

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 in the **Total Point** box. 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

Section A

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 anemia, 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

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 fiber causes constipation	0	1	2	3
9. Three or more large bowel movements daily	0	1	2	3
10. Alternating constipation and diarrhea	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

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, 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. Experience relief from carbonated beverages, cream/milk/food	0	1	2	3
9. Constipation	0	1	2	3
10. Black, tarry stool	0	1	2	3

Total Points _____

Section D

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. Diarrhea (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 diarrhea/constipation	0	1	2	3
11. Mucus, pus in stool	0	1	2	3
12. Feeling that 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

Section A

1. Moderate to severe pain under right side of rib cage	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	0	1	2	3
9. Unexplained itchy skin worse at night	0	1	2	3
10. Stool color alternates from clay colored 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 _____

Section B

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

PART III

1. Progressive, mild fatigue after exertion or stress	0	1	2	3	10. Indigestion	0	1	2	3
2. General weakness	0	1	2	3	11. Blotchy skin (white patches)	0	1	2	3
3. Blurred vision, dizzy when rising	0	1	2	3	12. Tan skin, no sun	0	1	2	3
4. Depression	0	1	2	3	13. Black freckles on upper forehead, face, neck	0	1	2	3
5. Rapid mood swings	0	1	2	3	14. Craving for salty foods	0	1	2	3
6. Irritable, nervous	0	1	2	3	15. Gradual loss of body hair	N			Y (3)
7. Dark circles under the eyes	0	1	2	3	16. Sensitive to subtle changes in surroundings, weather	N			Y (5)
8. Disinterest in food	0	1	2	3					
9. Abdominal pain	0	1	2	3	Total Points	_____			

PART IV**Section A**

1. Generalized bone tenderness and achiness	0	1	2	3
2. Localized bone pain	0	1	2	3
3. Bone deformity or swelling	0	1	2	3
4. Shins hurt during or after exercises	0	1	2	3
5. Low back or hip pain	0	1	2	3
6. Limp, walking difficulties	0	1	2	3
7. Crunching or creaking sounds when move joints	0	1	2	3
8. Hands, feet, throat spasm, feel numb	0	1	2	3
9. Joint pain and stiffness - especially in 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 _____				

Section B

1. General muscle ache, pains	0	1	2	3
2. Localized muscle stiffness, tension, pain	0	1	2	3
3. Specific points on body feel sore when presses	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. 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

Section B (continued)

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

1. Joint stiffness, soreness	0	1	2	3
2. Red, swollen painful joints	0	1	2	3
3. Joint stiffness worsens with rest, improves with moving	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 sitting position	0	1	2	3
10. Joint stiffness improves with rest, worsens with moving	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 _____				