaken a few hours after sleep, hard to get back to sleep | 0 | 1 | 2 | 3 |

#### Section B:

- |   |     |    |   |   |
|---|-----|----|---|---|
| 46. Muscle soreness after moderate exercise                         | 0   | 1  | 2 | 3 |
| 47. Vulnerability to insect bites (especially fleas and mosquitoes) | 0   | 1  | 2 | 3 |
| 48. Loss of muscle tone or "heaviness" in arms or legs              | 0   | 1  | 2 | 3 |
| 49. Enlarged heart and/or heart failure                             | 0   | 1  | 2 | 3 |
| 50. Worrier, feel insecure and/or highly emotional                  | 0   | 1  | 2 | 3 |
| 51. Pulse slow/below 65 or irregular pulse                          | Yes | No |   |   |

## PART III

### CATEGORY I

#### Section A:

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Bad breath, halitosis   | 0 | 1 | 2 | 3 |
| 2. Loss of taste for high protein foods (meat, etc.)                           | 0 | 1 | 2 | 3 |
| 3. Burning ("acid") or nervous stomach, eating relieves                        | 0 | 1 | 2 | 3 |
| 4. Gas shortly after eating  | 0 | 1 | 2 | 3 |
| 5. Indigestion 1/2 to 1 hour after eating, may last 3-4 hours                  | 0 | 1 | 2 | 3 |
| 6. Difficulty digesting fruits or vegetables; undigested foods found in stools | 0 | 1 | 2 | 3 |
| 7. Acid or spicy foods upset stomach   | 0 | 1 | 2 | 3 |

#### Section B:

- |   |     |    |   |   |
|---|-----|----|---|---|
| 8. Lower bowel gas and or bloating several hours after eating           | 0   | 1  | 2 | 3 |
| 9. Feet burn  | 0   | 1  | 2 | 3 |
| 10. "Whites" of eyes (sclera) yellow                                    | 0   | 1  | 2 | 3 |
| 11. Dry skin, itchy feet and/or skin peels on feet                      | 0   | 1  | 2 | 3 |
| 12. Brown spots or bronzing of skin                                     | 0   | 1  | 2 | 3 |
| 13. Bitter metallic taste in mouth                                      | 0   | 1  | 2 | 3 |
| 14. Blurred vision  | 0   | 1  | 2 | 3 |
| 15. Headache over eyes  | 0   | 1  | 2 | 3 |
| 16. Feel nauseous, queasy or gag easily                                 | 0   | 1  | 2 | 3 |
| 17. Color of stools light brown or yellow                               | 0   | 1  | 2 | 3 |
| 18. Greasy or high fat foods cause distress                             | 0   | 1  | 2 | 3 |
| 19. Pain between shoulder blades  | 0   | 1  | 2 | 3 |
| 20. Dark circles under eyes   | 0   | 1  | 2 | 3 |
| 21. "Acid" breath   | 0   | 1  | 2 | 3 |
| 22. History of gallbladder attacks or gallstones OR gallbladder removed | Yes | No |   |   |
| 23. Appetite reduced  | 0   | 1  | 2 | 3 |

**PART III (Continued)**

CATEGORY IV					CATEGORY V				
Section A:					Section A:				
52. Sex drive increased .....	0	1	2	3	103. Frequent skin rashes and/or hives .....	0	1	2	3
53. "Splitting" type headaches .....	0	1	2	3	104. Muscle-leg-toe cramping at rest and/or while sleeping .....	0	1	2	3
54. Memory failing .....	0	1	2	3	105. Fever easily raised/fevers common .....	0	1	2	3
55. Tolerance for sugar reduced .....	0	1	2	3	106. Crave Chocolate .....	0	1	2	3
<b>Section B:</b>					107. Feet have bad odor .....	0	1	2	3
56. Sex drive reduced or absent .....	0	1	2	3	106. Hoarseness frequent .....	0	1	2	3
57. Abnormal thirst .....	0	1	2	3	109. Difficulty swallowing .....	0	1	2	3
58. Weight gain around hips or waist .....	0	1	2	3	110. Joint stiffness after rising .....	0	1	2	3
59. Tendency to ulcers or colitis .....	0	1	2	3	111. Vomiting frequent .....	0	1	2	3
60. Increased ability to eat sugar without symptoms .....	0	1	2	3	112. Tendency to anemia .....	0	1	2	3
61. Menstrual disorders (women) .....	0	1	2	3	113. "Whites" of eyes (sclera) blue .....	0	1	2	3
62. Lack of menstruation (young girls) .....	0	1	2	3	114. "Lump" in throat .....	0	1	2	3
<b>Section C:</b>					115. Dry mouth-eyes-nose .....	0	1	2	3
63. Difficulty gaining weight, even if large appetite .....	0	1	2	3	116. White spots on finger nails .....	0	1	2	3
64. Heart palpitations .....	0	1	2	3	117. Cuts heal slowly and/or scar easily .....	0	1	2	3
65. Nervous, emotional, and/or can't work under pressure .....	0	1	2	3	118. Reduced or "lost" sense of taste and/or smell .....	0	1	2	3
66. Insomnia .....	0	1	2	3	119. Susceptible to colds, fevers, and/or infections .....	0	1	2	3
67. Inward Trembling .....	0	1	2	3	120. Strong light irritates eyes .....	0	1	2	3
68. Night Sweats .....	0	1	2	3	121. Noises in head or ringing in ears .....	0	1	2	3
69. Fast pulse at rest .....	0	1	2	3	122. Burning sensations in mouth .....	0	1	2	3
70. Intolerant to high temperatures .....	0	1	2	3	123. Numbness in hands and feet (extremities "go to sleep") .....	0	1	2	3
71. Easily flushed .....	0	1	2	3	124. Intolerant to monosodium glutamate (MSG) .....	Yes	No		
<b>Section D:</b>					125. Cannot recall dreams .....	0	1	2	3
72. Difficulty losing weight .....	0	1	2	3	126. Nose bleeds frequent .....	0	1	2	3
73. Reduced initiative and/or mental sluggishness .....	0	1	2	3	127. Bruise easily, "black and blue" spots .....	0	1	2	3
74. Easily fatigued, sleepy during the day .....	0	1	2	3	128. Muscle cramps, worse with exercise ("charley horses") .....	0	1	2	3
75. Sensitive to cold, poor circulation (cold hands and feet) .....	0	1	2	3	<b>CATEGORY VI</b>				
76. Dry or scaly skin .....	0	1	2	3	129. Aware of heavy and/or irregular breathing .....	0	1	2	3
77. "Ringing" in ears/noises in head .....	0	1	2	3	130. Discomfort in high altitudes .....	0	1	2	3
78. Hearing impaired .....	0	1	2	3	131. "Air hunger"/ sigh frequently .....	0	1	2	3
79. Constipation .....	0	1	2	3	132. Swollen ankles/worse at night .....	0	1	2	3
80. Excessive falling hair and/or coarse hair .....	0	1	2	3	133. Shortness of breath with exertion .....	0	1	2	3
81. Headaches when awoken/wear off during day .....	0	1	2	3	134. Dull pain in chest and/or pain radiating into left arm, worse on exertion .....	0	1	2	3
<b>Section E:</b>					<b>CATEGORY VII</b>				
82. Blood pressure increased .....	0	1	2	3	<b>Female Only</b>				
83. Headaches .....	0	1	2	3	135. Premenstrual tension .....	0	1	2	3
84. Hot flashes .....	0	1	2	3	136. Painful menses (cramping, etc.) .....	0	1	2	3
85. Hair growth on face or body (Question to females) .....	0	1	2	3	137. Menstruation excessive or prolonged .....	0	1	2	3
86. Masculine tendencies (Question to females) .....	0	1	2	3	138. Painful/tender breasts .....	0	1	2	3
<b>Section F:</b>					139. Menstruate too frequently .....	0	1	2	3
87. Blood pressure low .....	0	1	2	3	140. Acne, worse at menses .....	0	1	2	3
88. Crave salt .....	0	1	2	3	141. Depressed feelings before menstruation .....	0	1	2	3
89. Chronic fatigue/get drowsy .....	0	1	2	3	142. Vaginal discharge .....	0	1	2	3
90. Afternoon yawning .....	0	1	2	3	143. Menses scanty or missed .....	0	1	2	3
91. Weakness/dizziness .....	0	1	2	3	144. Hysterectomy/ovaries removed .....	Yes	No		
92. Weakness after colds/slow recovery .....	0	1	2	3	145. Menopausal hot flashes .....	0	1	2	3
93. Circulation poor .....	0	1	2	3	146. Depression .....	0	1	2	3
94. Muscular and nervous exhaustion .....	0	1	2	3	<b>CATEGORY VIII</b>				
95. Subject to colds, asthma, bronchitis (respiratory disorders) .....	0	1	2	3	<b>Male Only</b>				
96. Allergies and/or hives .....	0	1	2	3	147. Prostate trouble .....	0	1	2	3
97. Difficulty maintaining manipulative correction .....	0	1	2	3	148. Urination difficult or dribbling .....	0	1	2	3
98. Arthritic tendencies .....	0	1	2	3	149. Night urination frequent .....	0	1	2	3
99. Nails weak, ridged .....	0	1	2	3	150. Pain on inside of legs or heels .....	0	1	2	3
100. Perspire easily .....	0	1	2	3	151. Feeling of incomplete bowel evacuation .....	0	1	2	3
101. Slow starter in morning .....	0	1	2	3	152. Leg nervousness at night .....	0	1	2	3
102. Afternoon headaches .....	0	1	2	3	153. Tire easily/avoid activity .....	0	1	2	3
					154. Reduced sex drive .....	0	1	2	3
					155. Depression .....	0	1	2	3
					156. Migrating aches and pains .....	0	1	2	3