

STRESSCARE® INTAKE ASSESSMENT

Musculo-skeletal Pain Solutions, Naturally
PERSONAL AND CONFIDENTIAL



(For Authorized Professional Use Only)

Coal Harbour Massage Therapy Clinic

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604-688-0029

The information contained herein does not reflect a medical diagnosis and is intended to educate and inform only. In order for proper disease or condition diagnosis we recommend you seek the professional advice of a licensed medical doctor.

Health History Form

FYI: an accurate health history ensures that it is safe for you to enter into the Stresscare Program, and helps our therapist determine a proper treatment plan. If your health status changes in the future, please let us know. All information gathered on this form is confidential. Your written authorization is legally required before any of this information can be released.

Personal Information

Name: _____ Date: _____ Email: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Occupation: _____ Date of Birth: _____ Height: _____ Weight: _____

Reason for Stresscare Program _____

On a scale of 1 to 10, where 1 is low and 10 is high, what is the usual intensity of your pain? _____

Have you had a massage before? Yes No For relaxation or other reason? _____

Current Medications: _____

Previous Major Illnesses, Operations: _____

Accidents (please give dates): _____

Other Medical Conditions (e.g. hemophilia, diabetes): _____

Family History (major illnesses, operations): _____

Please indicate all conditions you have experienced. Mark C for current and P for past.

<p>Joint/Soft Tissue Discomfort:</p> <p><input type="checkbox"/> Arms</p> <p><input type="checkbox"/> Upper Back</p> <p><input type="checkbox"/> Mid Back</p> <p><input type="checkbox"/> Lower Back</p> <p><input type="checkbox"/> Degenerative Discs</p> <p><input type="checkbox"/> Feet</p> <p><input type="checkbox"/> Hands</p> <p><input type="checkbox"/> Hips</p> <p><input type="checkbox"/> Jaw</p> <p><input type="checkbox"/> Knees</p> <p><input type="checkbox"/> Legs</p> <p><input type="checkbox"/> Neck</p> <p><input type="checkbox"/> Osteo Arthritis</p> <p><input type="checkbox"/> Rheumatoid Arthritis</p> <p><input type="checkbox"/> Sciatica</p> <p><input type="checkbox"/> Shoulders</p> <p><input type="checkbox"/> Limitation of Movement</p> <p>in which joints: _____</p> <p>Other: _____</p> <p>Skin:</p> <p><input type="checkbox"/> Rashes</p> <p><input type="checkbox"/> Itching</p> <p><input type="checkbox"/> Bruise Easily</p> <p><input type="checkbox"/> Dryness</p> <p><input type="checkbox"/> Boils</p> <p>Other: _____</p>	<p>General Symptoms:</p> <p><input type="checkbox"/> Fainting</p> <p><input type="checkbox"/> Dizziness</p> <p><input type="checkbox"/> Loss of Sleep</p> <p><input type="checkbox"/> Fatigue</p> <p><input type="checkbox"/> Nervousness</p> <p><input type="checkbox"/> Sudden Weight Loss/Gain</p> <p><input type="checkbox"/> Numbness</p> <p><input type="checkbox"/> Tingling</p> <p><input type="checkbox"/> Paralysis</p> <p><input type="checkbox"/> Headaches (Tension)</p> <p><input type="checkbox"/> Migraines</p> <p>Cardiovascular:</p> <p><input type="checkbox"/> High Blood Pressure</p> <p><input type="checkbox"/> Low Blood Pressure</p> <p><input type="checkbox"/> Coronary Heart Disease</p> <p><input type="checkbox"/> Heart Attack</p> <p><input type="checkbox"/> Phlebitis</p> <p><input type="checkbox"/> Stroke / CVA</p> <p><input type="checkbox"/> Pacemaker</p> <p><input type="checkbox"/> Heart Murmur</p> <p><input type="checkbox"/> Palpitations</p> <p><input type="checkbox"/> Varicose Veins</p> <p><input type="checkbox"/> Swelling of the Ankles</p> <p><input type="checkbox"/> Poor Circulation</p>	<p>Infectious:</p> <p><input type="checkbox"/> Hepatitis</p> <p><input type="checkbox"/> Tuberculosis</p> <p><input type="checkbox"/> Human Immunodeficiency Virus (HIV)</p> <p><input type="checkbox"/> Herpes</p> <p><input type="checkbox"/> Cold</p> <p><input type="checkbox"/> Flu</p> <p><input type="checkbox"/> Athlete's Foot</p> <p><input type="checkbox"/> Warts</p> <p>Other: _____</p> <p>Digestive:</p> <p><input type="checkbox"/> Poor Appetite</p> <p><input type="checkbox"/> Belching/Gas</p> <p><input type="checkbox"/> Constipation</p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Ulcer</p> <p><input type="checkbox"/> Vomiting</p> <p>Eye, Ear, Nose, Throat:</p> <p><input type="checkbox"/> Allergies</p> <p><input type="checkbox"/> Frequent Colds</p> <p><input type="checkbox"/> Glasses or Contacts</p> <p><input type="checkbox"/> Hearing Aid</p> <p><input type="checkbox"/> Hearing Loss</p> <p><input type="checkbox"/> Sinus Infection</p> <p><input type="checkbox"/> Swollen Glands</p>
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(continued on next page)

Please indicate all conditions you have experienced. Mark C for current or P for past.

Reproductive:

- Pregnant
due date: _____
- Painful Menstruation
- Heavy Flow
- Irregular Cycle
- Swollen Breasts
- Menopausal
- Pre-menopausal
- Post-menopausal
- Birth Control
type: _____

Respiratory:

- Chronic Cough
- Bronchitis
- Asthma
- Hay Fever
- Difficulty Breathing
- Smoking
- Emphysema
- Pneumonia

Lifestyle Questions

Regular Eating Habits Yes No

Do you take vitamins? Yes No

Type: _____

Frequency: _____

Regular Exercise Yes No

Type: _____

Frequency: _____

Energy Level: High Average Low

Do you suffer from stress? Yes No

Cause: _____

Do you use a computer? Yes No

How many hours per day: _____

Please read carefully, and sign.

I attest that the information I have provided is true and complete to the best of my knowledge.

I understand the information I have provided is confidential and will not be released without my written consent.

I consent to integrated therapeutic treatments including but not limited to Massage Therapy, Orthomolecular Nutrition, Micro-Current Therapy, Therapeutic Exercise, Homeopathy, and Matrix Integration Therapy.

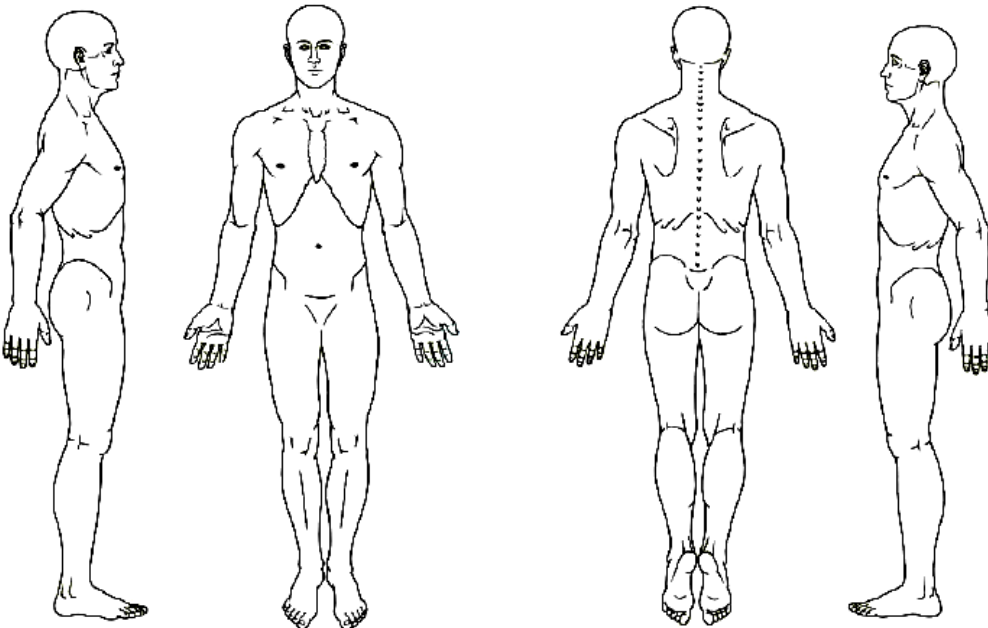
I also understand that I am responsible for any charges incurred in the course of my treatment and some procedures may not be covered by Provincial and Private Extended Medical insurance.

I understand that 24 hours notice is required to reschedule all future appointments, or full charges will apply.

signature

today's date

Please indicate on the diagrams your areas of pain or discomfort.



PHYSICAL/ EMOTIONAL SYMPTOMOLOGY

*This questionnaire is designed to assess bodily signs which may relate to nutritional imbalance. Its sole purpose is to educate and to inform. It is not intended to diagnose diseases. If you suspect that you may have a medical problem, please seek competent medical care. **TO COMPLETE THIS FORM:** If any part of a statement is true for you, PLACE a "1", "2" or "3" in the BRACKETS beside it.*

- "1" for "sometimes" or "mild" symptom
- "2" for "often" or "moderate" symptom
- "3" for "very often" or "severe" symptom
- **Skip all statements that do not apply to you**

At the end of each section, total the numbers in the brackets and multiply by the factor indicated. Do no "agonize" over any statement. If it is unclear or questionable, ignore it and go on to the next.

Section A-1

- () Dry mouth, dry eyes, dry nasal membranes
- () Dry or leathery skin
- () Dry or chapped lips
- () Stools hard and dry
- () Low volume of urine, urinate infrequently
- () Tendency to form kidney stones

____ TOTAL X 8 = ____ A-1

Section A-2

- () Infrequent bowel movements
- () Painful, hard bowel movements
- () Abdominal distension
- () Loss of appetite
- () Hemorrhoids or rectal fissure
- () Overweight
- () Varicose veins
- () Tendency to form gallstones

____ TOTAL X 6 = ____ A-2

Section A-3

- () Rough, dry, flaky or scaly skin
- () Eczema, psoriasis, dermatitis
- () Dry or gritty feeling in eyes/dry tear ducts
- () Dry, lifeless, or brittle hair, split ends
- () Brittle or cracked nails
- () Dry mouth, throat, mucous membranes
- () Wounds or injuries heal slowly, poorly
- () Bleeding gums, easy bruising
- () Frequent colds, infections, sickness
- () Depression, lack of motivation
- () Forgetfulness, short attention span
- () FEMALE: Premenstrual syndrome
- () FEMALE: Difficulty getting pregnant or carrying to term

____ TOTAL X 5 = ____ A-3

Section A-4

- Excess fluid retention (edema) in hands or feet
- Nausea or dizziness
- Poor co-ordination
- General overall weakness
- Anemia
- Cataracts
- Catch colds, flu, infections easily
- Cuticles tear easily
- Muscle wasting, tissue loss
- Impaired wound healing
- Premature aging
- Hair dull, dry, sparse, loose and falling out
- Brittle nails, slow growing nails
- Mood swings, depression
- Insomnia
- Nervousness, agitation
- Low resistance to stress

_____ TOTAL X 3 = _____ A-4

Section A-5

- Cold sores, herpes simplex
- High triglycerides in blood
- Inability to concentrate
- Irritability
- Bloodshot eyes
- Muscle wasting
- Excessive hair loss
- Anemia

_____ TOTAL X 6 = _____ A-5

Section A-6

- Muscular weakness
- Brittle hair
- Allergic chemical sensitivities
- FEMALE: Premenstrual syndrome
- FEMALE: Toxemia of pregnancy

_____ TOTAL X 12 = _____ A-6

Section A-7

- Anxiety
- Headaches, migraine headaches
- Short attention span, hypertension
- Poor memory
- Excessive appetite
- Depression, moodiness
- Addictive behaviour
- Vitiligo, loss of skin pigmentation

_____ TOTAL X 6 = _____ A-7

Section A-8

- Insomnia, sleeplessness
- Depression, moodiness
- Anxiety, panic attacks
- Migraine headaches
- Restless legs
- Hyperactivity
- Lupus erythematosus

_____ TOTAL X 10 = _____ A-8

Section B-1

- Indigestion or sourness 2 to 3 hr. after meals
- Abdominal bloating, distention
- Full log feeling after heavy meat meal
- Loss of former taste or craving for meat
- Excessive gas, belching or burping after meals
- Burning sensation in stomach, heartburn
- Heavy, tired feeling after eating
- Constipation
- Stools poorly formed, pale, greasy, floating
- Undigested food particles in stools
- Ridges on fingernails, slow growing nails

_____ TOTAL X 6 = _____ B-1

Section B-2

- Stomach pain 5 or 6 hr. after eating, usually at night, relieved by eating or by drinking milk
- Above complaints aggravated by worry/tension

_____ TOTAL X 25 = _____ B-2

Section B-3

- () Low tolerance to alcohol or sugar
- () Skin oily on nose and forehead
- () Dark circles or bags under the eyes
- () Fats/greasy foods cause nausea, headaches
- () Stool appears yellow, clay-colored, foul odor
- () Pale, greasy stools that float
- () Foul-smelling bowel gas
- () Bad breath/bad taste in mouth, excess body odor
- () Pain on inside of right shoulder blade
- () Consistent gas & bloating from most foods, and especially from onions, cabbage, radishes, cucumbers

_____ TOTAL X 5 = _____ B-3

Section B-4

- () Greasy, foul-smelling stools
- () Chronic diarrhea
- () Undigested food in stools
- () Mucus in stools
- () Foul-smelling intestinal gas

_____ TOTAL X 10 = _____ B-4

Section B-5

- () Indigestion, bloating after meals
- () Intestinal gas, especially after sugary foods
- () Diarrhea or constipation
- () Urinary tract infections
- () Yeast infections, candidiasis

_____ TOTAL X 8 = _____ B-5

Section C-1

- () Dental cavities/caries
- () Overweight
- () Nervousness, hyperactivity
- () Anxiety or depression
- () Cravings, addictions
- () Yeast infections, candidiasis
- () Recurring infections
- () High cholesterol in blood
- () High triglycerides

_____ TOTAL X 5 = _____ C-1

Section C-2

- () High blood pressure
- () Stools dry, shrunken
- () Excess fluid retention, edema
- () Stomach ulcers
- () Tremors, convulsions or seizures
- () Irritability
- () Excessive thirst or excessive urination

_____ TOTAL X 7 = _____ C-2

Section C-3

- () High blood pressure
- () Irritability, restlessness, excitement
- () Nausea, vomiting
- () Headaches
- () Convulsions, tremors
- () Insomnia
- () Frequent urination, bladder irritation
- () Irregular heartbeat
- () Ringing sound in ear, tinnitus
- () FEMALE: Fibrocystic breast lumps

_____ TOTAL X 6 = _____ C-3

Section C-4

- () High blood pressure
- () Shingles, hives
- () Anemia

_____ TOTAL X 16 = _____ C-4

Section C-5

- () Whitish, yellowish or brown mottling of teeth
- () Pitting of teeth
- () Nausea or vomiting
- () Pain and aching of bones and spine
- () Gallstones, gout or kidney stones

_____ TOTAL X 12 = _____ C-5

Section C-6

- () Excitement
- () Confusion
- () Depression
- () Muscular twitching
- () Abdominal cramps
- () Spasmodic muscular contractions
- () Heart palpitations
- () Rapid breathing

_____ TOTAL X 6 = _____ C-6

Section D-1

- () Brittle fingernails, vertically ridged nails
- () Pain in forearm or biceps
- () Cramps in calf muscle during sleep or exercise
- () Painful cramping of feet or toes
- () Joint pains
- () Teeth prone to decay, frequent toothaches
- () Poor quality or malformation of bones
- () Nervous tics or twitches, twitching muscles
- () Nervousness, irritability, anxiety
- () Unusual sensitivity to noise
- () Insomnia
- () Heart palpitations
- () FEMALE: Excessive, lengthy, painful menses

_____ TOTAL X 4 = _____ D-1

Section D-2

- () Irritable nerves or muscles, nervous tics/twitches
- () Muscle spasms, tremors, convulsions or seizures
- () Muscle cramps in bottom of feet
- () Muscular tension, tight muscles
- () Restless legs, legs in constant motion at night
- () Knee pain, hip pain
- () Irregular heartbeat
- () Painful and cold hands or feet
- () Excessive body odor
- () Loose or sensitive teeth
- () Anxiety, confusion, disorientation, irritability
- () Nausea, dizziness or lightheadedness
- () Mental depression or apathy
- () Startle reactions, hypersensitivity to noise
- () Poor co-ordination
- () Cravings for chocolate
- () Insomnia, restlessness, hyperactivity

D-2 continued

- () Repeated tapping of hands or feet
- () Bone spurs
- () High blood pressure

_____ TOTAL X 3 = _____ D-2

Section D-3

- () Swelling of ankles or hands
- () Dry skin
- () Slow, rapid or irregular heartbeat, palpitations
- () Constipation
- () Unusual thirst
- () Muscular weakness
- () Unusually sore or stiff muscles after exercising
- () Agitation, irritability
- () High blood pressure

_____ TOTAL X 6 = _____ D-3

Section D-4

- () Pale skin, palms of hands very pale
- () Fingernails very light in colour
- () Fingernails flat or concave (spoon-shaped)
- () Thin, fragile, brittle nails; vertical ridges on nails
- () Inner side of lower eyelid is pale
- () Lack of endurance or stamina, anemia
- () Cravings for ice, ice eating

_____ TOTAL X 7 = _____ D-4

Section D-5

- () Prone to athletic injuries, strained knees, elbow
- () Loss of ligament tone or strength
- () Muscular weakness
- () Nervous degeneration
- () Creaking or clicking of joints
- () Knee, hip or ankle pain

_____ TOTAL X 8 = _____ D-5

Section D-6

- () Cuts, wounds, sores heal slowly
- () Hair or nails grow slowly
- () Loss of sense of smell or taste
- () Catch colds, flu, infections easily
- () Brittle nails
- () White spots on fingernails
- () Acne
- () Stretch marks
- () Sterility or impotence
- () White coating on tongue
- () Loss of appetite, anorexia
- () Sleep disturbances
- () Diarrhea
- () MALE: Prostate problems, low sperm count
- () MALE: Delayed sexual maturity
- () CHILDREN: Growing pains, stunted growth

_____ TOTAL X 4 = _____ D-6

Section D-7

- () Dry skin
- () Dry hair
- () Brittle or fragile nails
- () Slow wound healing
- () Joint pain, tenderness or swelling
- () Muscular soreness, cramps in legs or back
- () Diabetes, diabetic tendencies
- () Anxiety or depression

_____ TOTAL X 8 = _____ D-7

Section D-8

- () Rapidly aging skin, loss of skin elasticity
- () Weak hair shafts, thinning hair, split ends
- () Soft or weak nails
- () Retarded growth, incomplete skeletal development

_____ TOTAL X 12 = _____ D-8

Section E-1

- () Dry hair
- () Brittle nails
- () Slow mental reactions
- () High cholesterol in blood
- () Enlargement of thyroid gland, goiter
- () Heart palpitations
- () Irritability
- () Overweight
- () Sluggish metabolism
- () Constipation
- () FEMALE: Cystic breasts, breast lumps

_____ TOTAL X 5 = _____ E-1

Section E-2

- () High cholesterol in blood
- () High triglycerides
- () Intolerance to alcohol
- () Glucose intolerance, hypoglycemia, diabetes
- () Cravings for sugars or starches

_____ TOTAL X 10 = _____ E-2

Section E-3

- () Muscular degeneration, muscular dystrophy
- () Weakened heart tissue, cardiomyopathy
- () Loss of skin elasticity, excessive wrinkling
- () Cancer or heart disease
- () Cataracts
- () Cystic fibrosis

_____ TOTAL X 10 = _____ E-3

Section F-1

- () Poor night vision, unable to see well in dim light
- () Eyes sensitive to glare, sunlight or bright lights
- () Inability to adjust eyes when entering a dark room
- () Dry eyes, dry cornea
- () Eyelids red, scaly or dry
- () Eye inflammations, conjunctivitis
- () Styes, eyelids swollen
- () Get colds or respiratory infections easily

F-1 continued

- Sinus problems
- Abscesses in ears, mouth or salivary glands
- Brittle or dry hair
- Dry, rough or scaly skin
- Hard "goosebumps" on backs of arms
- Acne, pimples or blackheads
- Warts
- Kidney, urinary or bladder infections, burning or itching when urinating

_____ TOTAL X 3 = _____ F-1

Section F-2

- Burning in mouth and throat
- Poor bone development
- Abnormal number of dental cavities, cracking teeth
- Osteoporosis (de-mineralized bone)
- Osteomalacia (softening of bone)
- Rickets (bowlegs, knock-knees)
- Joint pains, bone pains
- Muscular cramps
- Nearsightedness, myopia
- Nervousness
- Insomnia
- Constipation

_____ TOTAL X 5 = _____ F-2

Section F-3

- Muscular weakness, swelling or wasting
- Poor co-ordination
- Involuntary movements of the eyes
- Brittle and falling hair
- Tendency to form blood clots
- Fat malabsorption, celiac sprue, cystic fibrosis
- Hemolytic anemia, sickle cell anemia
- FEMALE: Menstrual discomfort
- MALE: Low sex drive, impotence

_____ TOTAL X 10 = _____ F-3

Section G-1

- Heart palpitations or gallop rhythm
- Slow heart beat or rapid heart beat
- Vague chest pains, shortness of breath
- Enlarged heart
- Diastolic blood pressure over 90
- Forgetfulness, poor memory, short attention span
- Muscular tenderness, weakness or wasting
- Irritability
- Feel depressed
- Loss of appetite or loss of weight
- Numbness, pricking or tingling in hands or feet
- Loss of ankle or knee jerk reflexes
- Poor co-ordination
- Stiffness or swelling in ankles, feet or legs
- Cramping pains in legs, especially after exercising
- Tenderness in calf muscle under pressure
- Constipation
- Vulnerability to insect bites, esp. mosquitoes or fleas

_____ TOTAL X 3 = _____ G-1

Section G-2

- Cracks or sores in corner of mouth
- Reddish-purple (magenta) coloured tongue
- Shiny, sore or swollen tongue
- Lips red, white, scaly, swollen or chapped
- Conjunctivitis
- Cataracts
- Sensation of "sand" under the eyelids
- Eyes sensitive to light
- Blurred vision, dimming of vision
- Eyes red, itchy, burning
- Red lines in whites of eyes
- See spots before the eyes
- Abnormally greasy or scaly skin around nose
- Falling hair, abnormal hair loss
- Oily hair
- Loss of fullness in upper lip
- Wrinkles radiating from lips towards nose/cheeks

_____ TOTAL X 3 = _____ G-2

Section G-3

- Diarrhea
- Chapping of backs of hands
- Itchy, red or inflamed skin, dermatitis
- Irritability, anxiety or depression
- Loss of sense of humour
- Indigestion
- Small ulcers or canker sores in mouth
- Burning sensation in hands or feet
- Insomnia
- Whitish, coated tongue
- Brilliant red, painful tongue
- Swollen tongue with red tips and sides
- Feel as if hands or feet go numb

_____ TOTAL X 4 = _____ G-3

Section G-4

- Pupils in eyes are unusually large, dilated
- Periods of deep depression
- Burning sensation of hands or feet
- Poor co-ordination
- Lightheaded or dizzy when sitting up or standing up
- Diarrhea or constipation
- Numbness or tingling in hands or feet
- Joint pains
- Muscle cramps
- Rapid heartbeat on exertion
- Irritability, agitation
- Headaches
- Insomnia, sleeplessness
- Quarrelsome, hot temper
- Inability to cope with stress
- Restless legs, constant motion of legs at night

_____ TOTAL X 3 = _____ G-4

Section G-5

- Irritability or nervousness
- Feel confused
- Can't remember dreams
- Dizziness
- Swelling of hands, feet or ankles (edema)
- Unable to close hands into tight, flat fists
- Soreness, tenderness, weakness of thumb muscles
- Greasy scaliness on skin near nose, mouth, eyes
- Muscular twitching

G-5 continued

- Greenish tint to urine
- Hyperactivity
- Poor co-ordination in walking
- FEMALE: Nausea of pregnancy
- FEMALE: Acne worse during periods
- FEMALE: Swelling of face, abdomen or extremities during menses

_____ TOTAL X 4 = _____ G-5

Section G-6

- Skin shiny, dry and scaly
- Tongue purplish-red (magenta) swollen and painful
- Nausea
- Muscular pains
- Mental depression
- Poor appetite
- Fingernails a pale color, pale complexion
- Sleeplessness
- Irregular heart beat
- Hair loss, brittle hair
- Loss of skin pigment

_____ TOTAL X 5 = _____ G-6

Section G-7

- Sore, beefy red tongue
- Lemon-yellowish tint to skin, pale complexion
- Numbness, tingling, soreness, weakness hands/feet
- Jerking of limbs
- Memory loss
- Stammer
- Apathy, feel as if have lost incentive in life
- Depression, moodiness
- Anxiety, irritability, nervousness, agitation
- Anemia
- Hallucinations, delusions
- Loss of appetite
- Confusion, disorientation
- Back pains
- Dizziness
- Dimmed vision
- Poor stomach digestion, low stomach acid
- FEMALE: Menstrual disturbances

_____ TOTAL X 3 = _____ G-7

Section G-8

- Tongue red, shiny, smooth and painful
- Ulcers in mouth
- Red, swollen or bleeding gums
- Intestinal malabsorption, sprue
- Diarrhea
- Heart palpitations
- Swelling of ankles
- Lightheadedness, faintness
- Apathy or depression
- Forgetfulness
- Loss of appetite, weight loss
- Greying hair
- Excess pigmentation of skin
- Irritable, agitated, brooding or self-conscious
- Anemia

_____ TOTAL X 3 = _____ G-8

Section G-9

- Skin bruises easily, "black & blue" marks
- Hemorrhages or ruptured blood vessels
- Gums bleed easily, especially when brushing teeth
- Bluish-red, swollen or inflamed gums
- Loose teeth, loss of dental fillings
- Cuts, sores or wounds heal slowly
- "Fleeting" pains in joints or legs, joint tenderness
- Catch infections, colds, flu or viruses easily
- Listlessness, lack of endurance, tire easily
- Cuticles tear easily
- Excessive hair loss
- Restlessness or irritability
- Nosebleeds
- Broken capillaries, hemorrhages, pink spots on skin
- Bloating or puffiness in face
- Anemia
- Fragile bones
- Thinning or premature aging of skin

_____ TOTAL X 3 = _____ G-9

Section H-1

- Eczema
- High blood pressure
- High cholesterol levels
- Liver or kidney disorder
- Poor memory

_____ TOTAL X 10 = _____ H-1

Section H-2

- Bleed easily (gums, nosebleeds, cuts)
- Bruise easily
- Tiny red blood spots on skin
- Varicose veins, hemorrhoids
- Inflamed, swollen joints
- FEMALE: Miscarriages, threatened miscarriages
- FEMALE: Heavy and prolonged menstrual bleeding

_____ TOTAL X 10 = _____ H-2

Section I-1

- Rough skin
- Excessive perspiration
- Loss of former taste or craving for meat
- Nausea, inclination to vomit
- Potatoes disagree
- Belching accompanied by head colds
- Constipation accompanied by throbbing headaches
- Numbness, stiffness or loss of sensation; arms/legs
- Poor or failing memory
- Stitching or burning pain in head with dizziness relieved by eating

_____ TOTAL X 5 = _____ I-1

Section I-2

- High or low blood pressure
- Anemia
- Emphysema
- Kidney disease

_____ TOTAL X 12 = _____ I-2

Section I-3

- Nausea or vomiting
- Abdominal pain
- Diarrhea
- Excessive hair loss
- Hyperactivity, irritability or nervousness
- Depression

_____ TOTAL X 8 = _____ I-3

Section I-4

- Constipation
- Cramps or vague abdominal aches or discomfort
- Dizziness
- Anxiety or irritability
- Nervousness or restlessness
- Lack of ambition, apathy or depression
- Hand tremors
- Poor co-ordination
- Sallow complexion, grayish-greenish-yellow ting
- Convulsions, seizures
- Paralysis
- Catch colds, infections easily
- Vomiting
- CHILDREN: Hyperactivity

_____ TOTAL X 4 = _____ I-4

Section I-5

- Tremors or poor co-ordination
- Inflamed gums
- Loss of ability to speak
- High blood pressure
- Diabetic tendencies
- Mental disturbances or personality changes
- Poor memory
- Depression or uncontrollable crying
- Metallic taste in mouth
- Allergic tendencies
- Loss of self-confidence
- Food cravings
- Facial and back pain
- Loss of appetite
- Irritability

_____ TOTAL X 3 = _____ I-5

Section J-1

- Eyes sensitive to bright lights, headlights, sunlight
- Tightness or "lump" in throat, hurts under stress
- Inability to cope with stressful events
- Form gooseflesh easily or "cold sweats"
- Voice rises to high pitch or is "lost" during stress
- Easily shaken up or startled from unexpected noise
- Prefer being alone, uneasy when center of attention
- Blood pressure fluctuates, sometimes too low
- Perfectionist, set high standards

J-1 continued

- Avoid complaints, try to ignore inconveniences
- Work off worries, things left undone cause concern
- Allergies (e.g., skin rash, hay fever, asthma, etc.)
- Mood swings, tendency to cry easily
- Difficulty relaxing
- Emotional upsets cause complete exhaustion
- Unusual craving for salt
- Perspire excessively, sweating of hands or feet
- More than usual neck, head, shoulder tension
- Blood pressure decreases when going from a lying position to a standing position

_____ TOTAL X 3 = _____ J-1

Section J-2

- Persistent high blood pressure
- Rapid pulse
- Fluid retention of facial tissues, puffy face
- Stronger than average physically
- Strong feelings, blow up easily, dislike being crossed
- FEMALE: Excess hair on face, arms, legs
- MALE: Baldness, hairy arms and back, muscular "square" build, aggressive in business or sports

_____ TOTAL X 8 = _____ J-2

Section J-3 (FEMALE)

- Irregular or discomforting menstrual periods
- Hot flashes, night sweats
- Nervousness, depression, mood swings
- Have had uterus and/or ovaries removed
- Lost or diminished sex drive
- Breast swelling before or during periods
- Unable to have children because of sterility (not because of age or operation)

_____ TOTAL X 8 = _____ J-3

Section J-3 (MALE)

- Difficulty urinating – starting, burning
- Above associated with back or leg pains
- Have to urinate more than twice during night
- Prostate trouble or prostate surgery
- Lost or diminished sex drive

_____ TOTAL X 10 = _____ J-3

Section J-4

- Burning sensation upon urination
- High diastolic blood pressure (above 90)
- Lower back pains
- Puffiness around eyes
- Have to urinate more than twice per night
- Legs often feel heavy
- Unable to control flow of urine, incontinence
- Joint pains
- Anemia

_____ TOTAL X 6 = _____J-4

Section J-5

- Pain on inside of left shoulder blade
- Pain on left side of abdomen
- Shingles on trunk of body
- Cold hands or feet
- Feel cold and sweaty
- Shakiness
- Slow healing of wounds, cuts, abrasions
- Constant, intense thirst
- Urinate more than 2 litres daily
- Breath smells sweet or of acetone
- Tingling, burning, jabs or numbness in hands/feet
- Vision failing
- Urine contains sugar
- Moody with marked ups and downs
- Cold sweats of the hands even when warm
- Vague, unrelated complaints relieved by eating but return with a vengeance

_____ TOTAL X 3 = _____J-5

Section J-6

- Muscles stiff in morning, feel need to limber up
- Fail to feel rested, even after sleeping long hours
- Feel "creaky" after sitting still for some time
- Heart seems to miss beats or turn "flip-flops"
- Nauseated in morning
- Start slow in morning, gain speed in afternoon
- Motion sickness when traveling
- Dizzy in morning or when moving up and down
- Cold hands or feet
- Hair scanty, dry, brittle, dull, lusterless, lifeless

J-6 continued

- Hair loss from outer third of eyebrows
- Flaky, dry, rough skin
- Sleeplessness, restlessness, sleep disturbances
- Poor short term memory, forgetfulness
- Poor response to exercising
- Hypoglycemia (low blood sugar)
- High cholesterol, cholesterol deposits on eyelids
- Constipation, less than one bowel movement daily
- "Go to pieces" easily, cry easily
- Dislike working under pressure, being watched
- Diminished sex drive, lack of sexual desire
- Gain weight easily, fail to lose on diets
- Difficulty concentrating, easily distracted
- Yellowish tint to skin on hands or feet
- Cracks in bottom of heels
- Clogged sinuses
- Low pulse rate
- Low body temperature, especially at bed rest
- Recurrent infections
- Depression
- Headaches
- Puffiness of face or eyes
- Swelling of hands or ankles
- Irritability, mood swings
- Multiple food allergies/sensitivities
- These worse at night: coughing, hoarseness, muscle cramps
- FEMALE: Lumpy breasts, cystic breasts
- FEMALE: Menstrual irregularity, excess flow, premenstrual syndrome
- Fainting, blacking out or convulsions

_____ TOTAL X 2 = _____J-6

Section J-7

- Heart beats above 90 beats per minute at rest
- Heart palpitations
- Protruding tongue quivers, hands shake or tremble
- Strong drive followed by exhaustion
- Good appetite but fail to gain weight
- Erratic, "flighty" behaviour, talk rapidly
- Protruding eyeballs
- Warm, fine, moist skin
- Irritability, nervousness, hyperactivity, insomnia
- Frequent bowel movements, diarrhea
- Excessive sweating without exercise
- Feel warm and flushed at normal room temperature
- Sensitivity to cold, prefer warm climate

_____ TOTAL X 4 = _____J-7

Section J-8

- Cold hands or feet, cold all over
- Infertility or impotence
- Headaches affecting one side of head
- Excessive urination
- Left upper neck pain
- Left little finger pain
- Overweight from waist down or from waist up
- Feelings of inadequacy
- Changeable temperament, moody
- Feelings dominate over logic
- Abdominal "apron" of fat
- Fluid swelling in ankles, fingers, feet
- Puffiness under eyes
- FEMALE: Loss of menstrual function

_____ TOTAL X 4 = _____J-8

Section J-9

- Chronic flu, viral infections
- Hay fever, allergies, allergic rhinitis
- Asthma, eczema
- Swollen glands in armpit, groin, tonsils
- Feeling of puffiness in throat
- Soreness on both sides of neck at shoulder level
- Irregular heartbeat
- More than usual number of cavities
- Look older than chronological age

_____ TOTAL X 6 = _____J-9

Section K-1

- Awake in morning not feeling rested
- An almost "painful" fatigue not helped by rest
- Dark or puffy circles under the eyes
- Spastic colon, colitis, irritable bowel
- Minor, chronic complaints that recur
- High blood pressure
- Bed-wetting, uncontrolled urination
- Enlargement of lymph glands in neck
- Have been called a "hypochondriac"
- Insomnia, sleep disturbances
- Heavy sweating not related to exercise
- Fluid retention
- Muscle spasms, aching muscles
- Painful, stiff or swollen joints
- Depression or crying spells

K-1 continued

- Sinus attacks
- Catch colds easily
- History of bronchitis or pneumonia
- Hyperactivity
- Constipation or diarrhea
- Marked fluctuations in weight
- Eczema, psoriasis, rashes, dermatitis
- Irritability
- Bladder infections
- Hay fever, sneezing attacks
- Dry stuffy nose, tendency to pick nose
- Runny nose
- Bloating or puffiness in face
- Bronchial asthma
- Migraine headaches

_____ TOTAL X 2 = _____K-1

Section K-2

- Tremors of hands or feet
- Double vision
- Slurred speech
- Irritability or impatience
- Loss of stamina while doing physical work
- Lose temper easily, emotionally unsettled

_____ TOTAL X 8 = _____K-2

Section K-3

- Fingers and/or toes go cold
- Arms and/or legs "go to sleep"
- Numbness or heaviness in arms or legs
- Cramps in hand when writing
- Sharp, diagonal crease in earlobe
- Tingling sensation in lips or fingers
- Short walk causes cramping or pains in legs
- Memory not as good as it used to be
- Ankles swell late in day
- Persistent, nagging cough
- Breathlessness on slight exertion or lying down
- Urinate more than twice during night
- High blood pressure
- Whitish ring under outer part of cornea in the eye
- Impotent or frigid
- Chest pain after physical exertion or emotional stress

_____ TOTAL X 3 = _____K-3

Section K-4

- Irritable if late for a meal or miss a meal
- Headaches that are worse after missing a meal
- Irritable before breakfast
- Easily upset or frustrated
- Constant worrying
- Fits of anger, agitation, temper outbursts
- Episodes of shakiness or tremors
- Sudden, strong cravings for sweets, coffee, alcohol
- Episodes of uncontrollable eating, binging
- Asthmatic attacks
- Anxiety attacks, crying spells
- Get hungry soon after eating
- Sudden drop in energy in mid-morning or mid-day
- Fatigue or sleepiness after eating, worse after dessert
- Cold hands or feet
- Wake up at night feeling hungry
- Wake up in middle of night & can't go back to sleep
- Nervousness, shaky feelings, depression or headaches relieved by eating sweets
- CHILDREN: Attention deficit or hyperactivity

_____TOTAL X 3 = _____K-4

Section K-5

- Diarrhea or abdominal distress while visiting foreign or unfamiliar locations
- Unexplained indigestion, gas or bloating
- Intestinal tract irritable, burns or cramps for no apparent reason
- Recently developed food/environmental allergies
- Frequent colds, flu or other acute illnesses
- Difficulty overcoming intestinal yeast overgrowth
- Ravenous appetite
- Anal itching, often worse at night
- Feelings of rectal fullness or pressure
- Weight loss or inability to gain weight
- Muscular wasting or weakness
- Lethargy, slow reflexes
- Bowel movements changeable, sometimes hard sometimes soft, for no apparent reason

_____TOTAL X 4 = _____K-5

Section K-6 (FEMALE)

Indicate which conditions apply only if they occur within 14 days prior to and two days after menstrual period:

- Anxiety, nervous tension, pounding heart
- Irritability, restlessness
- Depression, mood swings
- Emotional outbursts, crying spells
- Headaches, dizziness, fainting
- Backache, cramps
- Insomnia
- Bloating, weight gain
- Forgetfulness, confusion
- Increased appetite, craving for sweets
- Swelling of hands, feet, edema

_____TOTAL X 4 = _____K-6

Section K-7

- Repeated use of antibiotics or birth control pills
- Cravings for sugars, bread or alcohol
- Indigestion/discomfort after eating fruits or sweets
- Severe reactions to perfume, tobacco, chemicals
- Intolerance to alcohol
- Hypersensitivity to certain foods
- Diarrhea or constipation
- Rectal itching or bladder infections
- Coated or sore tongue
- Chronic sore or scratchy throat, oral thrush
- Feel bad all over, without apparent cause
- Feeling of being in a mental fog, "spaciness"
- Hives, psoriasis or skin rash
- Anxiety or depression
- Tiredness, feelings of being "drained"
- Athlete's foot, toenail or fingernail fungus
- Allergy or sensitivity to airborne moulds
- Allergy or sensitivity to mouldy or fermented foods
- FEMALE: Premenstrual tension, menstrual cramps
- FEMALE: Vaginal discharge, burning, itching
- FEMALE: Endometriosis, uterine fibroids
- MALE: Prostate problems, impotence
- MALE: Itching of penis or groin

_____TOTAL X 3 = _____K-7

STRESS EVALUATION

Instructions

Put the appropriate number in the blank next to the statement, based on how you feel at this time. Total up the points next to each statement to calculate your score.

1 - Never 2 - Rarely 3 - Sometimes 4 - Frequently 5 - Always

- ___ I have little control or influence over my work.
- ___ My work interferes with my family/personal life.
- ___ I have too much work to do and/or unreasonable deadlines.
- ___ I think there is one right way to do things.
- ___ I don't receive the recognition I deserve when I do a good job.
- ___ It's difficult for me to express my thoughts and feelings about my work conditions to my superiors.
- ___ I am easily irritated and/or upset.
- ___ I have difficulty exercising.
- ___ I have witnessed or am aware of bullying (physical or verbal) in my workplace.
- ___ I keep things inside and don't burden others with my problems.
- ___ I have difficulty making decisions.
- ___ I tend to neglect my diet (eat irregularly, eat unhealthy foods, etc.).
- ___ I try to do everything myself.
- ___ I rush through the day and have no time left to relax.
- ___ I make a 'big deal' about everything.
- ___ I spend a lot of time complaining about the past.
- ___ I have trouble sleeping and/or sleep too much.
- ___ I suffer from headaches and migraines.
- ___ I feel tired/fatigued for no real reason.
- ___ I feel as if I don't want to get up in the morning.

Total Score: _____

STRESS RESILIENCE

Instructions

Put the appropriate number in the blank next to the statement, based on how you feel at this time. Total up the points next to each statement to calculate your score.

1 - Never 2 - Rarely 3 - Sometimes 4 - Frequently 5 - Always

- ___ I enjoy my time with my family and friends.
- ___ I take care of myself with proper rest, a healthy diet and exercise.
- ___ My life has meaning and purpose.
- ___ I know how to keep work at work and home at home.
- ___ I enjoy my job and find it fulfilling and satisfying.
- ___ I have plenty of leisure time for me, my family and my friends.
- ___ I know how to manage myself effectively in stressful situations.
- ___ I welcome change as an opportunity to grow.
- ___ I know I can deal with whatever comes my way.
- ___ I am fully responsible for my performance and results at work.
- ___ I have the support I need to deal with the challenges I face.
- ___ I am actively involved in my community.

Total Score: _____

STRESS IMPACT

Instructions

For each of the life events listed below, put a check mark next to each of those events that you have experienced in the last 12 months. Beside each event is a number in parentheses. Total up the points next to each check mark to calculate your score.

- ___ (100) Death of a spouse
- ___ (73) Divorce
- ___ (65) Marital separation
- ___ (63) Death of a close family member
- ___ (63) Detention in jail or institution
- ___ (53) Major personal illness or injury
- ___ (50) Marriage
- ___ (47) Being fired from work
- ___ (45) Marital reconciliation
- ___ (45) Retirement
- ___ (44) Major change in the health/behaviour of a family member
- ___ (40) Pregnancy (self or spouse)
- ___ (40) Sexual difficulty
- ___ (39) Gaining new family member through birth, adoption, or remarriage
- ___ (39) Major business readjustment (merger, reorganization, etc.)
- ___ (37) Major change in financial state (better or worse)
- ___ (37) Death of a close friend
- ___ (36) Change to a different line of work
- ___ (35) Major change in number of arguments with spouse (a lot more or a lot fewer)
- ___ (31) Taking on a mortgage
- ___ (30) Foreclosure on a mortgage or loan
- ___ (29) Major change in responsibility at work (promotion, demotion, transfer, etc.)

- ___ (29) Son or daughter leaving home
- ___ (29) In-law troubles
- ___ (28) Outstanding personal achievement
- ___ (26) Spouse begins or stops working outside of home
- ___ (25) Start or end formal schooling
- ___ (25) Major change in living conditions (rebuilding, remodeling, etc.)
- ___ (24) Change/revision in personal habits (dress, manners, association, etc.)
- ___ (23) Troubles with superior/boss
- ___ (20) Change in residence
- ___ (20) Changing to a new school
- ___ (19) Major change in recreational habits (amount or type or recreation)
- ___ (19) Major change in religious or spiritual activities
- ___ (18) Major change in social activities
- ___ (17) Major new purchase (car, appliances, etc.)
- ___ (16) Major change in sleeping habits (a lot more or a lot less)
- ___ (15) Major change in number of family get-togethers
- ___ (15) Major change in eating habits
- ___ (13) Holidays/Vacation
- ___ (12) Christmas or similar holiday observance
- ___ (11) Minor violations of the law (traffic tickets, etc.)

Total Score: _____