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Health History Questionnaire Part 2

For the following statements, please scribe the appropriate number (or 'yes/no') to signify the intensity of your answer. Zero (representing the least, or never) ascending to three, which represents the most, or always.

Category 1

Feeling that the bowels do not empty completely
 Lower abdominal pain by relieving stool or gas
 Alternating constipation and diarrhea
 Diarrhea
 Constipation
 Hard dry or small stool
 'Coated' tongue (fuzzy debris)
 Pass large amount of foul smelling gas
 More than three bowel movements daily
 Do you use laxatives frequently

Category 2

Excessive belching, burping, or bloating
 Gas immediately following a meal
 Difficult bowel movements
 Sense of fullness during and after meals
 Offensive breath
 Difficulty digesting fruits and vegetables
 (or undigested foods found in stools)

Category 3

Stomach Pain, burning or aching 1-4 hours after eating
 Heartburn while lying down or bending forward
 Do you frequently use antacids
 Digestive problems subside with rest and relaxation
 Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol,
 and caffeine
 Temporary relief from antacids, foods, milk, or carbonated
 beverages

Category 4

Roughage and fiber cause constipation
 Indigestion and fullness lasts 2-4 hours after eating
 Excessive passage of gas
 Nausea and/or vomiting
 Frequent urination
 Increased thirst and appetite
 Difficulty losing weight
 Pain, tenderness, or soreness on left side under ribcage
 Stool undigested, foul-smelling, mucas-like, greasy, or poorly
 formed

Category 5

History of gall bladder attacks or stones
 Have you ever had your gallbladder removed
 Unexplained, itchy skin
 Reddened skin, especially the palms
 Dry/ flaky skin and/or hair
 Yellowish cast to eyes
 Greasy or high fat foods cause distress
 Stool color alternates from a clay to normal brown
 Lower bowel gas and bloating sev. hrs. after eating
 Bitter, metallic taste in mouth, esp. in the morning

Category 6

Crave sweets during the day
 Blurred vision
 Irritable if meals are missed
 Poor memory, forgetful
 Agitated, easily upset or nervous
 Get lightheaded if meals are missed
 Eating relieves fatigue
 Feel shaky, jittery, or have tremors
 Depend on coffee to get started or keep going

Category 7

Frequent urination
 Difficulty losing weight
 Increased thirst or appetite
 Fatigue after meals
 Crave sweets during the day
 Eating sweets does not relieve the craving for sugar
 Must have sweets after meals
 Waist girth is equal to or larger than hip girth

Category 8

Cannot stay asleep
 Crave salt
 Slow starter in the morning
 Afternoon fatigue
 Dizziness when standing up quickly
 Headaches with exertion or stress
 Weak nails