

# HEALTH APPRAISAL – COMPREHENSIVE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

CIRCLE the number which best describes the *frequency* of your symptoms. If you do not know the answer to the question, leave it blank. When you are finished, please add the number of points in each section and enter the number in the **Total Points** box. The score YES is the number inside the parenthesis ( ).

**(0) never or rarely (1) twice a week or less (2) three to six times a week (3) daily**

## PART I

### Section A

0.	Indigestion, "sour stomach"	0	1	2	3
1.	Excessive belching, burping and/or bloating	0	1	2	3
2.	Gas immediately following a meal	0	1	2	3
3.	Sense of fullness during and after meals	0	1	2	3
4.	Poor appetite, disinterest in food	0	1	2	3
5.	Offensive breath	0	1	2	3
6.	Bad taste in mouth	0	1	2	3
7.	Partial loss of taste or smell	0	1	2	3
8.	Difficult bowel movements	0	1	2	3
9.	Difficulty swallowing	0	1	2	3
10.	Unintentional weight loss	N		Y (5)	
11.	History of anemia, unresponsive to iron	N		Y (5)	
12.	Vegetarian (no eggs or dairy)	N		Y (3)	
13.	Picky eater	N		Y (3)	
14.	Spoon shaped nails	N		Y (3)	
15.	Sores in corner of mouth	N		Y (3)	
16.	Smooth tongue	N		Y (3)	

**Total Points:** \_\_\_\_\_

### Section B

1.	Indigestion & fullness lasts 2-4 hours after eating	0	1	2	3
2.	Pain, tenderness, soreness On left side under rib cage	0	1	2	3
3.	Bloated	0	1	2	3
4.	Excessive passage of gas	0	1	2	3
5.	Abdominal cramps, aches	0	1	2	3
6.	Nausea and/or vomiting	0	1	2	3
7.	Dry, flaky skin &/or dry brittle hair	0	1	2	3
8.	Difficulty gaining weight	0	1	2	3
9.	Weakness and fatigue	0	1	2	3
10.	Specific foods/beverages aggravate indigestion	0	1	2	3
11.	Roughage and fiber causes constipation	0	1	2	3
12.	Three or more large bowel movements daily	0	1	2	3
13.	Alternating constipation and diarrhea	0	1	2	3
14.	Stool poorly formed	0	1	2	3
15.	Stool – undigested food	0	1	2	3
16.	Stool – greasy, shiny	0	1	2	3
17.	Stool yellowish, foul smelling	0	1	2	3
18.	Mucus in stool	0	1	2	3
19.	Black stool	0	1	2	3
20.	Rectal spasms	0	1	2	3
21.	Dark urine	0	1	2	3
22.	Bone and back pain	0	1	2	3
23.	Pounding heart	0	1	2	3
24.	Iron deficiency anemia	N		Y (3)	

**Total Points:** \_\_\_\_\_

### Section C

1.	Stomach pain, burning, aching 1-4 hours after eating	0	1	2	3
2.	Feeling hungry an hour or two after eating	0	1	2	3
3.	Strong emotions, thought or smell of food aggravates stomach	0	1	2	3
4.	Heartburn, esp. when lying down or bending forward	0	1	2	3
5.	Heartburn due to spicy and fatty foods, chocolate, peppers, citrus, alcohol, caffeine	0	1	2	3
6.	Difficulty or pain when swallowing	0	1	2	3
7.	Chest pain, difficulty breathing, lung Infections	0	1	2	3
8.	Constipation, difficult bowel movements	0	1	2	3
9.	Black, tarry stool	0	1	2	3
10.	Unexplained weight gain	N		Y (3)	
11.	Temporary relief from antacids, carbonated beverages, cream/milk/food	N		Y (3)	
12.	Digestive problems subside with rest and relaxation	N		Y (3)	

**Total Points:** \_\_\_\_\_

### Section D

1.	Lower abdominal pain, cramping &/or spasms	0	1	2	3
2.	Lower abdominal pain relief by passing stool or gas	0	1	2	3
3.	Raw fruits, veggies and stress aggravate bowel pain	0	1	2	3
4.	Diarrhea (loose watery stool)	0	1	2	3
5.	More than 3 bowel movements daily	0	1	2	3
6.	Excessive gas and bloating	0	1	2	3
7.	Painful, difficult, straining during bowel movements	0	1	2	3
8.	hard, dry or small stool	0	1	2	3
9.	Extremely narrow stools, thin stools	0	1	2	3
10.	Alternating diarrhea/constipation	0	1	2	3
11.	Mucus and pus in stool	0	1	2	3
12.	Feeling that bowels don't empty completely	0	1	2	3
13.	Rectal pain or cramps	0	1	2	3
14.	Bright red blood following bowel movement	0	1	2	3
15.	Anal itching	0	1	2	3
16.	Irritable, moody	0	1	2	3
17.	Rash under breast, armpit, around naval or groin area	0	1	2	3
18.	Feel ill in damp, moldy settings or rainy weather	0	1	2	3

**Total Points:** \_\_\_\_\_

## PART II

### Section A

1.	Moderate to severe pain under right side of rib cage	0	1	2	3
2.	Abdominal pain worse with deep breathing	0	1	2	3
3.	Bitter fluid repeats after eating	0	1	2	3
4.	Bloated, full feeling	0	1	2	3

5.	Belching, heartburn, gas	0	1	2	3
6.	Fatty foods cause indigestion	0	1	2	3
7.	Nausea	0	1	2	3
8.	Feel restless, agitated, angry	0	1	2	3
9.	Unexplained itchy skin worse at night	0	1	2	3
10.	Yellowish cast to skin, eyes	0	1	2	3

11. Stool color alternates from clay colored to normal brown	0	1	2	3
12. General feeling of poor health	0	1	2	3
13. Fatigue, weakness, exhaustion	0	1	2	3
14. Unable to concentrate, irritable, confused	0	1	2	3
15. Aching muscles	0	1	2	3
16. Trembling hands	0	1	2	3
17. Weight gain due to water retention	0	1	2	3
18. Swollen feet and/or legs	0	1	2	3
19. Bleeding tendencies in gums, nose	0	1	2	3
20. Loss of chest and armpit hair	0	1	2	3
21. Reddened skin, especially palms	0	1	2	3
22. Dark urine, diminished flow	0	1	2	3
23. Dry, flaky skin and/or hair	N		Y (3)	
24. Loss of appetite and weight	N		Y (3)	
25. Easy bruising	N		Y (3)	
26. Thinning of pubic hair	N		Y (3)	
27. Feeling extreme dryness	N		Y (3)	
28. Loss of skin elasticity	N		Y (3)	
29. Vomiting	N		Y (3)	

**Total Points:** \_\_\_\_\_

### Section B

1. Tired, sluggish	0	1	2	3
2. Feel cold – hands, feet, all over	0	1	2	3
3. Tight sensation in neck	0	1	2	3
4. Difficult, infrequent bowel movements	0	1	2	3
5. Dryness, discoloration of skin &/or hair	0	1	2	3
6. Thick, brittle nails	0	1	2	3
7. Puffy face, hands and feet	0	1	2	3
8. Swollen upper eyelids	0	1	2	3
9. Eyeballs move involuntarily	0	1	2	3
10. Muscles weak, cramp &/or tremble	0	1	2	3
11. Slow mental processes, forgetfulness	0	1	2	3
12. Slow heartbeat	0	1	2	3
13. Abdominal swelling	0	1	2	3
14. Unsteady gait, movements	0	1	2	3
15. Lack of interest in sex	0	1	2	3
16. Gain weight easily	N		Y (5)	
17. Swelling of the neck	N		Y (5)	
18. Outer third of eyebrow thins	N		Y (3)	
19. Thinning of hair on scalp, face and genitals	N		Y (3)	
20. Loss of appetite	N		Y (3)	
21. Premenstrual tension	N		Y (3)	
22. Infertility	N		Y (3)	
23. Excessive menstrual bleeding	N		Y (3)	
24. Absence of periods	N		Y (3)	

**Total Points:** \_\_\_\_\_

## PART III

### Section A

1. Progressive, mild fatigue after exertion or stress	0	1	2	3
2. General weakness	0	1	2	3
3. Blurred vision, dizzy when rising	0	1	2	3
4. Depression	0	1	2	3
5. Rapid mood swings	0	1	2	3
6. Irritable	0	1	2	3
7. Dark circles under eyes	0	1	2	3
8. Abdominal pain, indigestion	0	1	2	3
9. Bouts of nausea, vomiting	0	1	2	3
10. Diarrhea or constipation	0	1	2	3
11. Blotchy skin (white patches)	0	1	2	3
12. Craving for salty foods	0	1	2	3
13. Decreased appetite	N		Y (3)	
14. Gradual weight loss	N		Y (3)	
15. Tan skin, no sun	N		Y (3)	
16. Gradual loss of body hair	N		Y (3)	
17. Black freckles on upper forehead, face, neck	N		Y (3)	
18. Sensitive to minor changes in weather and surroundings	N		Y (5)	

**Total Points:** \_\_\_\_\_

### Section B

1. Catch colds easily	0	1	2	3
2. Infections: eyes, ears, nose, throat, lungs, skin	0	1	2	3
3. Diarrhea	0	1	2	3
4. Puffy face	0	1	2	3
5. Dark areas on cheeks, under eyes	0	1	2	3
6. Eyes tear, burn, discharge	0	1	2	3
7. Ears continuously drain	0	1	2	3
8. Nasal congestion or discharge: thick, yellow, green	0	1	2	3
9. Sore throat or postnasal drip	0	1	2	3
10. Cough with mucus	0	1	2	3
11. Inflamed or bleeding gums	0	1	2	3
12. Cold sores, fever blisters	0	1	2	3
13. Gums swelling, bleeding	0	1	2	3
14. Unexplained weight loss of 10 pounds or more in last three months	N		Y (5)	
15. Lack of appetite	N		Y (3)	

16. Difficulty seeing at night	N		Y (5)	
17. Nail discolorations	N		Y (3)	
18. Bumpy skin on back of arms	N		Y (3)	
19. Wounds heal slowly	N		Y (3)	
20. Hair is easily plucked out, or falls out, grows slowly	N		Y (5)	
21. Lips are red and swollen	N		Y (3)	
22. Tongue is red, swollen, raw looking	N		Y (3)	
23. Impaired taste and smell	N		Y (5)	
24. Neck, armpit, groin swelling	N		Y (5)	

**Total Points:** \_\_\_\_\_

### Section C

1. Muscles fatigue quickly	0	1	2	3
2. Moody, irritable, tired	0	1	2	3
3. Severe fatigue	0	1	2	3
4. Severe joint pain, redness, swelling	0	1	2	3
5. Pain, stiffness throughout body	0	1	2	3
6. Migraine headaches	0	1	2	3
7. Sensitive to light (skin or eyes)	0	1	2	3
8. Dark circles under eyes	0	1	2	3
9. Swollen-looking face or body	0	1	2	3
10. Localized or general itching: eyes, ears, throat, nose, skin	0	1	2	3
11. Clear, watery discharge from nose, eyes	0	1	2	3
12. Extreme dryness of eyes, nasal passages, mouth	0	1	2	3
13. Sneezing	0	1	2	3
14. Cough or wheezing	0	1	2	3
15. Postnasal drip with certain foods	0	1	2	3
16. Heart palpitations after eating certain foods	0	1	2	3
17. Weight loss, muscle weakness	N		Y (5)	
18. Scalp hair falls out easily, in clumps	N		Y (5)	
19. Hair loss, entire body	N		Y (5)	
20. Easy bruising	N		Y (3)	
21. Nails – loosened, pitted, discolored	N		Y (5)	
22. Specific food(s) worsen pain, inflammation, stiffness	N		Y (3)	
23. Moldy, damp environments trigger sickness	N		Y (3)	

**Total Points:** \_\_\_\_\_

**PART IV**

**Section A**

1. Sense of being overly tired	0	1	2	3
2. Prolonged recovery after exercise	0	1	2	3
3. Coldness, esp. in hands and feet	0	1	2	3
4. Difficulty breathing on exertion, palpitation	0	1	2	3
5. Headache, dizziness, spots before eyes	0	1	2	3
6. Irritable	0	1	2	3
7. Forgetful, poor concentration	0	1	2	3
8. Ringing in ears	0	1	2	3
9. Jaundice and dark urine	0	1	2	3
10. Black stool (no iron supplements)	0	1	2	3
11. Unusual cravings for clay, dirt, ice	0	1	2	3
12. Fingernails are flattened, spoonshaped, brittle, thin	N		Y (5)	
13. White patches on skin	N		Y (3)	
14. Pale lips, gums, eyelids, nail beds	N		Y (3)	
15. Red, sore tongue	N		Y (3)	
16. Mouth, throat, rectum ulcers	N		Y (3)	
17. Unusual bruising	N		Y (3)	
18. Spontaneous bleeding – nose, mouth, gums, rectum, vagina	N		Y (3)	
20. Sores in the corner of mouth	N		Y (3)	
21. Smooth tongue	N		Y (3)	
22. Mild yellowing of eyes or skin	N		Y (3)	
23. Susceptible to infections	N		Y (3)	

**Total Points:** \_\_\_\_\_

**Section B**

1. Nosebleeds	0	1	2	3
2. Headache, typically in morning	0	1	2	3
3. Weakness, fatigue, nervous	0	1	2	3
4. Ringing in ears	0	1	2	3
5. Dizziness, drowsiness	0	1	2	3
6. Blushing – no apparent cause	0	1	2	3
7. Numbness, tingling in hands & feet	0	1	2	3
8. Blurred vision	0	1	2	3

**Total Points:** \_\_\_\_\_

**Section C**

1. Feel jittery	0	1	2	3
2. Heartburn that moves to neck, jaws, left shoulder and arm	0	1	2	3
3. First effort of the day causes pain around chest	0	1	2	3
4. Dizziness	0	1	2	3
5. Choking, smothering sensation	0	1	2	3
6. Exhaustion with minor exertion	0	1	2	3

7. Heart pounds easily	0	1	2	3
8. Heavy sweating (no exertion)	0	1	2	3
9. Mild or severe chest pain	0	1	2	3
10. Difficulty catching breath esp. during Exercise	0	1	2	3
11. Wheezing or dry cough	0	1	2	3
12. Heart palpitations: slow, rapid or irregular	0	1	2	3
13. Swelling in feet, ankle, legs which comes and goes	0	1	2	3
14. Veins on neck are prominent	0	1	2	3

**Total Points:** \_\_\_\_\_

**Section D**

1. Fluid retention	0	1	2	3
2. Numbness, tingling, prickling sensation in hands, feet	0	1	2	3
3. Muscle pain in calves or thighs when Walking	0	1	2	3
4. Muscle pain at rest	0	1	2	3
5. Cold feet	0	1	2	3
6. Headaches	0	1	2	3
7. Dizziness, everything spins	0	1	2	3
8. Poor concentration	0	1	2	3
9. Slurred speech	0	1	2	3
10. Ringing in ears	0	1	2	3
11. Brief moments of hearing loss	0	1	2	3
12. Nausea comes and goes quickly	0	1	2	3
13. Falling without known cause	0	1	2	3
14. Brief difficulty swallowing	0	1	2	3
15. Brief difficulty speaking	0	1	2	3
16. Stammering or twitching of tongue	0	1	2	3
17. Double vision	0	1	2	3
18. Difficulty understanding spoken or written word	0	1	2	3
19. Brief loss of muscular coordination in legs, arms	0	1	2	3
20. Inability to recognize persons or things that pass quickly	0	1	2	3
21. Inability to feel pain or temperature, usually on one side, that disappears quickly	0	1	2	3
22. One leg or arm – shiny, hairless skin	N		Y (5)	
23. Discolored or blue toes	N		Y (5)	
24. Open sores on feet and legs	N		Y (5)	
25. Fingers and toes numb in response to cold weather even when protected	N		Y (5)	

**Total Points:** \_\_\_\_\_

**PART V**

**Section A**

Missing meals or fasting is associated with the following:

1. Sudden anxiety associated with hunger	0	1	2	3
2. Tingling sensation in hands	0	1	2	3
3. Palpitations	0	1	2	3
4. Feel shaky, jittery, have tremors	0	1	2	3
5. Weakness	0	1	2	3
6. Profuse perspiration, clammy skin	0	1	2	3
7. Nightmares	0	1	2	3
8. Awake from sleep restless	0	1	2	3
9. Agitated, easily upset, nervous	0	1	2	3
10. Poor memory, forgetful	0	1	2	3
11. Confusion, disoriented	0	1	2	3
12. Dizziness, feel faint	0	1	2	3
13. Feeling cold, numbness	0	1	2	3
14. Mild headache	0	1	2	3
15. Blurred or double vision	0	1	2	3
16. Lack of coordination	0	1	2	3

**Total Points:** \_\_\_\_\_

**Section B**

1. Excessive, frequent urination	0	1	2	3
2. Increased thirst and appetite	0	1	2	3
3. Blurred vision, failing eyesight	0	1	2	3
4. Fatigue, drowsiness	0	1	2	3
5. Crave sweets, but eating sweets does not relieve craving	0	1	2	3
6. Feel hungry for air (can't get enough)	0	1	2	3
7. Breath smells sweet	0	1	2	3
8. Depressed	0	1	2	3
9. Tingling, numbness, prickling sensation in extremities	0	1	2	3
10. Profuse sweating	0	1	2	3
11. Dribble after voiding	0	1	2	3
12. Impotency	0	1	2	3
13. Dizziness when standing from sitting position	0	1	2	3
14. Slurred speech	0	1	2	3
15. Unintentional weight loss	N		Y (3)	

16. Recurring, persistent infection in bladder, skin or gums	N	Y (3)	18. Very slow wound healing	N	Y (3)
17. Boils and leg sores	N	Y (3)	19. Excessive weight gain	N	Y (3)

**Total Points:** \_\_\_\_\_

**PART VI**

1. Weakness and fatigue	0	1	2	3	13. Sputum – thick, clear, yellow	0	1	2	3
2. Chest discomfort, pain	0	1	2	3	14. Sputum – smells offensive	0	1	2	3
3. Sudden breathing difficulty	0	1	2	3	15. Bloody sputum	0	1	2	3
4. Shortness of breath	0	1	2	3	16. Bad breath	0	1	2	3
5. Shallow breathing	0	1	2	3	17. Wheezing	0	1	2	3
6. Noisy rattling sounds when breathing in or out	0	1	2	3	18. Loud snoring	0	1	2	3
7. Cough – dry or moist	0	1	2	3	19. Sleepy during the day	0	1	2	3
8. Rapid heartbeats	0	1	2	3	20. Morning headache	0	1	2	3
9. Excessive perspiration	0	1	2	3	21. Difficulty concentrating	0	1	2	3
10. Anxiety, restlessness	0	1	2	3	22. Unexplained weight loss	N	Y (3)		
11. Consistent low grade fever (100°-101°)	0	1	2	3	23. Infections settle in lungs	N	Y (3)		
12. Bluish nails and lips	0	1	2	3	24. Flu symptoms last longer than 5 days	N	Y (3)		

**Total Points:** \_\_\_\_\_

**PART VII**

1. Retain fluid throughout body	0	1	2	3	11. Dripping after urination	0	1	2	3
2. Mild lower back pain	0	1	2	3	12. Can't hold urine	0	1	2	3
3. Frequent urge to urinate, but only small amounts pass	0	1	2	3	13. Bloody, cloudy and/or darkened urine	0	1	2	3
4. Interruption of urine stream	0	1	2	3	14. Strong smelling urine	0	1	2	3
5. Excessive urination	0	1	2	3	15. Joint and muscle pain	0	1	2	3
6. Excessive urination at night	0	1	2	3	16. Tingling in joints	0	1	2	3
7. Burning when urinating	0	1	2	3	17. Dark circles under eyes	0	1	2	3
8. Frequent urination with urgency	0	1	2	3	18. Grey, blackish cast to skin	0	1	2	3
9. Rarely need to urinate	0	1	2	3	19. Back or leg pains associated with dripping after urination	N	Y (5)		
10. Difficulty passing urine	0	1	2	3	20. Poor skin elasticity	N	Y (3)		

**Total Points:** \_\_\_\_\_

**PART VIII (MEN ONLY)**

**Section A**

1. Frequent or urgent need to urinate	0	1	2	3
2. Delayed, weak, or interrupted urinary stream	0	1	2	3
3. Pain or burning upon urination	0	1	2	3
4. Urge to urinate several times a night	0	1	2	3
5. Rose colored (bloody) urine	0	1	2	3
6. Difficulty urinating	0	1	2	3
7. A sense of bladder fullness	0	1	2	3
8. Ejaculation causes pain	0	1	2	3
9. Blood in semen	0	1	2	3
10. Lack of sex drive	0	1	2	3
11. Impotency	0	1	2	3
12. Pain or fatigue in legs or back	0	1	2	3
13. Dripping after urination	0	1	2	3
14. Increased straining with small amounts of urine passed	0	1	2	3
15. Anemia	N	Y (3)		

**Total Points:** \_\_\_\_\_

**Section B**

1. Itchy patches around inner thigh & groin	0	1	2	3
2. Itching at night	0	1	2	3
3. Painful testicles	0	1	2	3
4. Difficulty attaining &/or maintaining an erection	0	1	2	3
5. Low sexual drive	0	1	2	3
6. Premature ejaculation	0	1	2	3
7. Low energy level or stamina	0	1	2	3
8. Inflammation on the head of penis	N	Y (5)		
9. Genital &/or rectal rash or irritation	N	Y (5)		
10. Distorted nail growth	N	Y (3)		
11. Loss of pubic hair or armpit hair	N	Y (3)		
12. Infertile	N	Y (3)		
13. Low sperm count, low sperm motility	N	Y (3)		
14. Unexplained weight gain	N	Y (3)		
15. Testicles appear smaller	N	Y (3)		
16. Development of breasts or nipple tenderness	N	Y (3)		
17. Feeling of heaviness or hardness in testicle	N	Y (3)		
18. Sparse beard or slow hair growth	N	Y (3)		
19. Decreased body hair	N	Y (3)		
20. Fine wrinkling in corner of mouth or around eyes	N	Y (3)		

**Total Points:** \_\_\_\_\_

**PART IX (WOMEN ONLY)**

**Section A**

Circle if you experience any of these symptoms *within 3 days to two weeks prior to menstruation (ovulation)*:

1. Insomnia	0	1	2	3
2. Abdominal bloating	0	1	2	3
3. Breast tenderness	0	1	2	3
4. Heart palpitations	0	1	2	3
5. Sweating and flushing	0	1	2	3
6. Depressed, irritable, nervous	0	1	2	3
7. Easy to anger, resentful	0	1	2	3
8. Easily overwhelmed	0	1	2	3
9. Nausea &/or vomiting	0	1	2	3
10. Diarrhea or constipation	0	1	2	3
11. Headache	0	1	2	3
12. Food cravings, binge eating	0	1	2	3
13. Back pain	0	1	2	3
14. Numbness, tingling in hands and feet	0	1	2	3
15. Clumsiness	0	1	2	3
16. Feeling hopeless, sad	0	1	2	3
17. Weight gain – water	N			Y (3)
18. Breast lumps appear	N			Y (3)
19. Suicidal	N			Y (10)

**Total Points:** \_\_\_\_\_

**Section B**

1. Vaginal dryness, pain	0	1	2	3
2. Painful intercourse	0	1	2	3
3. Engorged breasts	0	1	2	3
4. Disinterest in sex	0	1	2	3
5. Blurred vision	0	1	2	3
6. Headache	0	1	2	3
7. Acne &/or oily skin	0	1	2	3
8. Aggressive feelings	0	1	2	3
9. Overwhelming urges for sexual intercourse	0	1	2	3
10. Absence of menstrual flow for six or more months	N			Y (20)
11. Occasionally skip periods	N			Y (5)
12. Menstruation began after 16 yrs of age	N			Y (3)
13. Breasts shrinking	N			Y (5)
14. Thinning pubic and armpit hair	N			Y (5)
15. Unable to get pregnant	N			Y (10)
16. Miscarriage	N			Y (3)
17. Excess facial hair	N			Y (5)
18. Poor sense of smell	N			Y (3)
19. Monthly abdominal pain without bleeding	N			Y (5)
20. Milk production (not nursing)	N			Y (10)

**Total Points:** \_\_\_\_\_

**Section C**

1. Painful intercourse	0	1	2	3
2. Menstrual type pain between menses	N			Y (3)
3. Irregular time intervals between periods	N			Y (5)
4. Extended menses (greater than every 32 days)	N			Y (10)
5. Shortened menses (less than every 24 days)	N			Y (5)
6. Vaginal bleeding between periods	N			Y (10)
7. Vaginal discharge between periods	N			Y (5)
8. Pain during periods is getting progressively worse	N			Y (5)

Circle if you experience any of these symptoms *during your period*:

9. Pain, cramps	0	1	2	3
10. Irritable and depressed	0	1	2	3
11. Constipation &/or diarrhea	0	1	2	3
12. Lower abdominal pain, bloating	0	1	2	3
13. Nausea &/or vomiting	0	1	2	3
14. Lower backache	0	1	2	3
15. Pelvic &/or rectal pressure	0	1	2	3
16. Urinary difficulties	0	1	2	3
17. Frequent urination	N			Y (5)
18. Unusual fatigue, can't work	N			Y (5)
19. Scanty blood flow	N			Y (3)
20. Heavy blood flow	N			Y (3)

**Total Points:** \_\_\_\_\_

**Section D**

1. Clear, gray, or yellow vaginal discharge	0	1	2	3
2. Burning or itching of the external genitalia	0	1	2	3
3. Urgent, painful urination	0	1	2	3
4. Lower abdominal or back pain	0	1	2	3
5. Heavy, watery and bloody vaginal discharge	0	1	2	3
6. Pelvic cramps	0	1	2	3
7. Thin, scant, white vaginal discharge	0	1	2	3
8. Greenish, yellow, or offensive discharge	0	1	2	3
9. Cheesy white discharge	0	1	2	3
10. Breast lumps or swelling with or without pain or tenderness	N			Y (10)
11. Lumps hurt just before period	N			Y (5)
12. Swelling under armpit	N			Y (5)
13. Change in breast size, shape	N			Y (5)
14. White or slightly bloody vaginal discharge, one week prior to period	N			Y (10)
15. Heavy menstrual flow	N			Y (3)
16. Vaginal bleeding after sex or between periods	N			Y (5)

**Total Points:** \_\_\_\_\_

**Section E**

1. Dry skin, hair, vagina	0	1	2	3
2. Disinterest in sex	0	1	2	3
3. Mood swings, irritable	0	1	2	3
4. Depression, anxiety, nervousness	0	1	2	3
5. Craving for sweets, binge eating	0	1	2	3
6. Headaches or dizziness	0	1	2	3
7. Painful intercourse	0	1	2	3
8. Sudden hot flashes	0	1	2	3
9. Spontaneous sweating	0	1	2	3
10. Shortness of breath &/or heart palpitations	0	1	2	3
11. Unpredictable vaginal bleeding	0	1	2	3
12. Difficulty holding urine	0	1	2	3
13. Difficulty sleeping	0	1	2	3
14. Mental fogginess	0	1	2	3
15. Vaginal pain &/or itching	0	1	2	3
16. Thin, scant white vaginal discharge	0	1	2	3
17. Low back &/or hip pain	0	1	2	3
18. Breast tenderness, pain or tingling, prickling sensation	0	1	2	3
19. Thinning armpit and pubic hair	N			Y (5)
20. Stopped menstruating	N			Y (20)
21. Breasts beginning to shrink, sag	N			Y (10)
22. Abnormal growth of hair above lip	N			Y (3)
23. Easy bruising, loss of skin tone	N			Y (5)
24. Irregular menstrual cycle	N			Y (3)

**Total Points:** \_\_\_\_\_

**PART X**

**Section A**

1. Generalized bone tenderness & achiness	0	1	2	3
2. Localized bone pain	0	1	2	3
3. Bone deformity with or without swelling	0	1	2	3
4. Shins hurt during or after exercise	0	1	2	3
5. Low back or hip pain	0	1	2	3
6. Difficulty sitting straight	0	1	2	3
7. Limp, walking difficulties	0	1	2	3
8. Crunching or creaking sounds when move joints	0	1	2	3
9. Hands, feet, throat spasm or feel numb	0	1	2	3
10. Joint pain and stiffness – especially spine, hips, knees	0	1	2	3
11. Hearing loss, headaches, ringing in ears	0	1	2	3
12. Cavities within the last two years	N		Y (5)	
13. Tooth loss due to gum disease	N		Y (5)	
14. Established bone loss	N		Y (10)	
15. Calcium deposits around joints	N		Y (5)	
16. Spinal curvature (10)	N		Y	
17. Recent loss of height	N		Y (10)	
18. Bow legs	N		Y (5)	
19. Stooped posture	N		Y (5)	
20. Hump at base of neck	N		Y (5)	
21. Irregular patches of increased Pigmentation	N		Y (3)	
22. Unexplained bone fracture	N		Y (10)	

**Total Points:** \_\_\_\_\_

**Section B**

1. Muscle aches & pains	0	1	2	3
2. Muscle stiffness, tension	0	1	2	3
3. Specific points on body feel sore when Pressed	0	1	2	3
4. Headaches	0	1	2	3
5. Fatigue, tired, sluggish	0	1	2	3
6. Difficulty sleeping	0	1	2	3
7. Feel unrefreshed upon awakening	0	1	2	3
8. Difficulty speaking/swallowing	0	1	2	3
9. Muscle cramps or spasm	0	1	2	3
10. Muscles twitch or tremble – eyelids, thumb, calf muscle	0	1	2	3
11. Irresistible urge to move legs	0	1	2	3
12. Legs move during sleep	0	1	2	3
13. Unpleasant crawling sensation inside calves, while lying down	0	1	2	3
14. Excessive joint mobility	0	1	2	3
15. Unable to fully straighten or extend legs &/or arms	0	1	2	3
16. Upper or lower back pain	0	1	2	3
17. Loss of muscle strength	N		Y (3)	
18. Muscle loss, wasting	N		Y (3)	
19. Numbing, tingling sensation	N		Y (3)	

**Total Points:** \_\_\_\_\_

**Section C**

1. Joint stiffness, soreness, swelling	0	1	2	3
2. Red, swollen, painful joints	0	1	2	3
3. Joint stiffness, improves when resting, worsens with movement	0	1	2	3
4. Dry mouth	0	1	2	3
5. Dry painful eyes	0	1	2	3

6. Joint stiffness worsens with rest, improves with movement	0	1	2	3
7. Cracking joints	0	1	2	3
8. Limp				
9. Shooting, aching, tingling pain down the back of leg	0	1	2	3
10. Joint pain involves one or a few joints	0	1	2	3
11. Joints hurt when moving or when carrying weight	0	1	2	3
12. Difficulty standing up from sitting position	0	1	2	3
13. Headache	0	1	2	3
14. Difficulty chewing food or opening mouth	0	1	2	3
15. Intermittent pain, ache on one side of head spreading to cheek, temple, lower jaw, ear, neck, and shoulder	0	1	2	3
16. Numbness, prickling, tingling sensation in neck, shoulder, and arms	0	1	2	3
17. Injure, strain, sprain easily	0	1	2	3
18. Discomfort or pain in neck, shoulder, or arm	0	1	2	3
19. Involuntary muscle spasms	0	1	2	3
20. Deliberate movement with hands is difficult	0	1	2	3
21. Red, painless skin lumps on elbows, knees, toes, ear, nose, back of scalp	N		Y (5)	
22. Knobby overgrowths on joints closest to the fingertips	N		Y (5)	
23. Muscle loss around inflamed joint (10)	N		Y	
24. Double jointed	N		Y (3)	
25. One leg shorter than the other	N		Y (5)	
26. Walk slowly	N		Y (3)	
27. Limited range of motion	N		Y (3)	

**Total Points:** \_\_\_\_\_

**Section D**

1. Head feels heavy	0	1	2	3
2. Light headedness/fainting	0	1	2	3
3. Ringing/buzzing in ears	0	1	2	3
4. Trembling hands	0	1	2	3
5. Limbs feel too heavy to hold up	0	1	2	3
6. Loss of feeling in hands &/or feet (toes)	0	1	2	3
7. Tingling sensation followed by numbness, or pain begins in hands and feet and spreads toward the center of your body	0	1	2	3
8. Unsteady gait, lose balance	0	1	2	3
9. Muscles feel weak	0	1	2	3
10. Weak grip with spasm and arm weakness	0	1	2	3
11. Exhaustion on slightest effort	0	1	2	3
12. Need for 10-12 hours sleep	0	1	2	3
13. Muscular weakness begins in leg and moves upward	0	1	2	3
14. Difficulty walking, moving around, handling small objects	0	1	2	3
15. Nervous, anxious	0	1	2	3
16. Confused, forgetful	0	1	2	3
17. Slowed or slurred speech	0	1	2	3
18. Difficulty breathing	0	1	2	3
19. Blurred vision	0	1	2	3
20. Eyelids droop	0	1	2	3
21. Accident prone – trip, stumble, feel clumsy	N		Y (5)	
22. Impaired hearing, eyesight, sense of touch, smell, taste	N		Y (15)	
23. Convulsion	N		Y (15)	

**Total Points:** \_\_\_\_\_