Health Appraisal Questionnaire

Indigestion		No apptetite		Black stool			
Burping		Nausea		Green or yellow stool			
Bloating		History of Anaemia		Pain or strain on evacuation			
		Flautlence		Vomiting			
Difficulty swallowing		Stomach pain		Diarrhea			
Food sits heavy in stomach		Heartburn		Buring/indigestion from spicy, fatty foods or alcohol			
Bad Breath		Constipation		narrow stools			
Belly aches/cramps		Histiry		blood in stool			
Food intolerances		Anal itching		mucous/pus			
Low abdominal pain relieved by gas or stool		History of haemorrhoids		Rectal pain or cramps			
Incomplete emptying		Fatigue after eating		Fluid retention			
Sluggishness		Fatigue after exercise		Fatigue, weakness			
Upper abdominal pain under ribs		Urinary tract infection history		Poor memory, concentration, focus			
Dry brittle hair		Itchy		Fuzzy eyes			
Greasy hair		Acne		Low libido			
Slow growing hair		Low mood		Infertility			
Hair loss/receding		Irritable		Heavier/frequent periods			
Itchy scalp		Intolerant to cold or heat		Bruise easily			
Dry flaky skin		Puffy face hands feet		Cheat pain			
Red swollen skin		Easy weight gain		Insomnia			
cant relax		Hard to gain weight		Tremor			
oversensitive		Hard to lose weight		Headaches			
overwhlemed/unable to cope		Gain weight in specific area		Migraines			
mood swings		Constant cough		Nose bleeds			
need stimulants		Sneezing		Excessive sweating			
Non-refreshing sleep		Streamy/itchy eyes		Wheezing			
no apptetie on waking		Post nasal drip		Ears rnging			
Hard to stay awake during the day		Eye pain		Blurred vision			
3pm slump		Cold sores		Redness in face			
light/absent periods		Sore throat		Adverse reaction/s to herb/supp			

Health Appraisal Questionnaire

heart palpitations		Swollen glands/neck		Sensitve to light			
dizzy		Slow wound healing		Dark circles under eyes			
History of fainting		Bleeding gums, receding gums		Rashes/eczema/psoriasis			
Ulcers		Swollen , cracked lips in the corners		Shortness of breath on exertion			
Poor circulation		Swollen, sore tongue		Long recovery with exrcise			
Numb or tingling sensations		Nasal congestion		Binge eating			
Light headed/faint		Back pain		Food cravings			
How many times day urination		Pain with intercourse		clumsiness			
Thirsty		Hot flushes		OCD			
Increased appetite		Depression		Excess facial hair (female)			
Recurrent infections		Anxiety		Aches & pains			
Poor coordination		Seizures		Twitching			
Incontinence		Muscle cramps		restless legs			
Slow or slured speech		Overactive mind		tightness in chest			
Sleep disturbance		Areas of pigmentation		history of thrush/candida			
History of STI's		Shortness of breath		reflux/indigestion			
Surgeries?		tightness in neck		Sick often			
Night Sweats		Do you snore?		Do you smoke?			
Fidgety		Food cravings?					