NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth……………………………………… Male/Female/Other…………………………

Address………………………………………………………………………………………………………………………………………………………………………………………………………..

Telephone…………………………………… Email………………………………………………

**PREVIOUS MEDICAL HISTORY:**

Childhood Diseases; General health, Major/recurrent Illnesses (i.e. Hepatitis; Jaundice; Diabetes; TB; Glandular Fever; Asthma); Accidents; Hospitalisations; Immunisations; Operations; Surgeries; Medical results i.e. blood tests

**DRUG HISTORY:**

Name of Drug/s; Dosage & Frequency; Duration Taken; Reason for prescribed/self administration.

Past/Current use; Type and length of time taken; Laxatives; Antacids; Painkillers; Sleeping Pills; Oral Contraception; Antibiotics; Vitamins/ Minerals Supplements; Other

**ALLERGIES:**

Known allergies to drugs, foods, environmental etc

**FAMILY HISTORY:**

Major health problems in the family

**LIFESTYLE:**

Smoking Habits; Drinking Habits; Exercise; Home Situation; Work Situation: Hobbies/Pastimes; Recreational Drugs

INSTRUCTIONS:

This questionnaire asks you to assess how you have been feeling during the last four months. All information is held in strict confidence.

Some questions are asked more than once, albeit in a slightly different way; this is because some symptoms can be due to a variety of causes, and need to be assessed within the context of other related symptoms. Please bear with it! Please circle the number that best describes your symptoms.

PLEASE LEAVE THE QUESTION BLANK IF YOU NEVER EXPERIENCE THE SYMPTOM.

***0 = Never***

***1 = Rarely*** *(Symptom is familiar to you but you perceive it as insignificant ~ monthly or less)*

***2 = Occasionally*** *(Symptom comes and goes and is linked in your mind to stress, diet, fatigue or some identifiable trigger)*

***4 = Often*** *(Symptom occurs 2-3 times per week and/or with a frequency that bothers you enough that you would like to do something about it)*

***8 = Frequently*** *(Symptom occurs 4 or more times a week and/or you are aware of the symptom every day, or it occurs with regularity on a monthly or cyclical basis)*

***Please note: Some symptoms require a YES or a NO response. 1 = NO 8= YES***

**SECTION A**

**PART I:**

| **SECTION A** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Food repeats on you after you eat | 0 | 1 | 2 | 4 | 8 |
| (b) | Excessive burping and belching following meals | 0 | 1 | 2 | 4 | 8 |
| (c) | Stomach spasms/cramping during or after eating | 0 | 1 | 2 | 4 | 8 |
| (d) | Food sits in your stomach causing uncomfortable fullness, pressure or bloating during or after a meal | 0 | 1 | 2 | 4 | 8 |
| (e) | Bad taste in your mouth | 0 | 1 | 2 | 4 | 8 |
| (f) | Small amounts of food fill you up immediately | 0 | 1 | 2 | 4 | 8 |
| (g) | You skip meals/eat erratically because you have no appetite | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION B** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Strong emotions, or the thought or smell of food aggravates your stomach or makes it hurt | 0 | 1 | 2 | 4 | 8 |
| (b) | Feel hungry an hour or so after a good sized meal | 0 | 1 | 2 | 4 | 8 |
| (c) | Stomach pain/burning 1-4 hours after eating | 0 | 1 | 2 | 4 | 8 |
| (d) | Stomach pain/burning relieved by eating, drinking fizzy drinks, cream or milk or taking antacids | 0 | 1 | 2 | 4 | 8 |
| (e) | Burning sensation in the lower part of your chest, especially when lying down or bending forward | 0 | 1 | 2 | 4 | 8 |
| (f) | Painful indigestion even when relaxed | 0 | 1 | 2 | 4 | 8 |
| (g) | Eating spicy and/or fatty food, chocolate, alcohol, coffee, citrus or hot peppers causes your stomach to burn or ache | 0 | 1 | 2 | 4 | 8 |
| (h) | Feel a sense of nausea when you eat | 0 | 1 | 2 | 4 | 8 |
| (i) | Difficulty or pain when swallowing food or drink | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION C** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | When massaging under your rib cage *on your* ***LEFT*** *side*, there is pain, tenderness or soreness | 0 | 1 | 2 | 4 | 8 |
| (b) | Indigestion, fullness or tension in your abdomen is delayed, occurring 2-4 hours after eating a meal | 0 | 1 | 2 | 4 | 8 |
| (c) | Lower abdominal discomfort is relieved with passage of gas or with a bowel movement | 0 | 1 | 2 | 4 | 8 |
| (d) | Specific foods/drinks aggravate indigestion | 0 | 1 | 2 | 4 | 8 |
| (e) | The consistency/form of your stool changes (e.g. from narrow to loose) during the course of a day | 0 | 1 | 2 | 4 | 8 |
| (f) | Stool odour is embarrassing | 0 | 1 | 2 | 4 | 8 |
| (g) | Undigested food in your stool | 0 | 1 | 2 | 4 | 8 |
| (h) | Three or more large bowel movements a day | 0 | 1 | 2 | 4 | 8 |
| (i) | Diarrhoea (frequent, loose, watery stool) | 0 | 1 | 2 | 4 | 8 |
| (j) | Bowel movement shortly after eating (within an hour) | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION D** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Discomfort, pain, cramps in your lower abdominal area | 0 | 1 | 2 | 4 | 8 |
| (b) | Emotional stress/eating raw fruit/veg causes abdominal pain, bloating, cramps or gas | 0 | 1 | 2 | 4 | 8 |
| (c) | Generally constipated, or straining during bowel movements | 0 | 1 | 2 | 4 | 8 |
| (d) | Stool is small, hard, dry | 0 | 1 | 2 | 4 | 8 |
| (e) | Pass mucous in your stool | 0 | 1 | 2 | 4 | 8 |
| (f) | Alternate between constipation and diarrhoea | 0 | 1 | 2 | 4 | 8 |
| (g) | Rectal pain, itching or cramping | 0 | 1 | 2 | 4 | 8 |
| (h) | No urge to have a bowel movement | 0 | 1 | 2 | 4 | 8 |
| (i) | An almost continual urge to have a bowel movement | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

**PART II:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | When massaging your rib cage *on your* ***RIGHT*** *side,* there is pain, tenderness or soreness | 0 | 1 | 2 | 4 | 8 |
| (b) | Abdominal pain worsens with deep breathing | 0 | 1 | 2 | 4 | 8 |
| (c) | Pain at night that may move to your back or right shoulder | 0 | 1 | 2 | 4 | 8 |
| (d) | Bitter fluid repeats after eating | 0 | 1 | 2 | 4 | 8 |
| (e) | Abdominal discomfort/nausea after eating fatty/fried/rich foods | 0 | 1 | 2 | 4 | 8 |
| (f) | Throbbing temples/dull pain in forehead associated with over-eating | 0 | 1 | 2 | 4 | 8 |
| (g) | Unexplained itchy skin ~ worse at night | 0 | 1 | 2 | 4 | 8 |
| (h) | Stool colour alternates from clay colour to brown | 0 | 1 | 2 | 4 | 8 |
| (i) | General feeling of poor health | 0 | 1 | 2 | 4 | 8 |
| (j) | Aching muscles not due to exercise | 0 | 1 | 2 | 4 | 8 |
| (k) | Retain fluid/feel swollen round the abdominal area | 0 | 1 | 2 | 4 | 8 |
| (l) | Reddened skin ~ especially palms | 0 | 1 | 2 | 4 | 8 |
| (m) | Very strong body odour | 0 | 1 | 2 | 4 | 8 |
| (n) | Embarrassed by your breath | 0 | 1 | 2 | 4 | 8 |
| (o) | Bruise easily | 0 | 1 | 2 | 4 | 8 |
| (p) | Yellowish cast to eyes | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

**PART III:**

| **SECTION A** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Feel cold ~ hands, feet, all over ~ for no apparent reason | 0 | 1 | 2 | 4 | 8 |
| (b) | Upper eyelids look swollen | 0 | 1 | 2 | 4 | 8 |
| (c) | Muscles are weak, tremble, cramp | 0 | 1 | 2 | 4 | 8 |
| (d) | Forgetful | 0 | 1 | 2 | 4 | 8 |
| (e) | Feel like your heart beats slowly | 0 | 1 | 2 | 4 | 8 |
| (f) | Reaction time seems slowed down | 0 | 1 | 2 | 4 | 8 |
| (g) | Disinterested in sex because desire seems low | 0 | 1 | 2 | 4 | 8 |
| (h) | Feel slow moving, sluggish | 0 | 1 | 2 | 4 | 8 |
| (i) | Constipation | 0 | 1 | 2 | 4 | 8 |
| (j) | Dryness, discolouration of skin and/or hair |  | 1 |  |  | 8 |
| (k) | Voice seems to be deepening |  | 1 |  |  | 8 |
| (l) | Thick, brittle nails |  | 1 |  |  | 8 |
| (m) | Weight gain for no apparent reason |  | 1 |  |  | 8 |
| (n) | Outer third of your eyebrows are thinning/disappearing |  | 1 |  |  | 8 |
| (o) | Swelling of the neck |  | 1 |  |  | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION B** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Lingering or mild fatigue after exertion or stress | 0 | 1 | 2 | 4 | 8 |
| (b) | Get tired/exhaust easily | 0 | 1 | 2 | 4 | 8 |
| (c) | Craving for salty foods | 0 | 1 | 2 | 4 | 8 |
| (d) | Sensitive to minor changes in weather and/or surroundings | 0 | 1 | 2 | 4 | 8 |
| (e) | Dizzy when rising from a kneeling position | 0 | 1 | 2 | 4 | 8 |
| (f) | Dark blueish/black circles under your eyes | 0 | 1 | 2 | 4 | 8 |
| (g) | Bouts of nausea with or without vomiting | 0 | 1 | 2 | 4 | 8 |
| (h) | Catch colds/infections easily | 0 | 1 | 2 | 4 | 8 |
| (i) | Wounds heal slowly | 0 | 1 | 2 | 4 | 8 |
| (j) | Your body/parts of your body feel tender, sore, bruised, sensitive to touch, hot and/or painful | 0 | 1 | 2 | 4 | 8 |
| (k) | Feel puffy/swollen all over your body | 0 | 1 | 2 | 4 | 8 |
| (l) | Skin is gradually tanning without exposure to the sun | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

**PART IV:**

| **SECTION A** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **When you miss meals/go for extended periods without food, do you experience any of the following symptoms?** | | | | | | |
| (a) | A sense of weakness | 0 | 1 | 2 | 4 | 8 |
| (b) | A sudden sense of anxiety when you get hungry | 0 | 1 | 2 | 4 | 8 |
| (c) | Tingling sensation in your hands | 0 | 1 | 2 | 4 | 8 |
| (d) | A sensation of your heart beating too quickly/forcefully | 0 | 1 | 2 | 4 | 8 |
| (e) | Shaky, jittery, hands trembling | 0 | 1 | 2 | 4 | 8 |
| (f) | Sudden profuse sweating/your skin feels clammy | 0 | 1 | 2 | 4 | 8 |
| (g) | Nightmares possibly associated with going to bed on an empty stomach | 0 | 1 | 2 | 4 | 8 |
| (h) | Wake up at night feeling restless | 0 | 1 | 2 | 4 | 8 |
| (i) | Agitation, easily upset, nervous | 0 | 1 | 2 | 4 | 8 |
| (j) | Poor memory, forgetful | 0 | 1 | 2 | 4 | 8 |
| (k) | Confused or disorientated | 0 | 1 | 2 | 4 | 8 |
| (l) | Dizzy, faint | 0 | 1 | 2 | 4 | 8 |
| (m) | Cold or numb | 0 | 1 | 2 | 4 | 8 |
| (n) | Mild headaches/head pounding | 0 | 1 | 2 | 4 | 8 |
| (o) | Blurred/double vision | 0 | 1 | 2 | 4 | 8 |
| (p) | Feel clumsy and uncoordinated | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION B** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Frequent urination during the day | 0 | 1 | 2 | 4 | 8 |
| (b) | Unusual thirst ~ feeling like you cannot drink enough water | 0 | 1 | 2 | 4 | 8 |
| (c) | Unusual hunger ~ eating all the time | 0 | 1 | 2 | 4 | 8 |
| (d) | Vision blurs | 0 | 1 | 2 | 4 | 8 |
| (e) | Feel itchy all over | 0 | 1 | 2 | 4 | 8 |
| (f) | Tingling/numbness in your feet | 0 | 1 | 2 | 4 | 8 |
| (g) | Sores heal slowly | 0 | 1 | 2 | 4 | 8 |
| (h) | Drowsiness/lethargy during the day not associated with missing meals or not sleeping | 0 | 1 | 2 | 4 | 8 |
| (i) | Eating starchy foods, even if they are healthy and unprocessed like rice, beans, corn, whole wheat or oats causes you to gain weight | 0 | 1 | 2 | 4 | 8 |
| (j) | Loss of hair on your legs | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

**PART V:**

| **SECTION A** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Feel jittery | 0 | 1 | 2 | 4 | 8 |
| (b) | First effort of the day causes pain, pressure, tightness or heaviness around the chest | 0 | 1 | 2 | 4 | 8 |
| (c) | Exhaustion with minor effort | 0 | 1 | 2 | 4 | 8 |
| (d) | Heavy sweating (no exertion, no “hot flashes”) | 0 | 1 | 2 | 4 | 8 |
| (e) | Difficulty catching breath, especially during exercise | 0 | 1 | 2 | 4 | 8 |
| (f) | Heart pounding, sensation of heart beating too quickly, too slowly or irregularly | 0 | 1 | 2 | 4 | 8 |
| (g) | Swelling in feet, ankles and/or legs comes and goes for no apparent reason | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION B** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Muscle pain at rest | 0 | 1 | 2 | 4 | 8 |
| (b) | Cramp-like pain in ankles, calves or legs | 0 | 1 | 2 | 4 | 8 |
| (c) | Cold feet and/or toes appear blue | 0 | 1 | 2 | 4 | 8 |
| (d) | Brief moments of hearing loss | 0 | 1 | 2 | 4 | 8 |
| (e) | Nausea comes and goes quickly unrelated to eating | 0 | 1 | 2 | 4 | 8 |
| (f) | Feel worse standing: legs get heavy and fatigued | 0 | 1 | 2 | 4 | 8 |
| (g) | Leg discomfort or fatigue relieved by elevating legs | 0 | 1 | 2 | 4 | 8 |
| (h) | Fingers and toes numb in cold weather even when protected | 0 | 1 | 2 | 4 | 8 |
| (i) | Notice changes in your ability to feel pain or discriminate between hot and cold | 0 | 1 | 2 | 4 | 8 |
| (j) | Body hair (on arms, hands, fingers, legs & toes) is thinning or has disappeared | 0 | 1 | 2 | 4 | 8 |
| (k) | Not as co-ordinated as you used to be | 0 | 1 | 2 | 4 | 8 |
| (l) | Decline in your ability to make decisions, concentrate, focus attention or follow directions | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

**PART VI:**

| **SECTION A** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Family, friends, work, hobbies or activities you hold dear are no longer of interest | 0 | 1 | 2 | 4 | 8 |
| (b) | Do you cry? | 0 | 1 | 2 | 4 | 8 |
| (c) | Does life look entirely hopeless? | 0 | 1 | 2 | 4 | 8 |
| (d) | Would you describe yourself as feeling miserable, sad, unhappy and/or blue? | 0 | 1 | 2 | 4 | 8 |
| (e) | Do you find it hard to make the best of difficult situations? | 0 | 1 | 2 | 4 | 8 |
| (f) | Sleep problems ~ too much or too little | 0 | 1 | 2 | 4 | 8 |
| (g) | Changes in your appetite or weight | 0 | 1 |  |  | 8 |
| (h) | Lately you have noticed an inability to think clearly/concentrate | 0 | 1 |  |  | 8 |
| (i) | Difficulty making decisions and/or clarifying and achieving goals | 0 | 1 |  |  | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION B** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Does worrying get you down? | 0 | 1 | 2 | 4 | 8 |
| (b) | Does every little thing get on your nerves and wear you out? | 0 | 1 | 2 | 4 | 8 |
| (c) | Would you consider yourself a nervous person? | 0 | 1 | 2 | 4 | 8 |
| (d) | Do you get easily agitated? | 0 | 1 | 2 | 4 | 8 |
| (e) | Do you shake and tremble? | 0 | 1 | 2 | 4 | 8 |
| (f) | Are you keyed up and jittery? | 0 | 1 | 2 | 4 | 8 |
| (g) | Do you tremble and feel weak when someone shouts at you? | 0 | 1 | 2 | 4 | 8 |
| (h) | Do you become scared at sudden movements, or at noises at night? | 0 | 1 | 2 | 4 | 8 |
| (i) | Do you find yourself sighing a lot? | 0 | 1 | 2 | 4 | 8 |
| (j) | Are you awakened from sleep by frightening dreams? | 0 | 1 | 2 | 4 | 8 |
| (k) | Do frightening thoughts keep coming back into your mind? | 0 | 1 | 2 | 4 | 8 |
| (l) | Do you become suddenly scared for no reason? | 0 | 1 | 2 | 4 | 8 |
| (m) | Do you break out into a cold sweat? | 0 | 1 | 2 | 4 | 8 |
| (n) | “Butterflies” in your stomach, nausea and/or diarrhoea | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION C** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Feel pent up and ready to explode | 0 | 1 | 2 | 4 | 8 |
| (b) | Prone to noisy and emotional outbursts | 0 | 1 | 2 | 4 | 8 |
| (c) | Do things on impulse | 0 | 1 | 2 | 4 | 8 |
| (d) | Easily upset/irritated | 0 | 1 | 2 | 4 | 8 |
| (e) | Do you go to pieces if you do not control yourself? | 0 | 1 | 2 | 4 | 8 |
| (f) | Do little annoyances get on your nerves and make you angry? | 0 | 1 | 2 | 4 | 8 |
| (g) | Does it make you angry to have anyone tell you what to do? | 0 | 1 | 2 | 4 | 8 |
| (h) | Do you flare up in anger if you cannot have what you want right away? | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

**PART VII:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Eyes water or tear | 0 | 1 | 2 | 4 | 8 |
| (b) | Mucous discharge from the eyes | 0 | 1 | 2 | 4 | 8 |
| (c) | Ears ache, itch, feel congested or sore | 0 | 1 | 2 | 4 | 8 |
| (d) | Discharge from ears | 0 | 1 | 2 | 4 | 8 |
| (e) | Hoarse voice | 0 | 1 | 2 | 4 | 8 |
| (f) | Have to clear your throat frequently | 0 | 1 | 2 | 4 | 8 |
| (g) | Feel a choking lump in your throat | 0 | 1 | 2 | 4 | 8 |
| (h) | Nose continually congested | 0 | 1 | 2 | 4 | 8 |
| (i) | Prone to loud snoring |  | 1 |  |  | 8 |
| (j) | Nose runs constantly |  | 1 |  |  | 8 |
| (k) | Nosebleeds |  | 1 |  |  | 8 |
| (l) | Suffer from severe colds |  | 1 |  |  | 8 |
| (m) | Frequent colds keep you miserable all winter |  | 1 |  |  | 8 |
| (n) | Flu symptoms last longer than 5 days |  | 1 |  |  | 8 |
| (o) | Infections settle in your lungs |  | 1 |  |  | 8 |
| (p) | Chest discomfort or pain | 0 | 1 | 2 | 4 | 8 |
| (q) | Experience sudden breathing difficulties | 0 | 1 | 2 | 4 | 8 |
| (r) | Struggle with shortness of breath | 0 | 1 | 2 | 4 | 8 |
| (s) | Difficulty breathing out | 0 | 1 | 2 | 4 | 8 |
| (t) | Breathlessness followed by coughing during exertion, no matter how slight | 0 | 1 | 2 | 4 | 8 |
| (u) | Inability to breathe comfortably while lying down | 0 | 1 | 2 | 4 | 8 |
| (v) | Cough up lots of phlegm | 0 | 1 | 2 | 4 | 8 |
| (w) | Can you hear noisy rattling sounds when breathing in and out? | 0 | 1 | 2 | 4 | 8 |
| (x) | Are you troubled with coughing? | 0 | 1 | 2 | 4 | 8 |
| (y) | Do you wheeze? | 0 | 1 | 2 | 4 | 8 |
| (z) | Do you have severe sweats at night? | 0 | 1 | 2 | 4 | 8 |
| (aa) | Lips/nails have a blueish hue | 0 | 1 | 2 | 4 | 8 |
| (bb) | Sleepy during the day | 0 | 1 | 2 | 4 | 8 |
| (cc) | Have difficulty concentrating | 0 | 1 | 2 | 4 | 8 |
| (dd) | Eyes, ears, nose, throat and lung symptoms seem associated with specific foods like dairy or wheat products |  | 1 |  |  | 8 |
| (ee) | Eyes, ears, nose, throat and lung symptoms are associated with seasonal change |  | 1 |  |  | 8 |
|  | TOTAL: |  |  | | | |

**PART VIII:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Involuntary loss of urine when you cough, lift something or strain during activity | 0 | 1 | 2 | 4 | 8 |
| (b) | Mild lower back ache or pain | 0 | 1 | 2 | 4 | 8 |
| (c) | Abdominal aches or pain | 0 | 1 | 2 | 4 | 8 |
| (d) | Pain or burning when urinating | 0 | 1 | 2 | 4 | 8 |
| (e) | Rarely feel the urge to urinate | 0 | 1 | 2 | 4 | 8 |
| (f) | Feel the need to urinate more frequently than every two hours, day and night | 0 | 1 | 2 | 4 | 8 |
| (g) | Strong smelling urine | 0 | 1 | 2 | 4 | 8 |
| (h) | Back or leg pains are associated with dripping after urination | 0 | 1 | 2 | 4 | 8 |
| (i) | Sore or painful genitals | 0 | 1 | 2 | 4 | 8 |
| (j) | Urine is a rose colour | 0 | 1 | 2 | 4 | 8 |
| (k) | Sudden urge to void causes involuntary loss of urine | 0 | 1 | 2 | 4 | 8 |
| (l) | Generalised sense of water retention throughout your body | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

**PART IX:**

| **SECTION A** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Bones throughout your body ache, feel tender or sore | 0 | 1 | 2 | 4 | 8 |
| (b) | Localised bone pain | 0 | 1 | 2 | 4 | 8 |
| (c) | Hands, feet or throat get tight, spasm or feel numb | 0 | 1 | 2 | 4 | 8 |
| (d) | Difficulty sitting straight | 0 | 1 | 2 | 4 | 8 |
| (e) | Upper back pain | 0 | 1 | 2 | 4 | 8 |
| (f) | Lower back pain | 0 | 1 | 2 | 4 | 8 |
| (g) | Pain when sitting down or walking | 0 | 1 | 2 | 4 | 8 |
| (h) | Find yourself limping or favouring one leg | 0 | 1 | 2 | 4 | 8 |
| (i) | Shins hurt during or after exercise | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION B** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Are you stiff in the morning when you get up? | 0 | 1 | 2 | 4 | 8 |
| (b) | Difficulty bending down or picking things up off the floor? | 0 | 1 | 2 | 4 | 8 |
| (c) | Joint swelling, pain or stiffness involving one or more areas | 0 | 1 | 2 | 4 | 8 |
| (d) | Joints hurt when moving or when carrying weight | 0 | 1 | 2 | 4 | 8 |
| (e) | A routine exercise program, like daily walking causes your knees to swell or hurt | 0 | 1 | 2 | 4 | 8 |
| (f) | Difficulty opening jars that were previously easy to open | 0 | 1 | 2 | 4 | 8 |
| (g) | Discomfort, numbness, prickling or tingling sensation or pain in neck, shoulder or arm | 0 | 1 | 2 | 4 | 8 |
| (h) | Intermittent pain or ache on one side of head spreading to cheek, temple, lower jaw, ear, neck and shoulder | 0 | 1 | 2 | 4 | 8 |
| (i) | Difficulty chewing food or opening mouth | 0 | 1 | 2 | 4 | 8 |
| (j) | Difficulty standing up from a sitting position | 0 | 1 | 2 | 4 | 8 |
| (k) | Shooting, aching, tingling pain down the back of the leg | 0 | 1 | 2 | 4 | 8 |
| (l) | Is it difficult reaching up and getting a five pound object like a bag of flour from just above your head? |  | 1 |  |  | 8 |
| (m) | Injure, strain or sprain easily |  | 1 |  |  | 8 |
|  | TOTAL: |  |  | | | |
|  | | | | | | |

| **SECTION C** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Muscles stiff, sore, tense or ache | 0 | 1 | 2 | 4 | 8 |
| (b) | Burning, throbbing, shooting or stabbing muscle pain | 0 | 1 | 2 | 4 | 8 |
| (c) | Muscle cramps or spasms (involuntary, after exercise/exertion) | 0 | 1 | 2 | 4 | 8 |
| (d) | Is muscle pain greater in the morning than other times of the day? | 0 | 1 | 2 | 4 | 8 |
| (e) | Specific points on the body feel sore when pressed | 0 | 1 | 2 | 4 | 8 |
| (f) | Feel unrefreshed when you wake up | 0 | 1 | 2 | 4 | 8 |
| (g) | Headaches | 0 | 1 | 2 | 4 | 8 |
| (h) | Pain at the sides of your head or in your face, especially when you wake up | 0 | 1 | 2 | 4 | 8 |
| (i) | Your jaw clicks or pops | 0 | 1 | 2 | 4 | 8 |
| (j) | Muscle twitch or tremor ~ eyelids, thumb, calf muscle | 0 | 1 | 2 | 4 | 8 |
| (k) | Irresistible urge to move legs | 0 | 1 | 2 | 4 | 8 |
| (l) | Legs move during sleep | 0 | 1 | 2 | 4 | 8 |
| (m) | Unpleasant crawling sensation inside calves when lying down | 0 | 1 | 2 | 4 | 8 |
| (n) | Hand and wrist numbness or pain (interferes when writing, buttoning or unbuttoning your clothes) | 0 | 1 | 2 | 4 | 8 |
| (o) | Feeling or “pins and needles” in your thumb and first three fingers | 0 | 1 | 2 | 4 | 8 |
| (p) | Pain in forearm and sometimes in shoulder | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  |  |  |  |

**PART X:**

| **SECTION A** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Head feels heavy | 0 | 1 | 2 | 4 | 8 |
| (b) | Dizziness | 0 | 1 | 2 | 4 | 8 |
| (c) | Difficulty bending over, standing up from sitting, rolling over in bed and/or turning your head from side to side | 0 | 1 | 2 | 4 | 8 |
| (d) | Your hands tremble, ever so slightly, for no apparent reason | 0 | 1 | 2 | 4 | 8 |
| (e) | When walking, you feel like you are wearing heavy weights on your feet | 0 | 1 | 2 | 4 | 8 |
| (f) | You bump into things, trip, stumble and feel clumsy | 0 | 1 | 2 | 4 | 8 |
| (g) | Difficulty breathing | 0 | 1 | 2 | 4 | 8 |
| (h) | Difficulty swallowing | 0 | 1 | 2 | 4 | 8 |
| (i) | People tell you to speak up because they have trouble hearing you | 0 | 1 | 2 | 4 | 8 |
| (j) | Speaking and forming words does not feel automatic | 0 | 1 | 2 | 4 | 8 |
| (k) | Need 10-12 hours of sleep to feel rested | 0 | 1 | 2 | 4 | 8 |
| (l) | Lack of strength (your grip is weak, holding your head or picking your arms up takes effort) | 0 | 1 | 2 | 4 | 8 |
| (m) | Hands get tired when you write and your handwriting is less legible and smaller than it used to be |  | 1 |  |  | 8 |
| (n) | Muscles in arms and legs seem softer and smaller |  | 1 |  |  | 8 |
| (o) | Is your eyesight, sense of smell and taste or ability to hear not as sharp as it used to be? |  | 1 |  |  | 8 |
| (p) | Do you find yourself moving slower than you used to? |  | 1 |  |  | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION B** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Difficulty absorbing new information | 0 | 1 | 2 | 4 | 8 |
| (b) | Tend to forget things | 0 | 1 | 2 | 4 | 8 |
| (c) | Trouble thinking or concentrating | 0 | 1 | 2 | 4 | 8 |
| (d) | Easily distracted | 0 | 1 | 2 | 4 | 8 |
| (e) | Tendency to become frustrated quickly | 0 | 1 | 2 | 4 | 8 |
| (f) | Inability to sit still for any length of time, even at mealtime | 0 | 1 | 2 | 4 | 8 |
| (g) | Trouble finishing tasks | 0 | 1 | 2 | 4 | 8 |
| (h) | Do you have more trouble solving problems or managing your time? | 0 | 1 | 2 | 4 | 8 |
| (i) | Low tolerance for stress and otherwise ordinary problems | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

**PART XI: MEN ONLY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Sensation of not emptying your bladder completely | 0 | 1 | 2 | 4 | 8 |
| (b) | Needing to urinate less than 2 hours after you have last urinated | 0 | 1 | 2 | 4 | 8 |
| (c) | Find yourself needing to stop and start again several times while urinating | 0 | 1 | 2 | 4 | 8 |
| (d) | Find it difficult to postpone urination | 0 | 1 | 2 | 4 | 8 |
| (e) | Have a weak urinary stream | 0 | 1 | 2 | 4 | 8 |
| (f) | Need to push or strain to begin urinating | 0 | 1 | 2 | 4 | 8 |
| (g) | Dripping after urination | 0 | 1 | 2 | 4 | 8 |
| (h) | Urge to urinate several times a night | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

**PART XII: WOMEN ONLY**

**(MENOPAUSAL WOMEN SHOULD SKIP TO SECTIONS E AND F)**

| **SECTION A** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Do you experience any of these symptoms within three days or two weeks before your period?** | | | | | | |
| **(i)** | | | | | | |
| (a) | Anxious, irritable, restless | 0 | 1 | 2 | 4 | 8 |
| (b) | Numbness, tingling in hands and feet | 0 | 1 | 2 | 4 | 8 |
| (c) | Easy to anger, resentful | 0 | 1 | 2 | 4 | 8 |
| (d) | Aggressive or hostile towards family/friends | 0 | 1 | 2 | 4 | 8 |
| (ii) |  | | | | | |
| (e) | Abdominal bloating, feeling swollen (e.g. feet) | 0 | 1 | 2 | 4 | 8 |
| (f) | Temporary weight gain | 0 | 1 | 2 | 4 | 8 |
| (g) | Breast tenderness, swelling | 0 | 1 | 2 | 4 | 8 |
| (h) | Appearance of breast lumps | 0 | 1 | 2 | 4 | 8 |
| (i) | Discharge from nipples | 0 | 1 | 2 | 4 | 8 |
| (j) | Nausea and/or vomiting | 0 | 1 | 2 | 4 | 8 |
| (k) | Diarrhoea or constipation | 0 | 1 | 2 | 4 | 8 |
| (l) | Aches and pains (back, joints etc) | 0 | 1 | 2 | 4 | 8 |
| (iii) |  |  |  |  |  |  |
| (m) | Craving for sweets | 0 | 1 | 2 | 4 | 8 |
| (n) | Increased appetite or binge eating | 0 | 1 | 2 | 4 | 8 |
| (o) | Headaches | 0 | 1 | 2 | 4 | 8 |
| (p) | Being easily overwhelmed, shaky or clumsy | 0 | 1 | 2 | 4 | 8 |
| (q) | Heart pounding | 0 | 1 | 2 | 4 | 8 |
| (r) | Dizziness or fainting | 0 | 1 | 2 | 4 | 8 |
| (iv) |  |  |  |  |  |  |
| (s) | Confused and forgetful to the point that work suffers | 0 | 1 | 2 | 4 | 8 |
| (t) | Overwhelmed with feelings of sadness and worthlessness | 0 | 1 | 2 | 4 | 8 |
| (u) | Difficulty sleeping or falling asleep | 0 | 1 | 2 | 4 | 8 |
| (v) | Engaging in self destructive behaviour | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION B** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Do you experience any of these symptoms *during your period?*** | | | | | | |
| (a) | Cramping in lower abdomen or pelvic area | 0 | 1 | 2 | 4 | 8 |
| (b) | Sharp and/or dull and intermittent pain | 0 | 1 | 2 | 4 | 8 |
| (c) | Bloating and sense of abdominal fullness | 0 | 1 | 2 | 4 | 8 |
| (d) | Diarrhoea and/or constipation | 0 | 1 | 2 | 4 | 8 |
| (e) | Nausea and/or vomiting | 0 | 1 | 2 | 4 | 8 |
| (f) | Low back and/or legs ache | 0 | 1 | 2 | 4 | 8 |
| (g) | Headaches | 0 | 1 | 2 | 4 | 8 |
| (h) | Unusual fatigue (take naps) | 0 | 1 | 2 | 4 | 8 |
| (i) | Painful and/or swollen breasts | 0 | 1 | 2 | 4 | 8 |
| (j) | Scanty blood flow | 0 | 1 | 2 | 4 | 8 |
|  | TOTAL: |  |  |  |  |  |

| **SECTION C** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Painful or difficult sexual intercourse | 0 | 1 | 2 | 4 | 8 |
| (b) | Low abdominal pain through the month | 0 | 1 | 2 | 4 | 8 |
| (c) | Low back ache or pain throughout the month | 0 | 1 | 2 | 4 | 8 |
| (d) | Pelvic pressure or pain while sitting down or standing up, relieve by lying down | 0 | 1 | 2 | 4 | 8 |
| (e) | Painful bowel movements | 0 | 1 | 2 | 4 | 8 |
| (f) | Constipated or difficult bowel movements | 0 | 1 | 2 | 4 | 8 |
| (g) | Rectal pain | 0 | 1 | 2 | 4 | 8 |
| (h) | Painful or difficult (straining) urination | 0 | 1 | 2 | 4 | 8 |
| (i) | Abnormal vaginal discharge | 0 | 1 | 2 | 4 | 8 |
| (j) | Offensive vaginal discharge | 0 | 1 | 2 | 4 | 8 |
| (k) | Vaginal itching or burning without intercourse | 0 | 1 | 2 | 4 | 8 |
| (l) | Pain during periods is getting progressively worse |  | 1 |  |  | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION D** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Absence of period for 6 months or longer | 0 | 1 | 2 | 4 | 8 |
| (b) | Periods occur irregularly (i.e. 3-6 times a year) | 0 | 1 | 2 | 4 | 8 |
| (c) | Profuse heavy bleeding during periods | 0 | 1 | 2 | 4 | 8 |
| (d) | Menstrual blood contained clots and tissue | 0 | 1 | 2 | 4 | 8 |
| (e) | Bleeding between periods can occur any time | 0 | 1 | 2 | 4 | 8 |
| (f) | Menstrual cycles greater than every 35 days |  | 1 |  |  | 8 |
| (g) | Intense upper stomach pain, lasting several hours at the time you ovulate (approximately day 14 of your cycle) | 0 | 1 | 2 | 4 | 8 |
| (h) | Bleeding occurs at ovulation (approx day 14 of your cycle) | 0 | 1 | 2 | 4 | 8 |
| (i) | Monthly abdominal pain without bleeding | 0 | 1 | 2 | 4 | 8 |
| (j) | Abundant cervical mucus | 0 | 1 | 2 | 4 | 8 |
| (k) | Acne and/or oily skin | 0 | 1 | 2 | 4 | 8 |
| (l) | Overwhelming urges for sexual intercourse | 0 | 1 | 2 | 4 | 8 |
| (m) | Aggressive feelings | 0 | 1 | 2 | 4 | 8 |
| (n) | Increased growth of dark facial hair and/or body hair |  | 1 |  |  | 8 |
| (o) | Poor sense of smell |  | 1 |  |  | 8 |
| (p) | Voice is becoming deeper |  | 1 |  |  | 8 |
| (q) | Breasts seem to be getting smaller |  | 1 |  |  | 8 |
| (r) | Pain during periods is getting progressively worse |  | 1 |  |  | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION E** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Urinary problems | 0 | 1 | 2 | 4 | 8 |
| (b) | Vaginal discharge | 0 | 1 | 2 | 4 | 8 |
| (c) | Vaginal secretions are watery and thin | 0 | 1 | 2 | 4 | 8 |
| (d) | Vaginal dryness | 0 | 1 | 2 | 4 | 8 |
| (e) | Sexual intercourse is uncomfortable | 0 | 1 | 2 | 4 | 8 |
| (f) | Interest in having sex is low | 0 | 1 | 2 | 4 | 8 |
| (g) | Engorged breasts | 0 | 1 | 2 | 4 | 8 |
| (h) | Breast tenderness/soreness | 0 | 1 | 2 | 4 | 8 |
| (i) | Difficulty with orgasm | 0 | 1 | 2 | 4 | 8 |
| (j) | Vaginal bleeding after sexual intercourse | 0 | 1 | 2 | 4 | 8 |
| (k) | Occasionally skip periods | 0 | 1 | 2 | 4 | 8 |
| (l) | The length (number of days) of your period varies month to month, with the number of days bleeding getting less |  | 1 |  |  | 8 |
|  | TOTAL: |  |  | | | |

| **SECTION F** | |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| (a) | Sense of wellbeing fluctuates throughout the day for no apparent reason | 0 | 1 | 2 | 4 | 8 |
| (b) | Sudden hot flushes | 0 | 1 | 2 | 4 | 8 |
| (c) | Spontaneous sweating | 0 | 1 | 2 | 4 | 8 |
| (d) | Chills | 0 | 1 | 2 | 4 | 8 |
| (e) | Cold hands and feet | 0 | 1 | 2 | 4 | 8 |
| (f) | Heart beats rapidly or feels like it is fluttering | 0 | 1 | 2 | 4 | 8 |
| (g) | Numbness, tingling or prickling sensations | 0 | 1 | 2 | 4 | 8 |
| (h) | Dizziness | 0 | 1 | 2 | 4 | 8 |
| (i) | Mental fogginess, forgetful, distracted | 0 | 1 | 2 | 4 | 8 |
| (j) | Inability to concentrate | 0 | 1 | 2 | 4 | 8 |
| (k) | Depression, anxiety, nervousness and/or irritability | 0 | 1 | 2 | 4 | 8 |
| (l) | Difficulty sleeping | 0 | 1 | 2 | 4 | 8 |
| (m) | Conscious of new feelings of anger and frustration | 0 | 1 | 2 | 4 | 8 |
| (n) | Skin, hair, vagina and/or eyes feel dry | 0 | 1 | 2 | 4 | 8 |
| (o) | Stopped menstruating around six months ago, yet still experience some vaginal bleeding |  | 1 |  |  | 8 |
|  | TOTAL: |  |  | | | |

**SECTION B**

Some questions are asked more than once, albeit in a slightly different way; this is because some symptoms can be due to a variety of causes, and need to be assessed within the context of other related symptoms. Please circle the number that best describes your symptoms, leaving the question **BLANK** if you never experience the symptom.

Each number signifies the severity of the problem:

1. Indicates **“rare occurrences/from time to time”;**

2. Indicates **“often”;**

3. Indicates **“most of the time/chronic”.**

| **Group 1** | |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (a) | Acid foods upset | 0 | 1 | 2 | 3 |
| (b) | Goose pimples common | 0 | 1 | 2 | 3 |
| (c) | Lump in throat | 0 | 1 | 2 | 3 |
| (d) | Dry mouth/eyes/nose | 0 | 1 | 2 | 3 |
| (e) | Pulse speeds after meal | 0 | 1 | 2 | 3 |
| (f) | Keyed up ~ fail to calm | 0 | 1 | 2 | 3 |
| (g) | Cuts heal slowly | 0 | 1 | 2 | 3 |
| (h) | Gag easily | 0 | 1 | 2 | 3 |
| (i) | Mentally alert, quick | 0 | 1 | 2 | 3 |
| (j) | Extremities cold, clammy | 0 | 1 | 2 | 3 |
| (k) | Strong light irritates | 0 | 1 | 2 | 3 |
| (l) | Urine amount reduced | 0 | 1 | 2 | 3 |
| (m) | Heart pounds after retiring | 0 | 1 | 2 | 3 |
| (n) | “Nervous” stomach | 0 | 1 | 2 | 3 |
| (o) | Appetite reduced | 0 | 1 | 2 | 3 |
| (p) | Cold sweats | 0 | 1 | 2 | 3 |
| (q) | Fever easily raised | 0 | 1 | 2 | 3 |
| (r) | Neuralgia-like pains | 0 | 1 | 2 | 3 |
| (s) | Sour stomach frequent | 0 | 1 | 2 | 3 |
|  | TOTAL: |  |  | | |

| **Group 2** | |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (a) | Joint stiffness after rising | 0 | 1 | 2 | 3 |
| (b) | Muscle/leg/toe cramps at night | 0 | 1 | 2 | 3 |
| (c) | “Butterfly” stomach, cramps | 0 | 1 | 2 | 3 |
| (d) | Eyes or nose watery | 0 | 1 | 2 | 3 |
| (e) | Eyes blink often | 0 | 1 | 2 | 3 |
| (f) | Eyelids swollen, puffy | 0 | 1 | 2 | 3 |
| (g) | Indigestion soon after meals | 0 | 1 | 2 | 3 |
| (h) | Eat often or get hunger pains | 0 | 1 | 2 | 3 |
| (i) | Digestion rapid | 0 | 1 | 2 | 3 |
| (j) | Vomiting frequent | 0 | 1 | 2 | 3 |
| (k) | Hoarseness frequent | 0 | 1 | 2 | 3 |
| (l) | Breathing irregular | 0 | 1 | 2 | 3 |
| (m) | Pulse slow, irregular | 0 | 1 | 2 | 3 |
| (n) | Gagging reflux slow | 0 | 1 | 2 | 3 |
| (o) | Difficulty swallowing | 0 | 1 | 2 | 3 |
| (p) | Constipation/diarrhoea ~ alternating | 0 | 1 | 2 | 3 |
| (q) | Sluggish nerves | 0 | 1 | 2 | 3 |
| (r) | Goose pimples seldom | 0 | 1 | 2 | 3 |
| (s) | Perspire easily | 0 | 1 | 2 | 3 |
| (t) | Circulation poor, sensitive to cold | 0 | 1 | 2 | 3 |
| (u) | Bronchitis | 0 | 1 | 2 | 3 |
|  | TOTAL: |  |  | | |

| **Group 3(A)** | |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (a) | Insomnia | 0 | 1 | 2 | 3 |
| (b) | Nervousness | 0 | 1 | 2 | 3 |
| (c) | Cannot gain weight | 0 | 1 | 2 | 3 |
| (d) | Intolerance to heat | 0 | 1 | 2 | 3 |
| (e) | Highly emotional | 0 | 1 | 2 | 3 |
| (f) | Blush easily | 0 | 1 | 2 | 3 |
| (g) | Night sweats | 0 | 1 | 2 | 3 |
| (h) | Thin, moist skin | 0 | 1 | 2 | 3 |
| (i) | Inward trembling | 0 | 1 | 2 | 3 |
| (j) | Heart palpitates | 0 | 1 | 2 | 3 |
| (k) | Increased appetite | 0 | 1 | 2 | 3 |
| (l) | Pulse fast at rest | 0 | 1 | 2 | 3 |
| (m) | Eyelids and face twitch | 0 | 1 | 2 | 3 |
| (n) | Irritable and restless | 0 | 1 | 2 | 3 |
| (o) | Cannot work under pressure | 0 | 1 | 2 | 3 |
|  | TOTAL: |  |  | | |

| **Group 3 (A)** | |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (a) | Increase in weight | 0 | 1 | 2 | 3 |
| (b) | Decrease in appetite | 0 | 1 | 2 | 3 |
| (c) | Fatigue easily | 0 | 1 | 2 | 3 |
| (d) | Ringing in ears | 0 | 1 | 2 | 3 |
| (e) | Sleepy during the day | 0 | 1 | 2 | 3 |
| (f) | Sensitive to cold | 0 | 1 | 2 | 3 |
| (g) | Dry or scaly skin | 0 | 1 | 2 | 3 |
| (h) | Constipation | 0 | 1 | 2 | 3 |
| (i) | Mental sluggishness | 0 | 1 | 2 | 3 |
| (j) | Hair coarse, falls out | 0 | 1 | 2 | 3 |
| (k) | Headaches upon rising, wear off during the day | 0 | 1 | 2 | 3 |
| (l) | Slow pulse, below 65 | 0 | 1 | 2 | 3 |
| (m) | Frequent urination | 0 | 1 | 2 | 3 |
| (n) | Impaired healing | 0 | 1 | 2 | 3 |
| (o) | Reduced initiative | 0 | 1 | 2 | 3 |
|  | TOTAL: |  |  | | |

| **Group 3 (B)** | |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (a) | Failing memory | 0 | 1 | 2 | 3 |
| (b) | Low blood pressure | 0 | 1 | 2 | 3 |
| (c) | Increased sex desire | 0 | 1 | 2 | 3 |
| (d) | Headaches “splitting or rending” type | 0 | 1 | 2 | 3 |
| (e) | Decreased sugar tolerance | 0 | 1 | 2 | 3 |
|  | TOTAL: |  |  | | |

| **Group 3 (C)** | |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (a) | Abnormal thirst | 0 | 1 | 2 | 3 |
| (b) | Bloating of intestines (stomach) | 0 | 1 | 2 | 3 |
| (c) | Weight gain around hips or waist | 0 | 1 | 2 | 3 |
| (d) | Sex desire reduced or lacking | 0 | 1 | 2 | 3 |
| (e) | Tendency to ulcers, colitis | 0 | 1 | 2 | 3 |
| (f) | Increased sugar tolerance | 0 | 1 | 2 | 3 |
| (g) | Women: menstrual disorders | 0 | 1 | 2 | 3 |
| (h) | Young girls: lack of menstruation | 0 | 1 | 2 | 3 |
|  | TOTAL: |  |  | | |

| **Group 3 (D)** | |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (a) | Dizziness | 0 | 1 | 2 | 3 |
| (b) | Headaches | 0 | 1 | 2 | 3 |
| (c) | Hot flushes | 0 | 1 | 2 | 3 |
| (d) | Increased blood pressure | 0 | 1 | 2 | 3 |
| (e) | Hair growth on face or body (female) | 0 | 1 | 2 | 3 |
| (f) | Sugar in urine (not diabetes) | 0 | 1 | 2 | 3 |
| (g) | Masculine tendencies (female) | 0 | 1 | 2 | 3 |
|  | TOTAL: |  |  | | |

| **Group 3 (E)** | |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| (a) | Weakness, dizziness | 0 | 1 | 2 | 3 |
| (b) | Chronic fatigue | 0 | 1 | 2 | 3 |
| (c) | Low blood pressure | 0 | 1 | 2 | 3 |
| (d) | Weak nails, ridges | 0 | 1 | 2 | 3 |
| (e) | Tendency to rashes | 0 | 1 | 2 | 3 |
| (f) | Arthritic tendencies | 0 | 1 | 2 | 3 |
| (g) | Perspiration increase | 0 | 1 | 2 | 3 |
| (h) | Intestinal trouble | 0 | 1 | 2 | 3 |
| (i) | Poor circulation | 0 | 1 | 2 | 3 |
| (j) | Kidney trouble (oedema) | 0 | 1 | 2 | 3 |
| (k) | Crave salt | 0 | 1 | 2 | 3 |
| (l) | Brown spots or bronzing of skin | 0 | 1 | 2 | 3 |
| (m) | Allergies ~ tendency to asthma | 0 | 1 | 2 | 3 |
| (n) | Weakness after colds/influenza | 0 | 1 | 2 | 3 |
| (o) | Exhaustion ~ muscular and nervous | 0 | 1 | 2 | 3 |
| (p) | Respiratory disorders | 0 | 1 | 2 | 3 |
|  | TOTAL: |  |  | | |

**BIOTIN AND ESSENTIAL AMINO ACIDS IN YOUR DIET**

**(Please Circle Answers)**

|  |  |  |  |
| --- | --- | --- | --- |
| **HOW OFTEN DO YOU EAT?** | **DAILY** | **WEEKLY** | **OCCASIONALLY** |
|  | (More than 4 x weekly) | (1 - 4 times) | (1 - 3 x monthly) |
|  |  |  |  |
| Liver, Kidney, Heart, Chitlins, Tripe | 200 | 60 | 20 |
| Fish, Mackerel, Sardines, Herring | 200 | 60 | 20 |
| Chocolate or Cocoa | 60 | 10 | 4 |
| Two Eggs Cooked | 40 | 10 | 4 |
| Nuts (any kind) | 80 | 20 | 4 |
| Oatmeal Cereal (cooked) | 40 | 10 | 4 |
| Cauliflower | 36 | 8 | 2 |
| Cooked Wheat of Farina Cereal | 30 | 8 | 2 |
| Beans/Peas/Soybeans | 30 | 8 | 2 |
| Avocado | 16 | 4 | I |
| Mushrooms or Mushroom Soup | 20 | 6 | 2 |
| Oysters | 20 | 6 | 2 |
| Corn Bread or Meal | 16 | 4 | I |
| Rice (brown only) | 10 | 4 | I |
| Cheese (any kind) | 2 | I | 0 |
| Milk (8oz) | 10 | 4 | I |
| Ice Cream | 10 | 4 | I |
| Chicken or Turkey | 16 | 4 | I |
| Beef, Pork, Lamb | 6 | 4 | I |
| Fish | 8 | 4 | 2 |
| Shell Fish (shrimp, crab, lobster) | 16 | 4 | 2 |
| Other Fruits or Vegetables | 8 | 4 | I |

**TOTAL** 

**(**Circled Amounts Only)

**Enter Totals Daily .............**

**Weekly .............**

**Occasionally .............**

**TOTAL** 

**WHAT IT ALL MEANS?**

Biotin and Amino Acids in your Diet

Over 200 Adequate

160 - 200 Probably Adequate

120 - 160 Marginal

Less than 120 Possibly Low

**DO YOU EAT SOMETHING FROM THESE FOUR GROUPS EVERY DAY? YES NO**

Meat Group (Fish, Beef, Lamb, Pork, Chicken, Turkey) 10 0

Milk Group (Milk, Cheese, Yoghurt) 8 0

Vegetables and Fruit Group (Any fruit, green or yellow vegetables) 1 0

Cereal Group (Bread, Biscuits, Cooked or cold cereals) 2 0

**PLEASE MARK WITH AN X ALL TEETH THAT HAVE HAD FILLINGS, CAPS, ROOT CANALS OR OTHER DENTAL WORK DONE TO THEM.**

**Please give details of any medication/supplementation you are currently on, together with any medical diagnoses you have been given, and the corresponding year of diagnosis:**

**Are there any medical conditions that run in your family? Please give details:**

**Please list any major hospitalisations, surgeries, injuries. Please list all procedures, complications (if any) and dates:**

**Please re-read this Questionnaire and fill in anything you have missed. Thank you.**

*All information gained from or given to a client is done so under the strictest of confidence.*

*I declare that the information contained within this questionnaire is both accurate and correct to the best of my knowledge.*

**Signature**…………………………………………………….. **Date**…………………………

I understand that wellness support does not claim to diagnose, treat or cure any illness rather works to support the body’s own inherent self healing mechanisms. The medical and other details I have given are correct and complete and I undertake to keep this information up to date at all subsequent appointments. I understand that the protocol(s) I will be taking should not replace any current medical prescriptions or treatments I have been prescribed by my Doctor and that any serious or chronic condition requires appropriate attention from a qualified Medical Practitioner.

Signed…………………………………………………………

Date………………………