

HEALTH APPRAISAL - BRIEF

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 on the Total Points line. The score for 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 or several times a day

PART I GASTROINTESTINAL

Section A HYPOACIDITY

- | | | | | |
|---|---|---|---|--------|
| 1. Indigestion | 0 | 1 | 2 | 3 |
| 2. Belching, burping | 0 | 1 | 2 | 3 |
| 3. Gas immediately following a meal | 0 | 1 | 2 | 3 |
| 4. Sense of fullness during meals | 0 | 1 | 2 | 3 |
| 5. Poor appetite, picky eater | 0 | 1 | 2 | 3 |
| 6. Difficult bowel movements | 0 | 1 | 2 | 3 |
| 7. Difficulty swallowing | 0 | 1 | 2 | 3 |
| 8. History of anaemia, unresponsive to iron | N | | | Y (10) |
| 9. Vegetarian (no eggs, dairy) | N | | | Y (5) |
| 10. Spoon shaped nails | N | | | Y (3) |
| 11. Unintentional weight loss | N | | | Y (3) |
| 12. Partial loss of taste or smell | N | | | Y (3) |

Total Points _____

Section B SMALL INTESTINE / PANCREAS

- | | | | | |
|---|---|---|---|-------|
| 1. Indigestion and 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. Bloating | 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. Specific foods/beverages aggravate indigestion | 0 | 1 | 2 | 3 |
| 8. Roughage and fibre cause constipation | 0 | 1 | 2 | 3 |
| 9. Three or more large bowel movements daily | 0 | 1 | 2 | 3 |
| 10. Alternating constipation and diarrhoea | 0 | 1 | 2 | 3 |
| 11. Undigested food in stool | 0 | 1 | 2 | 3 |
| 12. Mucus in stool | 0 | 1 | 2 | 3 |
| 13. Dry, flaky skin; dry, brittle hair | N | | | Y (3) |
| 14. Difficulty gaining weight | N | | | Y (3) |

Total Points _____

Section C HYPERACIDITY

- | | | | | |
|--|---|---|---|---|
| 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. Stomach discomfort, pain in response to strong emotions, thoughts, smell of food | 0 | 1 | 2 | 3 |
| 4. Heartburn, especially 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 or infections, difficulty breathing | 0 | 1 | 2 | 3 |
| 8. Carbonated beverages, cream/milk/food give temporary relief from symptoms | 0 | 1 | 2 | 3 |
| 9. Constipation | 0 | 1 | 2 | 3 |
| 10. Black, tarry stool | 0 | 1 | 2 | 3 |

Total Points _____

Section D COLON

- | | | | | |
|---|---|---|---|---|
| 1. Lower abdominal pain, cramping and/or spasms | 0 | 1 | 2 | 3 |
| 2. Lower abdominal pain, relief by passing stool or gas | 0 | 1 | 2 | 3 |
| 3. Raw fruits, vegetables and stress aggravate bowel pain | 0 | 1 | 2 | 3 |
| 4. Diarrhoea (loose watery stool) | 0 | 1 | 2 | 3 |
| 5. More than three 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 | 0 | 1 | 2 | 3 |
| 10. Alternating diarrhoea/constipation | 0 | 1 | 2 | 3 |
| 11. Mucus, pus in stool | 0 | 1 | 2 | 3 |
| 12. Feel bowels do not empty completely | 0 | 1 | 2 | 3 |
| 13. Bright red blood following bowel movement | 0 | 1 | 2 | 3 |
| 14. Anal itching | 0 | 1 | 2 | 3 |

Total Points _____

PART II DETOX METABOLISM

Section A LIVER / GALLBLADDER / PANCREAS

- | | | | | |
|--|---|---|---|-------|
| 1. Moderate to severe pain under right side of ribcage | 0 | 1 | 2 | 3 |
| 2. Abdominal pain worsens with deep breathing | 0 | 1 | 2 | 3 |
| 3. Regurgitate bitter fluid | 0 | 1 | 2 | 3 |
| 4. Bloating, 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 or vomiting | 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. Stool colour alternates from clay colour to normal brown | 0 | 1 | 2 | 3 |
| 11. Feeling of poor health | 0 | 1 | 2 | 3 |
| 12. Fatigue, weakness, exhaustion | 0 | 1 | 2 | 3 |
| 13. Unable to concentrate, irritable, confused | 0 | 1 | 2 | 3 |
| 14. Swollen feet and/or legs | 0 | 1 | 2 | 3 |
| 15. Easy bruising | 0 | 1 | 2 | 3 |
| 16. Feeling of extreme dryness | 0 | 1 | 2 | 3 |
| 17. Reddened skin, especially palms | 0 | 1 | 2 | 3 |
| 18. Dark urine, diminished flow | 0 | 1 | 2 | 3 |
| 19. Dry, flaky skin, hair | N | | | Y (3) |
| 20. Yellowish cast to skin, eyes | N | | | Y (3) |

Total Points _____

PART II (continued)

Section B HYPOTHYROID				
1. Fatigued, sluggish	0	1	2	3
2. Feel cold - hands, feet	0	1	2	3
3. Difficult, infrequent bowel movements	0	1	2	3
4. Dryness of skin, hair	0	1	2	3
5. Thick, brittle nails	0	1	2	3
6. Outer third of eyebrow thins	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 and/or tremble	0	1	2	3
11. Slow mental processes, forgetfulness	0	1	2	3
12. Slow heart beats	0	1	2	3
13. Loss of appetite	0	1	2	3
14. Abdominal swelling	0	1	2	3
15. Unsteady gait, movements	0	1	2	3
16. Lack of interest in sex	0	1	2	3
17. Premenstrual tension	N			Y (3)
18. Infertility	N			Y (3)
19. Heavy menstrual bleeding	N			Y (3)
20. Gain weight easily	N			Y (10)
21. Swelling of the neck	N			Y (10)
22. Thinning hair on scalp, face and genitals	N			Y (3)
Total Points _____				

PART III IMMUNE FUNCTION

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, nervous	0	1	2	3
7. Dark circles under the eyes	0	1	2	3
8. Disinterest in food	0	1	2	3
9. Abdominal pain	0	1	2	3
10. Indigestion	0	1	2	3
11. Blotchy skin (white patches)	0	1	2	3
12. Tan skin, no sun	0	1	2	3
13. Black freckles on upper forehead, face, neck	0	1	2	3
14. Craving for salty foods	0	1	2	3
15. Gradual loss of body hair	N			Y (3)
16. Sensitive to minor changes in weather and surroundings	N			Y (5)
Total Points _____				

PART X MUSCULOSKELETAL

Section A BONE INTEGRITY				
1. Generalised bone tenderness and achiness	0	1	2	3
2. Localised bone pain	0	1	2	3
3. Bone deformity or 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. Walking difficulties, limp	0	1	2	3
7. Crunching or creaking sounds when moving joints	0	1	2	3
8. Hands, feet, throat spasm or feel numb	0	1	2	3
9. Joint pain and stiffness - especially spine, hips, knees	0	1	2	3
10. Hearing loss, headaches, ringing in ears	0	1	2	3
11. Established bone loss	N			Y (10)
12. Calcium deposits	N			Y (5)
13. Spinal curvature	N			Y (10)
14. Recent loss of height	N			Y (10)
15. Bow legs	N			Y (5)
16. Stooped posture	N			Y (5)
17. Hump at base of neck	N			Y (5)
18. Unexplained bone fracture	N			Y (10)
19. Tooth loss, gum disease	N			Y (3)
Total Points _____				

PART IV (continued)

Section B MUSCLE				
1. Generalised muscle aches and pains	0	1	2	3
2. Localised muscle stiffness, tension, pain	0	1	2	3
3. Specific body points feel sore when pressed	0	1	2	3
4. Headaches	0	1	2	3
5. Fatigued, tired, sluggish	0	1	2	3
6. Difficulty sleeping	0	1	2	3
7. Feel unrefreshed upon waking	0	1	2	3
8. Muscle weakness or loss	0	1	2	3
9. Difficulty speaking/swallowing	0	1	2	3
10. Muscle cramps or spasm	0	1	2	3
11. Muscles twitch or tremble - eyelids, thumb, calf muscle	0	1	2	3
12. Irresistible urge to move legs	0	1	2	3
13. Legs move during sleep	0	1	2	3
14. Numbing, tingling sensation	0	1	2	3
15. Excessive joint mobility	0	1	2	3
16. Unable to fully straighten or extend legs and/or arms	0	1	2	3
17. Upper or lower back pain	0	1	2	3
Total Points _____				

Section C CONNECTIVE TISSUE

1. Joint stiffness, soreness	0	1	2	3
2. Red, swollen, painful joints	0	1	2	3
3. Joint stiffness improves with rest, worsens with movement	0	1	2	3
4. Cracking joints	0	1	2	3
5. Shooting, aching, tingling pain down the back of leg	0	1	2	3
6. Joint pain involves one or a few joints	0	1	2	3
7. Joints hurt when moving or when carrying weight	0	1	2	3
8. Limited range of motion	0	1	2	3
9. Difficulty standing up from seated position	0	1	2	3
10. Joint stiffness worsens with rest, improves with movement	0	1	2	3
11. Headache	0	1	2	3
12. Difficulty chewing food or opening mouth	0	1	2	3
13. Numbness, prickling, tingling sensation in the neck, shoulder and arms	0	1	2	3
14. Involuntary muscle spasms	0	1	2	3
15. Deliberate movement with hands is difficult	0	1	2	3
16. Injure, strain, sprain easily	0	1	2	3
17. Discomfort or pain in neck, shoulder or arm	0	1	2	3
18. Knobby overgrowths on the joints closest to the fingertips	N			Y (5)
19. Double jointed	N			Y (5)
20. One leg shorter than the other	N			Y (5)
Total Points _____				

