

# HEALTH APPRAISAL - COMPREHENSIVE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

CIRCLE the number which best describes the **frequency** of your symptoms. If you do not know the answer to the question, leave it blank. When you are finished, please add the number of points in each section and enter the number in the **Total Points** box. The score for YES is the number inside the parenthesis ( ).

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

## PART I

### Section A

1. Indigestion, "sour stomach"	0	1	2	3
2. Excessive belching, burping and/or bloating	0	1	2	3
3. Gas immediately following a meal	0	1	2	3
4. Sense of fullness during and after meals	0	1	2	3
5. Poor appetite, disinterest in food	0	1	2	3
6. Offensive breath	0	1	2	3
7. Bad taste in mouth	0	1	2	3
8. Partial loss of taste or smell	0	1	2	3
9. Difficult bowel movements	0	1	2	3
10. Difficulty swallowing	0	1	2	3
11. Unintentional weight loss	N			Y (5)
12. History of anemia, unresponsive to iron	N			Y (5)
13. Vegetarian (no eggs, dairy)	N			Y (3)
14. Picky eater	N			Y (3)
15. Spoon shaped nails	N			Y (3)
16. Sores in corner of mouth	N			Y (3)
17. Smooth tongue	N			Y (3)

**Total Points** \_\_\_\_\_

### Section B

1. Indigestion and fullness lasts 2-4 hours after eating.	0	1	2	3
2. Pain, tenderness, soreness on left side under rib cage	0	1	2	3
3. Bloating	0	1	2	3
4. Excessive passage of gas	0	1	2	3
5. Abdominal cramps, aches	0	1	2	3
6. Nausea and/or vomiting	0	1	2	3
7. Dry, flaky skin and/or dry, brittle hair	0	1	2	3
8. Difficulty gaining weight	0	1	2	3
9. Weakness and fatigue	0	1	2	3
10. Specific foods/beverages aggravate indigestion	0	1	2	3
11. Roughage and fiber causes constipation	0	1	2	3
12. Three or more large bowel movements daily	0	1	2	3
13. Alternating constipation and diarrhea	0	1	2	3
14. Stool poorly formed	0	1	2	3
15. Stool - undigested food	0	1	2	3
16. Stool - greasy, shiny	0	1	2	3
17. Stool yellowish, foul smelling	0	1	2	3
18. Mucus in stool	0	1	2	3
19. Black 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 C

1. Stomach pain, burning, aching 1-4 hours after eating	0	1	2	3
2. Feeling hungry an hour or two after eating	0	1	2	3
3. Strong emotions, thought or smell of food aggravates stomach	0	1	2	3
4. Heartburn, especially when lying down or bending forward	0	1	2	3
5. Heartburn due to spicy and fatty foods, chocolate, peppers, citrus, alcohol, caffeine	0	1	2	3
6. Difficulty or pain when swallowing	0	1	2	3
7. Chest pain, difficulty breathing, lung infections	0	1	2	3
8. Constipation, difficult bowel movements	0	1	2	3
9. Black, tarry stool	0	1	2	3
10. Unexplained weight gain	N			Y (3)
11. Temporary relief from antacids, carbonated beverages, cream/milk/food	N			Y (5)
12. Digestive problems subside with rest and relaxation	N			Y (5)

**Total Points** \_\_\_\_\_

### Section D

1. Lower abdominal pain, cramping and/or spasms	0	1	2	3
2. Lower abdominal pain relief by passing stool or gas	0	1	2	3
3. Raw fruits, vegetables and stress aggravate bowel pain	0	1	2	3
4. Diarrhea (loose watery stool)	0	1	2	3
5. More than three bowel movements daily	0	1	2	3
6. Excessive gas and bloating	0	1	2	3
7. Painful, difficult, straining during bowel movements	0	1	2	3
8. Hard, dry or small stool	0	1	2	3
9. Extremely narrow stools, thin stool	0	1	2	3
10. Alternating diarrhea/constipation	0	1	2	3
11. Mucus and pus in stool	0	1	2	3
12. Feeling that bowels do not empty completely	0	1	2	3
13. Rectal pain or cramps	0	1	2	3
14. Bright red blood following bowel movement	0	1	2	3
15. Anal itching	0	1	2	3
16. Irritable, moody	0	1	2	3
17. Rash under breast, armpit, around naval or groin area	N			Y (5)
18. Feel ill in damp, moldy settings or rainy weather	N			Y (3)

**Total Points** \_\_\_\_\_

## PART II

### Section A

1. Moderate to severe pain under right side of rib cage	0	1	2	3
2. Abdominal pain worse with deep breathing	0	1	2	3
3. Bitter fluid repeats after eating	0	1	2	3
4. Bloating, full feeling	0	1	2	3
5. Belching, heartburn, gas	0	1	2	3
6. Fatty foods cause indigestion	0	1	2	3
7. Nausea	0	1	2	3
8. Feel restless, agitated, angry	0	1	2	3