

Health Analysis

No. _____ Date _____

Patient _____ Home Phone (____) _____

Address _____

City _____ State _____ Zip _____

Marital Status Single Married Widowed Separated Divorced

Age _____ Occupation _____

- | | | | |
|-------|---|-----|----|
| 1 | Do you need glasses to read?..... | Yes | No |
| 2 | Do you need glasses to see things at a distance?..... | Yes | No |
| 3 | Has your eyesight often blacked out completely?..... | Yes | No |
| 4 | Do your eyes continually blink or water?..... | Yes | No |
| 5 | Do you often have bad pains in your eyes?..... | Yes | No |
| 6 | Are your eyes often red or inflamed?..... | Yes | No |
| 7 | Are you hard of hearing?..... | Yes | No |
| 8 | Have you ever had a fluid leaking from your ear?..... | Yes | No |
| 9 | Do you have constant noises in your ears?..... | Yes | No |
| <hr/> | | | |
| 10 | Do you have to clear your throat constantly?..... | Yes | No |
| 11 | Do you often feel a choking lump in your throat?..... | Yes | No |
| 12 | Are you often troubled with bad spells of sneezing?..... | Yes | No |
| 13 | Is your nose continually stuffed up?..... | Yes | No |
| 14 | Do you suffer from a constantly running nose?..... | Yes | No |
| 15 | Have you at times had bad nose bleeds?..... | Yes | No |
| 16 | Do you often catch severe colds?..... | Yes | No |
| 17 | Do you frequently suffer from heavy chest colds?..... | Yes | No |
| 18 | When you catch a cold, do you always have to go to bed?..... | Yes | No |
| 19 | Do frequent colds keep you miserable all winter?..... | Yes | No |
| 20 | Do you get hay fever?..... | Yes | No |
| 21 | Do you suffer from asthma?..... | Yes | No |
| 22 | Are you troubled by constant coughing?..... | Yes | No |
| 23 | Have you ever coughed up blood?..... | Yes | No |
| 24 | Do you wake up drenched with sweat during the middle of the night?..... | Yes | No |
| 25 | Have you ever has a chronic chest condition?..... | Yes | No |
| 26 | Have you ever had T.B. (tuberculosis)?..... | Yes | No |
| 27 | Did you ever live with anyone who had T.B.?..... | Yes | No |
| <hr/> | | | |
| 28 | Has a doctor ever said your blood pressure was too high?..... | Yes | No |
| 29 | Has a doctor ever said your blood pressure was too low?..... | Yes | No |
| 30 | Do you have pains in the heart or chest?..... | Yes | No |
| 31 | Are you often bothered by thumping of the heart?..... | Yes | No |

32	Does your heart race like mad?.....	Yes	No
33	Do you often have difficulty in breathing?.....	Yes	No
34	Do you get out of breath before anyone else?.....	Yes	No
35	Do you sometimes get out of breath just sitting still?.....	Yes	No
36	Are you ankles often badly swollen?.....	Yes	No
37	Do cold hands or feet trouble you, even in hot weather?.....	Yes	No
38	Do you suffer from frequent cramps in your legs?.....	Yes	No
39	Has a doctor ever said you had heart trouble?.....	Yes	No
40	Does heart trouble run in your family?.....	Yes	No
41	Have you lost more than half your teeth?.....	Yes	No
42	Are you troubled by bleeding gums?.....	Yes	No
43	Have you often had severe tooth aches?.....	Yes	No
44	Is your tongue always badly coated?.....	Yes	No
45	Is your appetite always poor?.....	Yes	No
46	Do you usually eat sweets or other foods between meals?.....	Yes	No
47	Do you always gulp your food hurriedly?.....	Yes	No
48	Do you often suffer from an upset stomach?.....	Yes	No
49	Do you usually feel bloated after eating?.....	Yes	No
50	Do you usually belch a lot after eating?.....	Yes	No
51	Are you often sick at your stomach?.....	Yes	No
52	Do you suffer from indigestion?.....	Yes	No
53	Do severe pain in the stomach often cause you to double up?.....	Yes	No
54	Do you suffer from constant stomach trouble?.....	Yes	No
55	Does stomach trouble run in your family?.....	Yes	No
56	Has a doctor ever said you had stomach ulcers?.....	Yes	No
57	Do you suffer from frequent loose bowel movements?.....	Yes	No
58	Have you ever had severe bloody diarrhea?.....	Yes	No
59	Were you ever troubled with intestinal worms?.....	Yes	No
60	Do you constantly suffer from bad constipation?.....	Yes	No
61	Have you ever has piles (rectal hemorrhoids)?.....	Yes	No
62	Have you ever had jaundice (yellow eyes and skin)?.....	Yes	No
63	Have you ever had serious liver or gall bladder trouble?.....	Yes	No
64	Are your joints often painfully swollen?.....	Yes	No
65	Do your muscles and joints constantly feel stiff?.....	Yes	No
66	Do you usually have severe pains in the arms or legs?.....	Yes	No
67	Are you crippled with severe arthritis?.....	Yes	No
68	Does arthritis run in your family?.....	Yes	No
69	Do weak or painful feet make your life miserable?.....	Yes	No
70	Do pains in the back make it hard for you to keep up with your work?.....	Yes	No
71	Are you troubled with a serious bodily disability or deformity?.....	Yes	No
72	Do you have sensitive skin?.....	Yes	No
73	Does it take long for cut to heal?.....	Yes	No

74	Does your face often get badly flushed?.....	Yes	No
75	Do you sweat a great deal, even in cold weather?.....	Yes	No
76	Are you often bothered by severe itching?.....	Yes	No
77	Does your skin break out in a rash?.....	Yes	No
78	Are you often troubled with boils?.....	Yes	No
79	Do you suffer from frequent severe headaches?.....	Yes	No
80	Does pressure or pain in the head often make life miserable?.....	Yes	No
81	Are headaches common in your family?.....	Yes	No
82	Do you have hot or cold spells?.....	Yes	No
83	Do you often have spells of severe dizziness?.....	Yes	No
84	Do you frequently feel faint?.....	Yes	No
85	Have you fainted more than twice in your life?.....	Yes	No
86	Do you have constant numbness or tingling in any part of your body?.....	Yes	No
87	Was any part of your body paralyzed?.....	Yes	No
88	Were you ever knocked unconscious?.....	Yes	No
89	Have you at times had a twitching of the head, face or shoulders?.....	Yes	No
90	Did you ever have a seizure or convulsion (epilepsy)?.....	Yes	No
91	Has anyone in your family ever had seizures or convulsions (epilepsy)?.....	Yes	No
92	Do you bite your nails?.....	Yes	No
93	Are you troubled by stuttering or stammering?.....	Yes	No
94	Are you a sleep walker?.....	Yes	No
95	Are you a bed wetter?.....	Yes	No
96	Were you a bed wetter between the ages of 8 and 14?.....	Yes	No

Women Only... Are you pregnant? Yes No

97w.	Have you menstrual periods usually been painful?.....	Yes	No
98w.	Have you often felt weak or sick with your periods?.....	Yes	No
99w.	Have you often had to lie down when your periods came on?.....	Yes	No
100w.	Have you usually been tense or jumpy with your periods?.....	Yes	No
101w.	Have you ever had severe hot flashes or sweats?.....	Yes	No
102	Have you often been troubled with a vaginal discharge?.....	Yes	No

Men only...

97m.	Have you ever had anything wrong with your genitals?.....	Yes	No
98m.	Are your genitals often painful or sore?.....	Yes	No
99m.	Have you ever had treatment for your genitals?.....	Yes	No
100m.	Has a doctor ever said you had a hernia (rupture)?.....	Yes	No
101m.	Have you ever passed blood while urinating?.....	Yes	No
102m.	Do you have trouble starting your stream when urinating?.....	Yes	No
103	Do you have to get up every night to urinate?.....	Yes	No
104	During the day, do you usually have to urinate frequently?.....	Yes	No
105	Do you have severe burning when you urinate?.....	Yes	No
106	Do you sometimes lose control of your bladder?.....	Yes	No
107	Has a doctor ever said you had a kidney or bladder disease?.....	Yes	No

108	Are you often exhausted or fatigued?.....	Yes	No
109	Does working tire you out completely?.....	Yes	No
110	Do you usually get up tired or exhausted in the morning?.....	Yes	No
111	Does every little effort wear you out?.....	Yes	No
112	Are you constantly too tired or exhausted even to eat?.....	Yes	No
113	Do you suffer from severe nervous exhaustion?.....	Yes	No
114	Does nervous exhaustion run in your family?.....	Yes	No
115	Are you frequently ill?.....	Yes	No
116	Are you frequently confined to bed by illness?.....	Yes	No
117	Are you always in poor health?.....	Yes	No
118	Are you considered a sickly person?.....	Yes	No
119	Do you come from a sickly family?.....	Yes	No
120	Do severe pains and aches make it impossible for you to do your work?.....	Yes	No
121	Do you wear yourself out worrying about work?.....	Yes	No
122	Are you always ill and unhappy?.....	Yes	No
123	Are you constantly made miserable by poor health?.....	Yes	No
124	Did you ever have scarlet fever?.....	Yes	No
125	As a child, did you ever have rheumatic fever, growing pains or twitching of limbs?.....	Yes	No
126	Did you ever have malaria?.....	Yes	No
127	Were you ever treated for severe anemia?.....	Yes	No
128	Were you ever treated for venereal disease?.....	Yes	No
129	Do you have diabetes?.....	Yes	No
130	Did a doctor ever say you had a goiter in your neck?.....	Yes	No
131	Did a doctor ever treat you for a tumor or cancer?.....	Yes	No
132	Do you suffer from any chronic disease?.....	Yes	No
133	Are you definitely underweight?.....	Yes	No
134	Are you definitely overweight?.....	Yes	No
135	Did a doctor ever say you had varicose veins (swollen veins) in your legs?.....	Yes	No
136	Did you ever have a serious operation?.....	Yes	No
137	Did you ever have a serious injury?.....	Yes	No
138	Do you often have small accidents or injuries?.....	Yes	No
139	Do you usually have difficulty falling asleep or staying asleep?.....	Yes	No
140	Do you find it impossible to take a regular rest period each day?.....	Yes	No
141	Do you find it difficult to exercise daily?.....	Yes	No
142	Do you smoke more than 20 cigarettes a day?.....	Yes	No
143	Do you drink more than six cups of coffee or tea a day?.....	Yes	No
144	Do you usually take two or more alcoholic drinks a day?.....	Yes	No
145	Do you sweat or tremble a lot during examinations or questioning?.....	Yes	No
146	Do you get nervous and shaky when approached by a superior?.....	Yes	No
147	Does your work fall to pieces when then boss or a superior is watching you?..	Yes	No
148	Does your thinking get completely mixed up when you have to do things quickly?	Yes	No
149	Must you do things slowly to do them without mistakes?.....	Yes	No

150	Do you always get directions and orders wrong?.....	Yes	No
151	Are you anxious around unfamiliar people or places?.....	Yes	No
152	Are you scared to be alone when there are no friends around you?.....	Yes	No
153	Is it difficult for you to make up your mind?.....	Yes	No
154	Do you always wish you had someone at your side to advise you?.....	Yes	No
155	Are you considered a clumsy person?.....	Yes	No
156	Does it bother you to eat anywhere except in your home?.....	Yes	No
157	Do you feel alone and sad at a party?.....	Yes	No
158	Do you usually feel unhappy or depressed?.....	Yes	No
159	Do you often cry?.....	Yes	No
160	Are you always miserable and blue?.....	Yes	No
161	Does life look entirely hopeless?.....	Yes	No
162	Do you often wish you were dead and away from it all?.....	Yes	No
163	Does worrying continually get you down?.....	Yes	No
164	Does worry run in your family?.....	Yes	No
165	Does every little thing get on your nerves and wear you out?.....	Yes	No
166	Are you considered a nervous person?.....	Yes	No
167	Does nervousness run in your family?.....	Yes	No
168	Did you ever have a nervous breakdown?.....	Yes	No
169	Did anyone in your family ever have a nervous breakdown?.....	Yes	No
170	Were you ever a patient in a mental hospital?.....	Yes	No
171	Was anyone in your family ever in a mental hospital?.....	Yes	No
172	Are you extremely shy or sensitive?.....	Yes	No
173	Do you have a shy or sensitive family?.....	Yes	No
174	Are your feeling easily hurt?.....	Yes	No
175	Does criticism always hurt you?.....	Yes	No
176	Are you considered a touchy person?.....	Yes	No
177	Do people usually misunderstand you?.....	Yes	No
178	Is your guard up even around friends?.....	Yes	No
179	Do you always do things on sudden impulse?.....	Yes	No
180	Are you easily upset or irritated?.....	Yes	No
181	Do you go to pieces if you don't constantly control yourself?.....	Yes	No
182	Do little annoyances get on your nerves and get you angry?.....	Yes	No
183	Does it make you angry to have anyone tell you what to do?.....	Yes	No
184	Do people often annoy and irritate you?.....	Yes	No
185	Do you often flare up in anger if you can't have what you want right away?...	Yes	No
186	Do you often get in a violent rage?.....	Yes	No
187	Do you often shake or tremble?.....	Yes	No
188	Are you constantly keyed up or jittery?.....	Yes	No
189	Do sudden noises make you jump or shake?.....	Yes	No
190	Do you tremble or feel weak whenever someone shouts at you?.....	Yes	No
191	Do you become scared at sudden movements or noises at night?.....	Yes	No

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| 192 | Are you awakened out of your sleep by frightening dreams?..... | Yes | No |
| 193 | Do frightening thoughts keep coming back in your mind?..... | Yes | No |
| 194 | Do you often become frightened for no apparent reason?..... | Yes | No |
| 195 | Do you often break out in a cold sweat?..... | Yes | No |