

Health Appraisal – Comprehensive

Name _____

Date _____

Circle the number which best describes the **frequency** of your symptoms. If you don't know the answer to the question, leave it blank. When you are finished, add up the points in each section and enter the number in the **Total Points** box. The score for yes is the number inside of the parenthesis ().

(0) never or rarely (1) twice a week or less (2) three to six times a week (3) daily

PART I

Section A

- | | | | | | |
|----|---|---|---|------|---|
| 1 | Indigestion, upset stomach | 0 | 1 | 2 | 3 |
| 2 | Excessive burping, belching & bloating | 0 | 1 | 2 | 3 |
| 3 | Gas right after a meal | 0 | 1 | 2 | 3 |
| 4 | Feeling of fullness before and during meals | 0 | 1 | 2 | 3 |
| 5 | Loss of appetite, disinterest in food | 0 | 1 | 2 | 3 |
| 6 | Foul Breath | 0 | 1 | 2 | 3 |
| 7 | Bad taste in mouth | 0 | 1 | 2 | 3 |
| 8 | Partial loss of smell or taste | 0 | 1 | 2 | 3 |
| 9 | Difficult bowel movements | 0 | 1 | 2 | 3 |
| 10 | Trouble swallowing | 0 | 1 | 2 | 3 |
| 11 | Unintentional weight loss | N | | Y(5) | |
| 12 | History of anemia, no responsive to iron | N | | Y(5) | |
| 13 | Vegetarian (no eggs or dairy) | N | | Y(3) | |
| 14 | Fussy eater | N | | Y(3) | |
| 15 | Spoon shaped nails | N | | Y(3) | |
| 16 | Sores in corners of mouth | N | | Y(3) | |
| 17 | Smooth tongue | N | | Y(3) | |

Total Points _____

Section C

- | | | | | | |
|----|---|---|---|------|---|
| 1 | Stomach pain, burning 1 to 4 hrs after meal | 0 | 1 | 2 | 3 |
| 2 | Feeling hungry 1 to 2 hrs after eating | 0 | 1 | 2 | 3 |
| 3 | Strong emotions, thought or smell of food upsets stomach | 0 | 1 | 2 | 3 |
| 4 | Experience heartburn especially when lying down or bending over | 0 | 1 | 2 | 3 |
| 5 | Heartburn from spicy & fatty foods, peppers, chocolate, citrus, alcohol, caffeine | 0 | 1 | 2 | 3 |
| 6 | Pain and difficulty swallowing | | | | |
| 7 | Chest pain, trouble breathing, lung infections | 0 | 1 | 2 | 3 |
| 8 | Constipation or difficult bowel movements | 0 | 1 | 2 | 3 |
| 9 | Black, tar-like stool | 0 | 1 | 2 | 3 |
| 10 | Unexplained weight gain | N | | Y(3) | |
| 11 | Temporary relief with use of antacids, carbonated beverages, cream/milk/food | N | | Y(5) | |
| 12 | Relief from digestive problems with rest and relaxation | N | | Y(5) | |

Total Points _____

Section B

- | | | | | | |
|----|---|---|---|------|---|
| 1 | Indigestion, fullness lasting 2-3 hrs after meals | 0 | 1 | 2 | 3 |
| 2 | Pain and tenderness on left side under ribs | 0 | 1 | 2 | 3 |
| 3 | Bloated | 0 | 1 | 2 | 3 |
| 4 | Excessive passing of gas | 0 | 1 | 2 | 3 |
| 5 | Abdominal cramping and pain | 0 | 1 | 2 | 3 |
| 6 | Nausea and/or vomiting | 0 | 1 | 2 | 3 |
| 7 | Dry, flaky skin and dry, brittle hair | 0 | 1 | 2 | 3 |
| 8 | Trouble gaining weight | 0 | 1 | 2 | 3 |
| 9 | Weakness and fatigue | 0 | 1 | 2 | 3 |
| 10 | Certain foods/beverages cause indigestion | 0 | 1 | 2 | 3 |
| 11 | Roughage and fiber causes constipation | 0 | 1 | 2 | 3 |
| 12 | 3 or more large daily bowel movements | 0 | 1 | 2 | 3 |
| 13 | Alternate between diarrhea and constipation | 0 | 1 | 2 | 3 |
| 14 | Poorly formed stool | 0 | 1 | 2 | 3 |
| 15 | Undigested food in stool | 0 | 1 | 2 | 3 |
| 16 | Greasy, shiny stool | 0 | 1 | 2 | 3 |
| 17 | Yellow, foul smelling stool | 0 | 1 | 2 | 3 |
| 18 | Black stool | 0 | 1 | 2 | 3 |
| 19 | Mucus in stool | 0 | 1 | 2 | 3 |
| 20 | Rectal spasms | 0 | 1 | 2 | 3 |
| 21 | Dark urine | 0 | 1 | 2 | 3 |
| 22 | Bone and back pain | 0 | 1 | 2 | 3 |
| 23 | Pounding heart | 0 | 1 | 2 | 3 |
| 24 | Iron deficiency anemia | N | | Y(3) | |

Total Points _____

Section D

- | | | | | | |
|----|--|---|---|------|---|
| 1 | Lower abdominal pain, spasms/cramping | 0 | 1 | 2 | 3 |
| 2 | Relief of lower abdominal pain by passing gas or stool | 0 | 1 | 2 | 3 |
| 3 | Stress, raw fruits and vegetables aggravate bowel pain | 0 | 1 | 2 | 3 |
| 4 | Diarrhea (loose, watery stool) | 0 | 1 | 2 | 3 |
| 5 | More than 3 bowel movements per day | 0 | 1 | 2 | 3 |
| 6 | Excessive bloating and gas | 0 | 1 | 2 | 3 |
| 7 | Painful, difficult straining while having a bowel movement | 0 | 1 | 2 | 3 |
| 8 | Small, hard or dry stool | 0 | 1 | 2 | 3 |
| 9 | Extremely thin, narrow stool | 0 | 1 | 2 | 3 |
| 10 | Alternating between diarrhea and constipation | 0 | 1 | 2 | 3 |
| 11 | Pus and mucus in stool | 0 | 1 | 2 | 3 |
| 12 | Feeling like bowels don't empty completely | 0 | 1 | 2 | 3 |
| 13 | Rectal cramps or pain | 0 | 1 | 2 | 3 |
| 14 | Bright red blood after bowel movement | 0 | 1 | 2 | 3 |
| 15 | Anal itching | 0 | 1 | 2 | 3 |
| 16 | Irritable, moodiness | 0 | 1 | 2 | 3 |
| 17 | Rash under armpit, breast, around naval or groin area. | N | | Y(5) | |
| 18 | Feeling ill in damp, moldy areas or rainy weather | N | | Y(3) | |

Total Points _____

Part II**Section A**

1	Moderate to severe pain under right side of ribs	0	1	2	3
2	Abdominal pain more severe with deep breathing	0	1	2	3
3	Bitter fluid comes up after eating	0	1	2	3
4	Full, bloated feeling	0	1	2	3
5	Heartburn, burping, gas	0	1	2	3
6	Indigestion caused by fatty foods	0	1	2	3
7	Nausea and/or vomiting	0	1	2	3
8	Feel angry, agitated, restless	0	1	2	3
9	Unexplained itchy skin, worse at night	0	1	2	3
10	Yellow cast to eyes and skin	0	1	2	3
11	Stool color varies from clay to brown color	0	1	2	3
12	General feeling of bad health	0	1	2	3
13	Weakness, fatigue, exhaustion	0	1	2	3
14	Unable to concentrate, confused, irritable	0	1	2	3
15	Achy muscles	0	1	2	3
16	Hands tremble	0	1	2	3
17	Weight gain because of water retention	0	1	2	3
18	Swollen legs and/or feet	0	1	2	3
19	Prone to bleeding in gums and nose	0	1	2	3
20	Chest and armpit hair loss	0	1	2	3
21	Reddening of skin, especially palms	0	1	2	3
22	Dark urine with diminished flow	0	1	2	3
23	Dry flaky skin and/or scalp	N		Y	(3)
24	Loss of appetite and weight	N		Y	(3)
25	Bruises easily	N		Y	(3)
26	Pubic hair thinning	N		Y	(3)
27	Feeling extremely dry	N		Y	(3)
28	Loss of skin elasticity	N		Y	(3)

Total Points _____**Section B**

1	Sluggish and tired	0	1	2	3
2	Feel cold all over including hands and feet	0	1	2	3
3	Neck feels tight				
4	Difficult and infrequent bowel movements	0	1	2	3
5	Discoloration, dryness of skin and hair				
6	Brittle, thick nails	0	1	2	3
7	Puffy hands, feet and face	0	1	2	3
8	Swollen upper eyelids	0	1	2	3
9	Involuntary movement of eyeballs				
10	Muscles cramp, tremble and/or weak	0	1	2	3
11	Forgetfulness and slow mental processes	0	1	2	3
12	Slow heart beats	0	1	2	3
13	Swelling of abdomen	0	1	2	3
14	Unsteady movements and/or gait	0	1	2	3
15	Lack of sexual interest	0	1	2	3
16	Gain weight easily	N		Y	(5)
17	Swelling of neck	N		Y	(5)
18	Outer third of eyebrow thins	N		Y	(3)
19	Thinning of hair on face, scalp and genitals	N		Y	(3)
20	Loss of appetite	N		Y	(3)
21	Premenstrual tension	N		Y	(3)
22	Infertility	N		Y	(3)
23	Excessive menstrual bleeding	N		Y	(3)
24	Absence of periods	N		Y	(3)

Total Points _____**PART III****Section A**

1	Mild fatigue after exertion or stress	0	1	2	3
2	General weakness	0	1	2	3
3	Blurred vision, dizzy when standing up	0	1	2	3
4	Depression	0	1	2	3
5	Rapid mood swings	0	1	2	3
6	Irritable	0	1	2	3
7	Dark circles under eyes	0	1	2	3
8	Abdominal indigestion, pain	0	1	2	3
9	Bouts of nausea, vomiting	0	1	2	3
10	Constipation or diarrhea	0	1	2	3
11	White blotchy patches on skin	0	1	2	3
12	Crave salty foods	0	1	2	3
13	Decreased appetite	N		Y	(3)
14	Gradual weight loss	N		Y	(3)
15	No sun, tanned skin	N		Y	(3)
16	Slow loss of body hair	N		Y	(3)
17	Black freckles on forehead, face, neck	N		Y	(3)
18	Vulnerable to minor weather changes and surroundings	N		Y	(5)

Total Points _____**Section B**

1	Easily catch colds	0	1	2	3
2	Infections-eyes, ears, nose, throat, lungs, skin	0	1	2	3
3	Diarrhea	0	1	2	3
4	Puffy face				
5	Dark areas under eyes, on cheeks	0	1	2	3
6	Difficulty seeing at night				
7	Eyes discharge, burn, tear	0	1	2	3
8	Ears drain continuously	0	1	2	3
9	Nasal congestion, thick yellow, green mucus				
10	Post-nasal drip, sore throat	0	1	2	3
11	Cough containing mucus	0	1	2	3
12	Bleeding or inflamed gums	0	1	2	3
13	Fever blisters, cold sores	0	1	2	3
14	Bleeding or swelling of gums	0	1	2	3
15	Unexplained weight loss of 10 lbs in 3 months	N		Y	(3)
16	Loss of appetite	N		Y	(3)
17	Discoloration of nails	N		Y	(3)
18	Bumpy skin on back of arms	N		Y	(3)
19	Wounds heal slowly	N		Y	(3)
20	Hair falls out, grows slow, easily plucked out	N		Y	(3)
21	Lips are red and swollen	N		Y	(3)
22	Red, swollen, raw-looking tongue	N		Y	(3)
23	Impaired taste and smell	N		Y	(3)
24	Swelling in neck, armpit, groin	N		Y	(5)

Total Points _____

Section C

1	Muscles tire quickly	0	1	2	3	12	Watery, clear discharge from nose, eyes	0	1	2	3
2	Moody, irritable, tired	0	1	2	3	13	Dryness of eyes, mouth, nasal passages	0	1	2	3
3	Severe fatigue	0	1	2	3	14	Sneezing	0	1	2	3
4	Extreme joint pain, swelling, redness	0	1	2	3	15	Wheezing or cough	0	1	2	3
5	Chronic pain and stiffness all over body	0	1	2	3	16	Damp moldy environments trigger sickness	0	1	2	3
6	Migraine headaches	0	1	2	3	17	Post nasal drip caused by certain foods	0	1	2	3
7	Specific foods worsen symptoms (pain, inflammation, stiffness)	0	1	2	3	18	Heart palpitations after eating certain foods	0	1	2	3
8	Skin or eyes are light sensitive	0	1	2	3	19	Muscle weakness, weight loss	N	Y	(3)	
9	Dark circles under eyes					20	Hair on head falls out easily in clumps	N	Y	(3)	
10	Swollen face or body	0	1	2	3	21	Hair loss on entire body	N	Y	(5)	
11	Localized or general itching (eyes, ears, throat, nose, skin)	0	1	2	3	22	Bruise easily	N	Y	(5)	
		0	1	2	3	23	Nails, pitted, loosened, discolored	N	Y	(3)	

Total Points _____**PART IV****Section A**

1	Feeling overly tired	0	1	2	3
2	Prolonged recovery after exercise	0	1	2	3
3	Coldness in hands and feet	0	1	2	3
4	Palpitations, Hard to breathe on exertion	0	1	2	3
5	Dizziness, headache, spots before eyes	0	1	2	3
6	Irritable	0	1	2	3
7	Poor concentration, forgetful	0	1	2	3
8	Mild yellowing of eyes or skin	0	1	2	3
9	ringing in ears	0	1	2	3
10	Susceptible to infections	0	1	2	3
11	Dark urine and jaundice	0	1	2	3
12	Black stool (taking no iron supplements)	0	1	2	3
13	Strong cravings for clay, dirt, ice	0	1	2	3
14	Fingernails, thin brittle, flat, spoon shaped	N	Y	(5)	
15	White patches on skin	N	Y	(3)	
16	Pale eyelids, nail beds, gums, lips	N	Y	(3)	
17	Sore, red tongue	N	Y	(3)	
18	Throat, mouth, rectum ulcers	N	Y	(3)	
19	Unusual bruising	N	Y	(3)	
20	Spontaneous bleeding – nose, gums, mouth, rectum, or vagina	N	Y	(3)	
21	Small red dots under skin	N	Y	(3)	
22	Sores in corner of mouth	N	Y	(3)	
23	Smooth tongue	N	Y	(3)	

Total Points _____**Section B**

1	Nose bleeds	0	1	2	3
2	Headache usually in the morning	0	1	2	3
3	Fatigue, weakness, nervousness	0	1	2	3
4	ringing in ears	0	1	2	3
5	Drowsiness, dizziness	0	1	2	3
6	Blushing for no apparent reason	0	1	2	3
7	Tingling in hands, feet, numbness	0	1	2	3
8	Blurred vision	0	1	2	3

Total Points _____**Section C**

1	Jittery feeling	0	1	2	3
2	Heartburn that moves to neck, jaws, arm and left shoulder	0	1	2	3
3	Getting out of bed causes pain in chest	0	1	2	3
4	Dizziness	0	1	2	3

Section C (cont)

5	Choking, smothering sensation	0	1	2	3
6	Minor exertion causes exhaustion	0	1	2	3
7	Heart pounds easily	0	1	2	3
8	Heavy sweating with no exertion				
9	Mild or severe chest pain	0	1	2	3
10	Difficulty catching breath especially during exercise	0	1	2	3
11	Dry cough, Wheezing	0	1	2	3
12	Heart palpitations- slow, rapid or irregular	0	1	2	3
13	Swelling in feet, ankle, legs comes and goes	0	1	2	3
14	Veins on neck are prominent	0	1	2	3

Total Points _____**Section D**

1	Fluid retention	0	1	2	3
2	Numbness, tingling, prickling sensation in hands and feet	0	1	2	3
3	Muscle pain in thigh, calves when walking	0	1	2	3
4	Muscle pain at rest	0	1	2	3
5	Cold feet	0	1	2	3
6	Headaches	0	1	2	3
7	Dizziness, everything spins	0	1	2	3
8	Poor concentration	0	1	2	3
9	Slurred speech	0	1	2	3
10	ringing in ears	0	1	2	3
11	Brief moments of hearing loss	0	1	2	3
12	Periodic nausea that comes and goes quickly				
13	Falling for no known reason	0	1	2	3
14	Brief difficulty swallowing	0	1	2	3
15	Brief difficulty speaking	0	1	2	3
16	Switching or stammering of tongue	0	1	2	3
17	Double vision	0	1	2	3
18	Difficulty understanding written, spoken word	0	1	2	3
19	Brief loss of muscular coordination, legs, arms	0	1	2	3
20	Inability to recognize persons or things that pass quickly	0	1	2	3
21	Inability to feel pain or temperature usually on one side, that passes quickly	0	1	2	3
22	Shiny, hairless skin on one leg or arm	N	Y	(5)	
23	Blue or discolored toes	N	Y	(5)	
24	Open sores on legs and feet	N	Y	(5)	
25	Fingers, toes numb in cold weather even when protected	N	Y	(5)	

Total Points _____

PART V

Section A

Missing meals or fasting is associated with the following:

1	Sudden anxiety caused by hunger	0	1	2	3
2	Tingling sensation in hands	0	1	2	3
3	Palpitations	0	1	2	3
4	Jittery, feel shaky, tremors	0	1	2	3
5	Weakness	0	1	2	3
6	Clammy skin, profuse sweating	0	1	2	3
7	Nightmares	0	1	2	3
8	Restless, lack of sleep	0	1	2	3
9	Nervous, agitated, easily upset	0	1	2	3
10	Forgetful, poor memory	0	1	2	3
11	Disoriented, confusion	0	1	2	3
12	Feel faint, dizziness	0	1	2	3
13	Numbness, Feeling cold	0	1	2	3
14	Mild headache	0	1	2	3
15	Double or blurred vision	0	1	2	3
16	Lack of coordination	0	1	2	3

Total Points _____

Section B

1	Frequent, excessive urination	0	1	2	3
2	Increased appetite and thirst	0	1	2	3
3	Failing eyesight, blurred vision	0	1	2	3
4	Drowsiness, fatigue	0	1	2	3
5	Crave sweets but does not satisfy craving	0	1	2	3
6	Feel the need for air (can't get enough)	0	1	2	3
7	Sweet smelling breath	0	1	2	3
8	Depressed	0	1	2	3
9	Extremities, prickly feeling, tingle, numbness	0	1	2	3
10	Sweat profusely	0	1	2	3
11	Dribble after urinating	0	1	2	3
12	Impotency	0	1	2	3
13	Feel dizzy when standing from sitting position	0	1	2	3
14	Slurred speech	0	1	2	3
15	Unintentional weight loss	N	Y	(3)	
16	Reoccurring and persistent bladder, skin, or Gum infections	N	Y	(3)	
17	Leg sores and boils	N	Y	(3)	
18	Wounds heal slowly	N	Y	(3)	
19	Excessive weight gain				

Total Points _____

PART VI

1	Fatigue and weakness	0	1	2	3	14	Sputum is thick, clear, yellow	0	1	2	3
2	Pain, chest discomfort	0	1	2	3	15	Sputum smells foul	0	1	2	3
3	Sudden difficulty breathing	0	1	2	3	16	Sputum is bloody	0	1	2	3
4	Shortness of breath	0	1	2	3	17	Bad Breath	0	1	2	3
5	Shallow breathing	0	1	2	3	18	Wheezing	0	1	2	3
6	Noisy rattling sounds when breathing	0	1	2	3	19	Loud snoring	0	1	2	3
7	Moist or dry cough	0	1	2	3	20	Sleepy during day	0	1	2	3
8	Rapid heartbeats	0	1	2	3	21	Headache in the morning	0	1	2	3
9	Perspires excessively	0	1	2	3	22	Concentrating is difficult	0	1	2	3
10	Restlessness, anxiety	0	1	2	3	23	Unexplained loss of weight	N	Y	(3)	
11	Consistent low grade fever (100-101°)	0	1	2	3	24	Infections that settle in the lungs	N	Y	(3)	
12	Bluish lips and nails	0	1	2	3	25	Flu symptoms that last longer than 5 days	N	Y	(3)	
13	Post nasal drip	0	1	2	3						

Total Points _____

PART VII

1	Retain fluid throughout the body	0	1	2	3	11	Dripping after urination	0	1	2	3
2	Mild lower back pain	0	1	2	3	12	Can't hold urine	0	1	2	3
3	Frequent urge to urinate but only pass small amounts	0	1	2	3	13	Darkened, cloudy and/or bloody urine	0	1	2	3
4	Interruption of urine stream	0	1	2	3	14	Strong smelling urine	0	1	2	3
5	Excessive urination	0	1	2	3	15	Muscle and joint pain	0	1	2	3
6	Excessive urination at night	0	1	2	3	16	Tingling in joints	0	1	2	3
7	Burning when urinating	0	1	2	3	17	Dark circles under eyes	0	1	2	3
8	Frequent urination with urgency	0	1	2	3	18	Gray, blackish tint to skin	0	1	2	3
9	Rarely need to urinate	0	1	2	3	19	Leg or back pains associated with dripping after urination	0	1	2	3
10	Difficulty passing urine	0	1	2	3	20	Dryness, poor skin elasticity	0	1	2	3

Total Points _____

PART VIII (Men Only)

Section A

1	Frequent or urgent need to urinate	0	1	2	3
2	Weak, delayed or interrupted urinary stream	0	1	2	3
3	Burning or pain during urination	0	1	2	3
4	Urge to urinate several times a night	0	1	2	3
5	Bloody (rose colored) urine	0	1	2	3
6	Urinating is difficult	0	1	2	3
7	Bladder feels full	0	1	2	3
8	Ejaculation causes pain	0	1	2	3
9	Blood in semen	0	1	2	3
10	No sex drive	0	1	2	3
11	Impotency	0	1	2	3
12	Fatigue or pain in legs or back	0	1	2	3
13	Dripping after urination	0	1	2	3
14	Straining to pass small amounts of urine	0	1	2	3
15	Anemia	N		Y(3)	

Total Points _____

Section B

1	Itchy patches around groin and inner thigh	0	1	2	3
2	Night time itching	0	1	2	3
3	Pain in testicles	0	1	2	3
4	Trouble attaining and/or maintaining an erection	0	1	2	3
5	Low sexual drive	0	1	2	3
6	Premature ejaculation	0	1	2	3
7	Low level of energy or stamina	0	1	2	3
8	Head of penis is inflamed	N		Y(5)	
9	Genital and/or rectal rash or irritation	N		Y(5)	
10	Distorted nail growth	N		Y(3)	
11	Loss or armpit or pubic hair	N		Y(3)	
12	Infertile	N		Y(3)	
13	Low sperm count and mobility	N		Y(3)	
14	Unexplained weight gain	N		Y(3)	
15	Testicles look smaller	N		Y(3)	
16	Nipple tenderness or development of breasts	N		Y(3)	
17	Feeling of hardness or heaviness in testicles	N		Y(3)	
18	Thin beard or slow growth of hair	N		Y(3)	
19	Decreased body hair	N		Y(3)	
20	Fine wrinkling in corner of eyes or mouth	N		Y(3)	

Total Points _____

PART IX (Women Only)

Section A

1	Insomnia	0	1	2	3
2	Abdominal bloating	0	1	2	3
3	Swelling in breasts and tenderness	0	1	2	3
4	Lumps in breasts appear	0	1	2	3
5	Heart Palpitations	0	1	2	3
6	Flushing and sweating	0	1	2	3
7	Nervous, irritable, depressed	0	1	2	3
8	Resentful, easy to anger	0	1	2	3
9	Easily overwhelmed	0	1	2	3
10	Nausea and/or vomiting	0	1	2	3
11	Constipation or diarrhea	0	1	2	3
12	Headache	0	1	2	3
13	Binge eating, food cravings	0	1	2	3
14	Back pain	0	1	2	3
15	Numbness, tingling in feet and hands	0	1	2	3
16	Clumsiness	0	1	2	3
17	Sad, feeling hopeless	0	1	2	3
18	Water weight gain	N		Y(10)	
19	Suicidal	N		Y(3)	

Total Points _____

Section B

1	Vaginal pain, dryness	0	1	2	3
2	Intercourse is painful	0	1	2	3
3	Engorged breasts	0	1	2	3
4	Milk production (not nursing)	0	1	2	3
5	Disinterest in sex	0	1	2	3
6	Blurred vision	0	1	2	3
7	Headache	0	1	2	3
8	Oily skin and/or acne	0	1	2	3
9	Aggressive feelings	0	1	2	3
10	Overwhelming urges for sexual intercourse	0	1	2	3
11	Absence of menstrual flow for 6 months or more	N		Y(20)	
12	Occasionally skip periods	N		Y(5)	
13	Menstruation began after age 16	N		Y(3)	
14	Shrinking breasts	N		Y(5)	
15	Thinning armpit and pubic hair	N		Y(5)	
16	Unable to get pregnant	N		Y(10)	
17	Miscarriage	N		Y(3)	
18	Excess facial hair	N		Y(5)	
19	Poor sense of smell	N		Y(3)	
20	Monthly abdominal pain without bleeding	N		Y(5)	

Total Points _____

PART IX (Women Only cont)

Section C

1	Intercourse is painful	0	1	2	3
2	Menstrual pain between periods	0	1	2	3
3	Irregular periods	N		Y (5)	
4	Extended menses greater than 32 days	N		Y (10)	
5	Shortened menses cycles (less than 24 days)	N		Y (5)	
6	Vaginal bleeding between periods	N		Y (10)	
7	Vaginal discharge between periods	N		Y (5)	
8	Pain during periods is escalating with time	N		Y (5)	
9	Cramps, pain	0	1	2	3
10	Can't work, unusual fatigue	0	1	2	3
11	Depressed, irritable	0	1	2	3
12	Diarrhea and/or constipation	0	1	2	3
13	Bloating, lower abdominal pain	0	1	2	3
14	Nausea and/or vomiting	0	1	2	3
15	Lower backache	0	1	2	3
16	Pelvic and/or rectal pressure	0	1	2	3
17	Urinary difficulties	0	1	2	3
18	Frequent urination	N		Y (5)	
19	Scanty blood flow	N		Y (3)	
20	Heavy blood flow	N		Y (3)	

Total Points _____

Section D

1	Lumps are tender and painful	0	1	2	3
2	Clear, gray, yellow vaginal discharge	0	1	2	3
3	Vaginal bleeding between periods or after sex	0	1	2	3
4	Burning or itching of the external genitals	0	1	2	3
5	Painful, urgent urination	0	1	2	3
6	Lower back or abdominal pain	0	1	2	3
7	Heavy, bloody and watery vaginal discharge	0	1	2	3
8	Heavy menstrual flow	0	1	2	3
9	Pelvic cramps	0	1	2	3
10	Scant, thin, white discharge	0	1	2	3
11	Yellow, greenish or foul discharge	0	1	2	3
12	White cheesy discharge	0	1	2	3
13	Breast swelling or lumps	N		Y (10)	
14	Lumps are painful right before period	N		Y (5)	
15	Swelling under armpit	N		Y (5)	
16	Change in breast shape and size	N		Y (5)	
17	White or bloody discharge about 1 week before menstruation	N		Y (10)	

Total Points _____

Section E

1	Irregular menstrual cycles	0	1	2	3
2	Dry hair, skin, vagina	0	1	2	3
3	Disinterest in sex	0	1	2	3
4	Irritable, mood swings	0	1	2	3
5	Nervousness, anxiety, depression	0	1	2	3
6	Binge eating, craving sweets	0	1	2	3
7	Dizziness or headaches	0	1	2	3
8	Intercourse is painful	0	1	2	3
9	Sudden hot flashes	0	1	2	3
10	Spontaneous sweating	0	1	2	3
11	Heart palpitations and/or shortness of breath	0	1	2	3
12	Unpredictable vaginal bleeding	0	1	2	3
13	Difficulty holding urine	0	1	2	3
14	Sleeping is difficult				
15	Mental fogginess	0	1	2	3
16	Vaginal itching and/or pain	0	1	2	3
17	Scant, thin, white discharge	0	1	2	3
18	Low back and/or hip pain	0	1	2	3
19	Breast tenderness, pain or tingling prickling sensation	0	1	2	3
20	Loss of skin tone, easy bruising	0	1	2	3
21	Thinning pubic and armpit hair	N		Y (5)	
22	Stopped menstruating	N		Y (20)	
23	Breast beginning to shrink and sag	N		Y (10)	
24	Abnormal growth of hair above lip	N		Y (3)	

Total Points _____

PART X

Section A

1	Generalized bone tenderness and achiness	0	1	2	3
2	Localized bone pain	0	1	2	3
3	Swelling or bone deformities	0	1	2	3
4	Shins hurt during and after exercise	0	1	2	3
5	Hip or low back pain	0	1	2	3
6	Trouble sitting straight	0	1	2	3
7	Limp, walking difficulties	0	1	2	3
8	Creaking or crunching sounds when joints move	0	1	2	3
9	Hands feet, throat spasm or feel numb	0	1	2	3
10	Joint pain and stiffness (spine, hips, knees)	0	1	2	3
11	Ringin g in ears, hearing loss, headaches	0	1	2	3
12	Cavities	N		Y (5)	
13	Tooth loss due to gum disease	N		Y (5)	
14	Established bone loss	N		Y (10)	
15	Calcium deposits	N		Y (5)	
16	Curvature of spine	N		Y (10)	
17	Recent height loss	N		Y (10)	
18	Bowed legs	N		Y (5)	
19	Stooped posture	N		Y (5)	
20	Hump at base of neck	N		Y (5)	
21	Irregular patches of increased pigmentation	N		Y (3)	
22	Unexplained bone fracture	N		Y (10)	

Total Points _____

PART X (cont)

Section B

1	Muscle aches and pains	0	1	2	3	11	Uncontrollable urge to move legs	0	1	2	3
2	Muscle tension, stiffness	0	1	2	3	12	Legs move during sleep	0	1	2	3
3	Specific areas on body feel sore when pressed	0	1	2	3	13	Unpleasant crawling feeling in calves while lying down	0	1	2	3
4	Headaches	0	1	2	3	14	Tingling, numbing sensation	0	1	2	3
5	Tired, sluggish, fatigue	0	1	2	3	15	Excessive joint mobility	0	1	2	3
6	Sleeping is difficult	0	1	2	3	16	Unable to fully extend legs and/or arms	0	1	2	3
7	Not feeling refreshed when awakening	0	1	2	3	17	Lower or upper back pain	0	1	2	3
8	Difficulty swallowing/speaking	0	1	2	3	18	Loss of muscle strength	N	Y	(3)	
9	Muscle spasms and cramps	0	1	2	3	19	Muscle loss, wasting	N	Y	(3)	
10	Muscles twitch and tremble eyelids, calf muscle, thumb	0	1	2	3						

Total Points _____

Section C

1	Joint soreness, stiffness, swelling	0	1	2	3
2	Swollen, red painful joints	0	1	2	3
3	Joint stiffness improves with rest, worsens with movement	0	1	2	3
4	Dry mouth	0	1	2	3
5	Painful dry eyes	0	1	2	3
6	Joint stiffness is worse when resting, better with movement	0	1	2	3
7	Cracking joints	0	1	2	3
8	Limp	0	1	2	3
9	Aching, tingling, shooting pain down back of leg	0	1	2	3
10	Joint pain involves one or more joints	0	1	2	3
11	Joints hurt when moving or carrying weight	0	1	2	3
12	Limited range of motion	0	1	2	3
13	Difficulty standing from a sitting position	0	1	2	3
14	Walks slowly	0	1	2	3
15	Headache	0	1	2	3
16	Difficulty opening mouth and chewing food	0	1	2	3
17	Intermittent pain, ache on one side of head spreading to cheek, temple, lower jaw, ear, neck, shoulder	0	1	2	3
18	Prickling, tingling, numbness in neck arm or shoulder	0	1	2	3
19	Injure, sprain strain easily	0	1	2	3
20	Discomfort or pain in arm, shoulder, neck	0	1	2	3
21	Involuntary muscle spasms	0	1	2	3
22	Deliberate movement of hands is difficult	0	1	2	3
23	Red painless skin lumps on elbows, knees, toes, ears, nose, back of scalp	N		Y	(5)
24	Knobby overgrowth on joints closest to fingertips	N		Y	(5)
25	Muscle loss around inflamed joint	N		Y	(10)
26	Double jointed	N		Y	(3)
27	One leg is shorter than the other	N		Y	(5)

Total Points _____

Section D

1	Head feels heavy	0	1	2	3
2	Fainting, light headedness	0	1	2	3
3	Buzzing/ringing in ears	0	1	2	3
4	Trembling hands	0	1	2	3
5	Limbs feel too heavy to hold up	0	1	2	3
6	Loss of feeling in hands and/or feet (toes)	0	1	2	3
7	Tingling sensation followed by numbness and pain that starts in hands, feet and spreads toward center of body	0	1	2	3
8	Uneasy gait, lose balance	0	1	2	3
9	Muscles feel weak	0	1	2	3
10	Weak grip with spasm and arm weakness	0	1	2	3
11	Exhaustion with little effort	0	1	2	3
12	Need 10-12 hours sleep	0	1	2	3
13	Muscle weakness starts in leg ,moves upward	0	1	2	3
14	Difficulty moving around, walking, handling small objects	0	1	2	3
15	Nervous, anxious	0	1	2	3
16	Convulsions	0	1	2	3
17	Forgetful, confused	0	1	2	3
18	Slurred or slowed speech	0	1	2	3
19	Difficulty breathing	0	1	2	3
20	Blurred vision	0	1	2	3
21	Eyelids droop	0	1	2	3
22	Impaired hearing, sense of touch, eyesight, smell, taste	N		Y	(10)
23	Accident prone- trip, stumble, feel clumsy	N		Y	(5)

Total Points _____