HEALTH APPRAISAL - BRIEF

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 Point** 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 or several times a day

### PART I

#### Section A
1. **Indigestion**
   - 0
   - 1
   - 2
   - 3
2. **Belching, burping**
   - 0
   - 1
   - 2
   - 3
3. **Gas immediately following a meal**
   - 0
   - 1
   - 2
   - 3
4. **Sense of fullness during meals**
   - 0
   - 1
   - 2
   - 3
5. **Poor appetite, picky eater**
   - 0
   - 1
   - 2
   - 3
6. **Difficult bowel movements**
   - 0
   - 1
   - 2
   - 3
7. **Difficulty swallowing**
   - 0
   - 1
   - 2
   - 3
8. **History of anemia, unresponsive to iron**
   - N
   - Y (10)
9. **Vegetarian (no eggs, dairy)**
   - N
   - Y (5)
10. **Spoon shaped nails**
    - N
    - Y (3)
11. **Unintentional weight loss**
    - 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. **Bloated**
   - 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. **Specific foods/beverages aggravate indigestion**
   - 0
   - 1
   - 2
   - 3
8. **Roughage and fiber causes constipation**
   - 0
   - 1
   - 2
   - 3
9. **Three or more large bowel movements daily**
   - 0
   - 1
   - 2
   - 3
10. **Alternating constipation and diarrhea**
    - 0
    - 1
    - 2
    - 3
11. **Undigested food in stool**
    - 0
    - 1
    - 2
    - 3
12. **Mucus in stool**
    - 0
    - 1
    - 2
    - 3
13. **Dry, flaky skin, dry brittle hair**
    - N
    - Y (3)
14. **Difficulty gaining weight**
    - 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. **Stomach discomfort, pain in response to strong emotions, thoughts, smell of food**
   - 0
   - 1
   - 2
   - 3
4. **Heartburn, especially when lying down, 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 or infections, difficulty breathing**
   - 0
   - 1
   - 2
   - 3
8. **Experience relief from carbonated beverages, cream/milk/food**
   - 0
   - 1
   - 2
   - 3
9. **Constipation**
   - 0
   - 1
   - 2
   - 3
10. **Black, tarry stool**
    - 0
    - 1
    - 2
    - 3

**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. **Diaryrhea (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**
   - 0
   - 1
   - 2
   - 3
10. **Alternating diarrhea/constipation**
    - 0
    - 1
    - 2
    - 3
11. **Mucus, pus in stool**
    - 0
    - 1
    - 2
    - 3
12. **Feeling that bowels do not empty completely**
    - 0
    - 1
    - 2
    - 3
13. **Bright red blood following bowel movement**
    - 0
    - 1
    - 2
    - 3
14. **Anal itching**
    - 0
    - 1
    - 2
    - 3

**Total Points**

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### Section B

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<th></th>
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<tbody>
<tr>
<td>3. Difficult, infrequent bowel movements</td>
<td>0</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>4. Dryness - skin, hair</td>
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<td>1</td>
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<td>3</td>
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<tr>
<td>5. Thick, brittle nails</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6. O uter third of eyebrow thins</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>7. Puffy face, hands and feet</td>
<td>0</td>
<td>1</td>
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<td>3</td>
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<tr>
<td>8. Swollen upper eyelids</td>
<td>0</td>
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<tr>
<td>9. Eyeballs move involuntarily</td>
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<tr>
<td>10. Muscles weak, cramp and/or tremble</td>
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<tr>
<td>11. Slow mental processes, forgetfulness</td>
<td>0</td>
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<tr>
<td>12. Slow heart beats</td>
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<tr>
<td>13. Loss of appetite</td>
<td>0</td>
<td>1</td>
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<tr>
<td>14. Abdominal swelling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>15. Unsteady gait, movements</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>16. Lack of interest in sex</td>
<td>N</td>
<td>Y (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Premenstrual tension</td>
<td>N</td>
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<tr>
<td>18. Infertility</td>
<td>N</td>
<td>Y (3)</td>
<td></td>
<td></td>
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<tr>
<td>19. Heavy menstrual bleeding</td>
<td>N</td>
<td>Y (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Gain weight easily</td>
<td>N</td>
<td>Y (10)</td>
<td></td>
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</tr>
<tr>
<td>21. Swelling of the neck</td>
<td>N</td>
<td>Y (10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Thinning hair on scalp, face and genitalis</td>
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**Total Points**

### Section B (continued)

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<td>3</td>
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<td>3</td>
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<td>N</td>
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**Total Points**

### SECTION III

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<tbody>
<tr>
<td>1. Progressive, mild fatigue after exertion or stress</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. General weakness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Blurred vision, dizzy when rising</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Depression</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Rapid mood swings</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Irritable, nervous</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Dark circles under the eyes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Disinterest in food</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Abdominal pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
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**Total Points**

### Section A

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<tbody>
<tr>
<td>1. Generalized bone tenderness and achiness</td>
<td>0</td>
<td>1</td>
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</tr>
<tr>
<td>2. Localized bone pain</td>
<td>0</td>
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<td>3</td>
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<tr>
<td>3. Bone deformity or swelling</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Shins hurt during or after exercises</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Low back or hip pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Limp, walking difficulties</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Crunching or creaking sounds when move joints</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Hands, feet, throat spasm, feel numb</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Joint pain and stiffness - especially in spine, hips, knees</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Hearing loss, headaches, ringing in ears</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>11. Established bone loss</td>
<td>N</td>
<td>Y (10)</td>
<td></td>
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<tr>
<td>12. Calcium deposits</td>
<td>N</td>
<td>Y (5)</td>
<td></td>
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<tr>
<td>13. Spinal curvature</td>
<td>N</td>
<td>Y (10)</td>
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<tr>
<td>14. Recent loss of height</td>
<td>N</td>
<td>Y (10)</td>
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<tr>
<td>15. Bow legs</td>
<td>N</td>
<td>Y (5)</td>
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<tr>
<td>16. Stoop ed posture</td>
<td>N</td>
<td>Y (5)</td>
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<tr>
<td>17. Hump at base of neck</td>
<td>N</td>
<td>Y (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Unexplained bone fracture</td>
<td>N</td>
<td>Y (10)</td>
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<tr>
<td>19. Tooth loss, gum disease</td>
<td>N</td>
<td>Y (3)</td>
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**Total Points**

### Section B

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<tr>
<td>16. Lack of interest in sex</td>
<td>0</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Premenstrual tension</td>
<td>N</td>
<td>Y (3)</td>
<td></td>
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<tr>
<td>18. Infertility</td>
<td>N</td>
<td>Y (3)</td>
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<tr>
<td>19. Heavy menstrual bleeding</td>
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<tr>
<td>20. Gain weight easily</td>
<td>N</td>
<td>Y (10)</td>
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<tr>
<td>21. Swelling of the neck</td>
<td>N</td>
<td>Y (10)</td>
<td></td>
<td></td>
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<tr>
<td>22. Thinning hair on scalp, face and genitalis</td>
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**Total Points**

### Section C

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<tbody>
<tr>
<td>1. Joint stiffness, soreness</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Red, swollen painful joints</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Joint stiffness worsens with rest, improves with moving</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Cracking joints</td>
<td>0</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>5. Shooting, aching, tingling pain down the back of leg</td>
<td>0</td>
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<td>2</td>
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<tr>
<td>6. Joint pain involves one or a few joints</td>
<td>0</td>
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<tr>
<td>7. Joints hurt when moving or when carrying weight</td>
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<td>2</td>
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<tr>
<td>8. Limited range of motion</td>
<td>0</td>
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<td>3</td>
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<tr>
<td>9. Difficulty standing up from sitting position</td>
<td>0</td>
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<td>3</td>
</tr>
<tr>
<td>10. Joint stiffness improves with rest, worsens with moving</td>
<td>0</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Headache</td>
<td>0</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Difficulty chewing food or opening mouth</td>
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<td>2</td>
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<tr>
<td>13. Numbness, prickling tingling sensation in the neck, shoulder and arms</td>
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</tr>
<tr>
<td>14. Involuntary muscle spasms</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>15. Deliberate movement with hands is difficult</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>16. Injure, strain, sprain easily</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>17. Discomfort or pain in neck, shoulder or arm</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Knobby overgrowths on the joints closest to the fingertips</td>
<td>N</td>
<td>Y (5)</td>
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<tr>
<td>19. Double jointed</td>
<td>N</td>
<td>Y (5)</td>
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<tr>
<td>20. One leg shorter than the other</td>
<td>N</td>
<td>Y (5)</td>
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</table>

**Total Points**

### MET011 Rev. 10/97