

HEALTH EVALUATION QUESTIONNAIRE

1. EVALUATION OF AIR AND BREATHING

- Is there obvious air pollution in the vicinity of your home? (a busy street, factory pollution, etc.)?
- Are pesticides used in the vicinity of the home (agricultural spraying, pest control, etc)?
- Are there obvious smells within the home caused by chemicals, new rugs, paint, or glues,?
- Is there any obvious mold or are there damp areas in the home?
- Is there a noticeable smell of natural gas when entering the home?
- Do you or family members suffer with difficulty breathing? (Asthma, COPD, allergies, hay fever)
- Does the air feel heavy in the chest?
- Do symptoms appear when entering the home or when chemicals like chlorine, ammonia, or air fresheners are used?
- Are toxic chemicals stored in the home or in an adjacent garage?
- Are the air ducts in the home or school cleaned at least every 6 years?
- Do symptoms appear when grass is cut?
- Do symptoms appear just before the trees put on leaves (pollen allergy)?
- Do symptoms appear in late summer (weed pollen)?
- Do symptoms appear in the rainy season or on humid days (mold spores)?
- Is the showerhead fitted with a filter to remove chlorine?
- Do symptoms appear when swimming in a chlorinated pool?
- Is an air purifier used at home or at work?
- I am a smoker or live with a smoker

2. BEVERAGE HABITS

- Drink diet sodas
- Drink more than 1 cup of coffee, chocolate, or tea a day
- Drink carbonated water
- Drink regular sodas
- Drink more than 4 oz of fruit juice a day
- Drink alcoholic beverages on a regular basis
- Drink artificial fruit punches
- Drink chlorinated tap water
- Drink water out of plastic bottles
- Consume iced beverages with meals
- Drinking water is fluoridated
- Do not drink enough water. Diabetics and seniors on diuretics will often develop chapped lips or cracks on the lips or corner of the mouth. Men with prostatic hypertrophy will often become dehydrated trying to avoid trips to the bathroom.
- Drink pasteurized milk
- Drink raw milk
- Do any symptoms appear after consuming any particular beverages?
- My drinking water is filtered or purified.
- There is a tendency to develop cracks at the corner of the mouth or chapped lips.
- I am constantly thirsty.

3. SLEEP HABITS

- Sleep less than 8 hours a night
- Sleep more than 9 hours a night

- Breathe through the mouth when sleeping
- Require sleep aids to sleep through the night
- Snore loudly
- Suffer with sleep apnea
- Fall asleep within 5 minutes
- Usually sleeping within 5-10 minutes
- Fall asleep within 10-15 minutes
- Fall asleep within 15-20 minutes
- A mattress or pillow appears to be associated with symptoms
- I wake up feeling worse than when I went to bed
- Eyes are inflamed or nose is congested upon waking in the morning
- Wake in the morning with a sore throat, hoarseness, perspiration, nausea, weakness, dizziness or other symptoms that go away during the day.
- I work at night and sleep during the day or have irregular work hours alternating between day and night
- I do not go to sleep until after 11:00 at night.
- Use an electric blanket
- The bedroom is light at night (night light or light coming from outside the room or home)
- There are loud noises around my home at night that wake me up
- I require medication to be able to sleep

4. EXERCISE HABITS

- Walk at least 2 miles in less than 30 minutes 3 times a week or 3 miles in less than 45 minutes twice a week
- Walk at least 30 minutes almost every day
- Jog on a regular basis: _____ Times a week _____ Distance or time.
- I lift weights or other non-aerobic activity.
- Job or daily routine involves physical activity
- Recreation includes physical activity

5. SUNLIGHT

- Rarely get in the sun
- Frequently become sunburned
- Wear sunscreen when I go outdoors
- Receive fairly good exposure of the skin to sunlight for 15 minutes near the middle of the day on a regular basis
- My blood level of vitamin D has been checked. It is _____ ng/ml.
- I work under normal fluorescent lights
- My workplace has natural light
- I wear shaded lenses when I am in bright light
- I wear glasses
- I feel worse when I am around electrical equipment, fluorescent lights, wind turbines, power poles, or microwave towers.
- My office and home have not been checked for dirty electricity
- My home or office is in the vicinity of power poles or microwave towers

6. CIRCADIAN RHYTHMS

- I consume protein in the early part of the day
- I consume carbohydrates at the evening meal
- I consume large quantities of carbohydrate for breakfast
- I consume large quantities of protein at the evening meal.
- I consume most of my food in the early part of the day

- I consume most of my food at the end of the day
- I only consume one or two meals a day
- I consume 3 meals a day
- I nibble and eat 5, 6 or more times a day
- I skip breakfast
- I eat late at night or wake in the middle of the night to eat
- I am a shift worker or work at night

7. TOXIC EXPOSURES

- I consume organic produce for the most part.
- I use supplements with spirulina.
- I have several silver fillings in the mouth.
- My silver fillings are black rather than shiny
- I have both gold crowns and silver fillings in the mouth
- I have root canals

8. DIGESTIVE FUNCTION: UPPER DIGESTIVE TRACT

- I do not chew my food well.
- I tend to eat rapidly.
- I suffer from canker sores or cold sores on the lips or mouth
- Heartburn or GERD
- Indigestion
- Belching
- Bloating
- Burping
- Gas
- Bad Breath
- Intolerance to fruit juices
- Fatty foods do not digest well
- Often hungry after eating, may lead to binging
- Considerable fluid retention around ankles, eyes
- Pancreatitis
- Sluggish bowel

9. DIGESTIVE FUNCTION: LOWER DIGESTIVE TRACT

SMALL INTESTINE

- I notice emotional or physical changes after meals (tired, irritable, etc)
- Food allergies or sensitivities
- Recurrent diarrhea or dumping syndrome
- Gradual bloating or "balloon syndrome" as the day progresses or after meals
- Fats tend to nauseate me or make me feel ill
- My gallbladder has been removed
- My appendix has been removed
- Refined sugar makes me feel ill
- Alcohol is poorly tolerated

COLON OR LARGE INTESTINE

- Hiatus hernia
- Diverticulosis or diverticulitis
- Hemorrhoids

- Varicose Veins
- Constipation
- Bowel cancer
- Stool does not float
- Foul smelling stool
- Sweet smelling stool
- Stool is light colored
- Stool is not well formed
- Suffer from yeast infection or *Candida albicans*, symptoms might include white-coated tongue, red ring around the anus, bloated abdomen, chronic, resistant body rash, hair or foot odor not relieved by washing, itchy genital area, fungus growth on the feet. (Underline any that apply)
- Past use of antibiotics
- Swollen abdomen

10. FOOD SELECTION AND PREPARATION

- I regularly eat at fast food restaurants.
- I microwave foods and beverages regularly
- I regularly consume raw foods
- I consume quite a few canned foods
- I make homemade soups.
- I cook most of my own foods
- I buy foods that have been prepared elsewhere
- I consume a wide variety of foods
- I select foods with a high nutrient content
- I am a vegan and consume no animal products
- Most of my food is cooked.
- I consume large quantities of vegetables.
- I cook with Teflon pans
- I cook with stainless steel cookware
- I use cast iron cookware
- I use aluminum cookware
- I consume genetically modified foods
- I consume irradiated foods
- I store food in plastic containers
- I store food in ceramic containers
- I eat the same foods frequently

11. PROTEIN HABITS

- I eat foods such as sausage, bacon, and luncheon meats which contain nitrates or nitrites
- I am a heavy red meat eater
- Most of my meat is chicken or turkey
- A good part of my meat intake is fish
- I frequently consume wild game (venison, buffalo, elk, kangaroo, ostrich)
- My meat must be well-done
- I frequently eat barbequed meats
- I consume boxed breakfast cereals
- I do not consume egg yolks due to the cholesterol
- I consume more fish and chicken than red meats
- I consume raw dairy products

- My milk is pasteurized
- I do not consume milk or dairy products
- I have some protein with every meal
- I use a protein supplement
- I have flabby tissue and lack of muscle tone
- Craving for sweets, alcohol or drugs
 - Underweight or overweight
- Hair loss
- Weak immune system
- Fluid retention
- Weak, brittle fingernails
- Poor recovery from exercise
- Lack of energy
- Blood sugar irregularities

Arginine & Lysine

- Impotence
- Heart disease
- Loss of muscle
- Low energy
- Active herpes infection or susceptible to them

Tyrosine

- Frequently depressed
- Weak adrenal
- Allergy prone

12. CARBOHYDRATE HABITS

SUGARS

- I have a craving for and eat sugary foods like candy, pies, and cakes
- I have a strong craving for salty foods
- I feel better when I eat salty foods
- I eat fast foods more than once a week
- I eat ice cream more than once a week
- I sometimes begin to eat and find it difficult to stop eating
- I become sick or weak when I do not eat
- I avoid foods with refined sugar.
- I avoid foods with added high fructose corn syrup.
- I count the number of grams of sugar in the foods I buy and consume
- I consume alcohol on a regular basis
- I use natural sweets such as honey, agave, blackstrap molasses, or natural cane sugar.
- I sweeten with Nutrasweet, sucralose, or other artificial sweeteners.
- I sweeten with fructose.
- I sweeten with stevia.
- I suffer with diabetes.
- I suffer with hypoglycemia or low blood sugar.
- I tend to binge when I eat.

COMPLEX CARBOHYDRATES

- I consume refined cereals on a regular basis (white bread, white rice, boxed breakfast cereals, etc.)

- I consume whole grains on a regular basis (whole wheat, etc.)
- I eat raw, starchy foods with almost every meal
- I do not seem to tolerate grains or suffer with gluten intolerance
- I am intolerant to gluten
- I consume large quantities of tomato, potato, eggplant, bell pepper, and/or cayenne pepper

13. FAT INTAKE HABITS

- I rarely eat fish
- I eat fatty foods such as sausage, bacon, luncheon meats or fried foods
- I have a craving for and eat high-fat sugary foods like ice cream, candy, and cakes with thick frostings
- I avoid cholesterol as much as I can
- I consume aged cheeses, powdered milk, powdered eggs, or aged meats.
- I enjoy ground meats
- Consume margarine, commercial vegetable oils or partially hydrogenated oils
- Frequently use butter
- Regular intake of olive oil
- Regular intake of flax oil
- I supplement with fish oils
- Elevated triglycerides
- Joint inflammation or stiffness
- Diagnosed with rheumatoid arthritis
- Diagnosed with osteoarthritis
- I suffer from inflammatory disease
- I suffer from migraine headache
- Dry skin
- Back pain
- Suffer from depression
- Suffer from bipolar disorder
- Little or no ear wax
- Dry eyes or mouth
- Infertility
- Irritable or delicate bowel
- Dizzy when suddenly arise (postural hypotension)
- Eyes are sensitive to bright light (or use sunglasses in bright light)
- Frequent fatigue
- White shows under eyes when looking straight ahead (san paku)
- Feel stressed out all the time
- Suffer from high blood pressure
- Suffer from ear infections
- Allergy
- Asthma

14. VITAMINS

Vitamin A

- Poor night vision
- Acne
- Bumps on the back of the calf or arm (hyperkeratosis)
- Bladder, sinus, ear or other infections
- Weak immune system

- Lack of sparkle in the eyes
- Callus on the bottom of the foot

B1

- Fluid retention, pitting edema
- Lack of energy
- Irritability
- Loss of appetite or poor digestion
- Poor coordination
- Pain and sensitivity
- Weak and sore muscles

B2

- Cracks and sores at the corner of the mouth
- Inflammation of the mouth and tongue
- Capillary growth in the white of the eyes or on the cheeks

B3

- Skin lesions or problems, dermatitis
- Sensitivity to light
- Insomnia
- Excess callusing with a brown pigmentation
- Depression
- Dementia
- Low blood sugar or high blood sugar
- Muscle weakness
- Lacking in a sense of humor
- Poor memory
- Frequent diarrhea or digestive disturbance

B6

- Positive QEW test
- Nausea
- Tingling of the extremities
- Acne or oily facial skin
- Sluggish thinking
- Hair loss
- Numbness
- Carpal tunnel syndrome

Folic Acid

- Most food consumed is cooked or canned
- Rarely consume leafy green foods
- Vitiligo

B12

- Use of antacids or low stomach acid
- Recent use of anesthesia
- Electric shock sensation in the neck
- Vegan

Biotin

- Use of antibiotics

- Poor growth of fingernails
- Do not consume eggs

Vitamin C

- Slow or poor wound healing
- Joint pains (osteoarthritis)
- Easy bruising
- Bleeding gums
- Pinpoint "hemorrhages" on the skin
- Susceptibility to viral infections (cold, flu, bronchial infections)
- Tooth loss
- Corkscrew hairs
- General aches and pains
- Thickening of the skin around the hair follicles, bumps on back of arms or legs
- Suicidal thoughts or depression

Vitamin D

- Rickets
- Poor bone formation
- Adult onset diabetes
- Insomnia
- High blood pressure
- Cancer victim
- Autoimmune disease (Type 1 diabetes, lupus, scleroderma, rheumatoid arthritis, multiple sclerosis)
- Excess sweating on the head
- Pain when the hair is brushed
- Rarely get outdoors in the middle of the day
- Dark skin color
- Osteoporosis
- Susceptible to colds and flu

Vitamin E

- Shortness of breath
- Angina
- Brown aging spots, accelerated aging
- Bulky scar tissue
- Cramps when exercising
- Poor circulation
- Lung problems
- Aerobic exercise
- Supplement with fish or flax oil
- Premature aging

Vitamin K

- Use of medication to prevent blood clotting
- Osteoporosis
- Avoidance of leafy green foods in the diet

Carnitine

- Vegan
- Alcoholism
- Adult onset diabetes

CoQ10

- Use of statin medications to lower cholesterol
- Exercise intolerance
- Poor heart function

Lipoic Acid

- Diabetes and/or neuropathy
- Poor liver function

Choline (Lecithin)

- Liver damage (elevated ALT)
- Use of methotrexate
- Pregnancy and lactation
- Memory deficits
- Poor uptake of magnesium

15. MINERALS

Calcium, Magnesium, Vitamin D

- Leg or foot cramps (especially at night)
- Tight muscles in neck or shoulders
- Backache
- Osteoporosis
- Menstrual cramping
- Leg aches
- High blood pressure
- Irregular heart beat, heart disease
- Crowding of the teeth in the mouth
- Narrow face
- Insomnia
- Depression, irritability, mood changes
- Nervousness
- Positive Chvostek's sign (tapping on the face at a point just in front of the ear and just below the zygomatic bone causes twitching of the muscles on one side of the face)

Potassium

- Vomiting or diarrhea
- Muscle weakness or tightness
- High blood pressure, use of diuretics
- Irregular heartbeat

Zinc-Copper

- Body odor
- Loss of appetite, anorexia
- Food tastes funny or tasteless
- Craving for salt
- Prostate problems
- Slow wound healing
- White clouds or bands on fingernails
- Acne
- Night blindness
- Growth retardation
- Hair loss

- Rashes
- Low thyroid
- Warts
- Positive taste test for zinc solution

Iodine

- Decreased immune function
- Goiter or swelling of the throat
- Breast lumps
- Mononucleosis
- Thyroid problems
- Fluoride or bromine exposure

Iron

- Spoon shaped nails
- Anemia
- Fatigue
- Irregular heart beat
- Pale complexion
- Digestive problems
- Heavy menstrual flow
- Urine pink or red after eating beets
- Chewing ice
- Spoon shaped fingernail

Manganese

- Poor lactation
- Weight loss
- High cholesterol

Chromium

- Glucose intolerance
- Cravings for sugar

Molybdenum

- Intolerant to sulfur (wine, dried fruit)

Selenium

- Low thyroid function
- Cancer
- Heart disease
- Infections, decreased immunity
- Mercury exposure
- Halitosis similar to garlic odor (excess)

16. PHYTONUTRIENTS

Carotenoids

- Rarely consume dark green foods
- Rarely consume red foods (watermelon, pink grapefruit, tomatoes, and red bell pepper).
- Rarely consume yellow or orange foods
- Supplement with beta-carotene
- Supplement with a complex of carotenoids
- Try to consume carotenoid rich foods daily (5-9 servings of fruits and vegetables a day)

- Macular degeneration
- Cataract
- Prostate cancer
- Other cancers
- Free radical exposure
- Allergy or other excessive activation of immune system

Flavonoids and Polyphenols

- Oral herpes
- Hot flashes
- Iron overload
- Weak bones
- Asthma symptoms
- Circulatory problems or heart failure
- Respiratory problems
- Bladder infections
- Excessive tartar buildup on teeth
- Visual problems
- Excessive inflammation in the body
- Memory problems
- Nerve degeneration
- Autoimmune disease

Cruciferous compounds

- Pesticide exposure
- Toxic exposures
- Menopause
- Breast or prostate cancer risk
- High estrogen and xenoestrogen exposure

17. ALLERGY & TOXIC EXPOSURES

Environmental Exposures

- I have pets. Please identify: _____
- My home is dusty
- I react to pollen
- I am mold sensitive
- Exposure to new rugs, perfumes, pesticides or other chemicals
- Work with solvents
- I am sensitive to smoke
- Heat home with gas
- Live close to a source to toxic fumes such as a busy road or freeway or manufacturing facility
- Spray home for pests on a regular basis
- Breathing changes after exposure to a food or chemical
- Older home or workplace with a good deal of dust, mold or other potential contaminants
- Newer home or workplace with smells of new fabrics, paints, and other construction materials
- New furnishings in home or office
- Workplace appears to be contaminated
- Symptoms appear primarily at home
- Symptoms appear primarily at work
- There are pets in the home

- More than one family member does not feel well

ALLERGY

Emotional Changes After Exposures to Foods or Chemicals

- Aggression
- Vulgarity
- Withdrawal
- Irritability
- Depression
- Anxiety
- Fearfulness or crying
- Hair trigger temper
- Suicidal thoughts

Appearance Changes After Exposures to Foods or Chemicals

- Nose rubbing, itchy or runny nose
- Puffy under eyes
- Dark circles under the eyes
- Red, irritated eyes
- Wrinkles under the eyes
- Red earlobes
- Red cheeks
- Spacey, out of it look
- Demonic look
- Facial tics or twitches
- Eczema
- Asthma
- Hay fever
- Pimples on buttocks
- Geographic or denuded tongue

Performance Changes After Exposure to Foods or Chemicals

- Changes in handwriting
- Fuzzy minded after eating or exposure to chemicals
- Changes in drawing
- Changes in short term memory
- Changes in long term memory
- Attention deficit
- Hyperactivity
- Sudden onset of fatigue
- Loss of strength
- Loss of coordination

Physical and Metabolic Changes After Exposure to Foods or Chemicals

- Changes in digestive function including gas or pain
- Abdominal pain
- Persistent sinus drip
- Recurring cough
- Pulse changes after eating or exposure to a chemical. The pulse can increase or decrease or become irregular.
- Swelling of the stomach or pain and gas after eating or exposure to a chemical

- Recurrent infections
- Joint stiffness
- Ringing in the ears
- Food cravings
- Sudden weight gain or loss
- Frequent headaches
- Thyroid problems
- Breast cancer
- Other cancer

Surgeries

- Hysterectomy
- Tonsils
- Appendix
- Thyroid
- Breast cancer
- Other cancer _____
- Other surgeries _____

My Primary Health Concerns

Factors I Believe Contribute to My Problems

Family Members Health Problems

Medications or Drugs Being Used and Reason for Use

Diet Diary: Record of Foods and Beverages (Include time of meal or snack consumption)

Day 1

Breakfast (Time)

Snack (Time)

Lunch (Time)

Snack (Time)

Dinner (Time)

Snack (Time)

Symptoms or sensations noted after meal or food consumption (Indicate appropriate food or meal if possible)

Day 2

Breakfast (Time)

Snack (Time)

Lunch (Time)

Snack (Time)

Dinner (Time)

Snack (Time)

Symptoms or sensations noted after meal or food consumption (Indicate appropriate food or meal if possible)

Day 3

Breakfast (Time)

Snack (Time)

Lunch (Time)

Snack (Time)

Dinner (Time)

Snack (Time)

Symptoms or sensations noted after meal or food consumption (Indicate appropriate food or meal if possible)
