Health Analysis

No. _____ Date _____

Patient _____ Home Phone (___) _____

Address _____ City _____ State _____ Zip _____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Age _____ Occupation _____

PLEASE MARK THE APPROPRIATE ANSWER

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 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**
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 had 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**
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 often 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 your 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 toothaches?	☐ **YES**	☐ **NO**
44.	Is your tongue usually 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 pains in the stomach often cause you to double over?	☐ **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 had 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 a long time for a 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 often 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 ever 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 severe seizure or convulsion (epilepsy)?	☐ **YES**	☐ **NO**
91.	Has anyone in your family ever had a seizure or convulsion (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 sleepwalker?	☐ **YES**	☐ **NO**
95.	Are you a bed wetter?	☐ **YES**	☐ **NO**
96.	Were you a bed wetter between the ages of 8 to 14?	☐ **YES**	☐ **NO**

	WOMEN ONLY... ARE YOU PREGNANT?	☐ **YES**	☐ **NO**
97w.	Have your 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**
102w.	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 and urinate?	☐ **YES**	☐ **NO**
104.	During the day, do you usually have to urinate frequently?	☐ **YES**	☐ **NO**
105.	Do you often 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 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 and exhausted to even 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 to 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 have rheumatic fever, growing pains, or twitching 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 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 6 cups of coffee or tea a day?	☐ **YES**	☐ **NO**
144.	Do you usually consume 2 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 a boss or superior is watching you?	☐ **YES**	☐ **NO**
148.	Does your thinking get 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 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 your home?	☐ **YES**	☐ **NO**
157.	Do you feel alone and sad at a party?	☐ **YES**	☐ **NO**
158.	Do you usually feel unhappy and 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 worrying 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 feelings 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 your 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 when someone shouts at you?	☐ **YES**	☐ **NO**
191.	Do you become scared at sudden movements or noises at night?	☐ **YES**	☐ **NO**
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**