HEALTH APPRAISAL QUESTIONNAIRE

Name Date

DIRECTIONS

This questionnaire asks you to assess how you have been feeling **during the last four months**. This information will help you keep track of how your physical, mental and emotional states respond to changes you make in your eating habits, priorities, supplement program, social and family life, level of physical activity and time spent on personal growth. All information is held in strict confidence. Take all the time you need to complete this questionnaire.

For each question, circle the number that best describes your symptoms:

- O = No or Rarely—You have never experienced the symptom or the symptom is familiar to you but you perceive it as insignificant (monthly or
- 1 = Occasionally—Symptom comes and goes and is linked in your mind to stress, diet, fatigue or some identifiable trigger
- 4 = Often—Symptom occurs 2-3 times per week and/or with a frequency that bothers you enough that you would like to do something about it
- 8 = Frequently—Symptom occurs 4 or more times per week and/or you are aware of the symptom every day, or it occurs with regularity on a monthly or cyclical basis

Some questions require a YES or NO response: 0 = NO 8 = YES

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1. When massaging under your rib cage on your right side, there is pain, tenderness or soreness 0 1 4 8 2. Abdominal pain worsens with deep breathing 0 1 4 8 3. Pain at night that may move to your back or right shoulder 0 1 4 8 4. Bitter fluid repeats after eating 0 1 4 8 5. Feel abdominal discomfort or nausea when eating rich, fatty or fried foods 0 1 4 8 6. Throbbing temples and/or dull pain in forehead associated with overeating 0 1 4 8 7. Unexplained itchy skin that's worse at night 0 1 4 8 8. Stool color alternates from clay colored to normal brown 0 1 4 8 9. Difficulty or pain when swallowing food or beverage 0 1 4 8 9. Difficulty or pain when swallowing food or beverage 0 1 4 8 9. Difficulty or pain when swallowing food or beverage 0 1 4 8 9. Difficulty or pain when swallowing food or beverage 0 1 4 8 1. When massaging under your rib cage on your right side, there is pain, tenderness or soreness 0 1 4 8 1. When massaging under your rib cage on your right side, there is pain, tenderness or soreness 0 1 4 8 2. Abdominal pain worsens with deep breathing 0 1 4 8 3. Pain at night that may move to your back or right shoulder 0 1 4 8 4. Bitter fluid repeats after eating 0 1 4 8 5. Feel abdominal discomfort or nausea when eating rich, fatty or fried foods 0 1 4 8 6. Throbbing temples and/or dull pain in forehead associated with overeating 0 1 4 8 7. Unexplained itchy skin that's worse at night 0 1 4 8 8. Stool color alternates from clay colored to normal brown 0 1 4 8 9. General feeling of poor health 0 1 4 8		0 1	1(O)	40	(8)Yes					
8. Feel a sense of nausea when you eat 9. Difficulty or pain when swallowing food or beverage 0 1 4 8 Total points SECTION C 1. When massaging under your rib cage on your left side, there is pain, tenderness or soreness 2. Indigestion, fullness or tension in your abdomen is delayed, occurring 2-4 hours after eating a meal 3. Lower abdominal discomfort is relieved with the passage of gas or with a bowel movement 4. Specific foods/beverages aggravate indigestion 5. The consistency or form of your stool changes 2. Abdominal pain worsens with deep breathing 7. Pain at night that may move to your back or right shoulder 8. Bitter fluid repeats after eating 9. 1 4 8 9. Feel abdominal discomfort or nausea when eating rich, fatty or fried foods 9. Throbbing temples and/or dull pain in forehead associated with overeating 9. The consistency or form of your stool changes 9. Difficulty or pain when swallowing food or beverage 0 1 4 8 9. Feel abdominal discomfort or nausea when eating rich, fatty or fried foods 9. The abdominal discomfort or nausea when eating rich, fatty or fried foods 9. Throbbing temples and/or dull pain in forehead associated with overeating 9. Unexplained itchy skin that's worse at night 9. Stool color alternates from clay colored to normal brown 9. General feeling of poor health 9. General feeling of poor health	7	coffee, alcohol, citrus or hot peppers causes your	0	1	4	8		0	1	4	8
9. Difficulty or pain when swallowing food or beverage 0 1 4 8 Total points SECTION C 1. When massaging under your rib cage on your left side, there is pain, tenderness or soreness 0 1 4 8 2. Indigestion, fullness or tension in your abdomen is delayed, occurring 2-4 hours after eating a meal 0 1 4 8 3. Lower abdominal discomfort is relieved with the passage of gas or with a bowel movement 0 1 4 8 4. Specific foods/beverages aggravate indigestion 0 1 4 8 5. The consistency or form of your stool changes 3. Pain at night that may move to your back or right shoulder 0 1 4 8 4. Bitter fluid repeats after eating 0 1 4 8 5. Feel abdominal discomfort or nausea when eating rich, fatty or fried foods 6. Throbbing temples and/or dull pain in forehead associated with overeating 7. Unexplained itchy skin that's worse at night 8 7. Unexplained itchy skin that's worse at night 8 8. Stool color alternates from clay colored to normal brown 0 1 4 8 9. General feeling of poor health 0 1 4 8	8	. Feel a sense of nausea when you eat	0	1	4	8		0	1	4	8
SECTION C 1. When massaging under your rib cage on your left side, there is pain, tenderness or soreness 2. Indigestion, fullness or tension in your abdomen is delayed, occurring 2-4 hours after eating a meal 3. Lower abdominal discomfort is relieved with the passage of gas or with a bowel movement 4. Specific foods/beverages aggravate indigestion 5. Feel abdominal discomfort or nausea when eating rich, fatty or fried foods 6. Throbbing temples and/or dull pain in forehead associated with overeating 7. Unexplained itchy skin that's worse at night 8. Stool color alternates from clay colored to normal brown 9. General feeling of poor health 0 1 4 8 9. General feeling of poor health	9	. Difficulty or pain when swallowing food or beverage	0	1	4	8	3. Pain at night that may move to your back or	0	1	1	0
1. When massaging under your rib cage on your left side, there is pain, tenderness or soreness 2. Indigestion, fullness or tension in your abdomen is delayed, occurring 2-4 hours after eating a meal 3. Lower abdominal discomfort is relieved with the passage of gas or with a bowel movement 4. Specific foods/beverages aggravate indigestion 5. Feel abdominal discomfort or nausea when eating rich, fatty or fried foods 6. Throbbing temples and/or dull pain in forehead associated with overeating 7. Unexplained itchy skin that's worse at night 8. Stool color alternates from clay colored to normal brown 9. General feeling of poor health 0 1 4 8		Total	poi	nts			_ ~	0	1		Ω
1. When massaging under your rib cage on your left side, there is pain, tenderness or soreness 2. Indigestion, fullness or tension in your abdomen is delayed, occurring 2-4 hours after eating a meal 3. Lower abdominal discomfort is relieved with the passage of gas or with a bowel movement 4. Specific foods/beverages aggravate indigestion 5. The consistency or form of your stool changes rich, fatty or fried foods 6. Throbbing temples and/or dull pain in forehead associated with overeating 7. Unexplained itchy skin that's worse at night 8. Stool color alternates from clay colored to normal brown 9. General feeling of poor health 0 1 4 8	SEC	TION C						U	1	4	0
2. Indigestion, fullness or tension in your abdomen is delayed, occurring 2-4 hours after eating a meal 3. Lower abdominal discomfort is relieved with the passage of gas or with a bowel movement 4. Specific foods/beverages aggravate indigestion 5. The consistency or form of your stool changes 4. Indigestion, fullness or tension in your abdomen is associated with overeating associated with overea	1		0	1	4	8	rich, fatty or fried foods	0	1	4	8
3. Lower abdominal discomfort is relieved with the passage of gas or with a bowel movement 4. Specific foods/beverages aggravate indigestion 5. The consistency or form of your stool changes 7. Unexplained iterly skin mars worse at night 8. Stool color alternates from clay colored to normal brown 9. General feeling of poor health 0 1 4 8	2	Indigestion, fullness or tension in your abdomen is	0	1			associated with overeating	0	1	4	8
4. Specific foods/beverages aggravate indigestion 0 1 4 8 normal brown 0 1 4 8 5. The consistency or form of your stool changes 9. General feeling of poor health 0 1 4 8	3	Lower abdominal discomfort is relieved with the	0	1				0	1	4	8
5. The consistency or form of your stool changes 9. General feeling of poor health 0 1 4 8	1		0	1				0	1	4	8
		The consistency or form of your stool changes		1			9. General feeling of poor health	0	1	4	8



PART II	No/Rarely	Occasionally	Often	Frequently	PART IV	No/Rarely	Occasionally	Often	Frequently
10. Aching muscles not due to exercise	0	1	4 8	3	SECTION A				
 Retain fluid and feel swollen around the abdominal area 	0	1 .	4 8	,	When you miss meals or go without food for extended pool of you experience any of the following symptoms?	eriod	s of	tim	e,
12. Reddened skin, especially palms	0	1 .	4 8	3	1. A sense of weakness	0	1	4	8
13. Very strong body odor	0	1	4 8	3	2. A sudden sense of anxiety when you get hungry	0	1	4	8
14. Are you embarrassed by your breath?	0	1	4 8	3	3. Tingling sensation in your hands	0	1	4	8
15. Bruise easily	(0)N	lo	(8)Ye	s	4. A sensation of your heart beating too quickly				
16. Yellowish cast to eyes	(0)N	lo	(8)Ye	s	or forcefully	0	1		8
Tota	l poi:	nts			5. Shaky, jittery, hands trembling6. Sudden profuse sweating and/or your skin feels clammy	0	1	4	
PART III					Nightmares possibly associated with going to bed on an empty stomach	0	1	4	8
SECTION A					8. Wake up at night feeling restless	0	1	4	8
1. Feel cold or chilled—hands, feet or all over—for no					9. Agitation, easily upset, nervous	0	1	4	8
apparent reason	0		4 8	- 1	10. Poor memory, forgetful	0	1	4	8
2. Your upper eyelids look swollen	0	1	4 8		11. Confused or disoriented	0	1	4	8
3. Muscles are weak, cramp and/or tremble	0		4 8		12. Dizzy, faint	0	1	4	8
4. Are you forgetful?	0		4 8	- 1	13. Cold or numb	0	1	4	8
5. Do you feel like your heart beats slowly?	0		4 8		14. Mild headaches or head pounding	0	1	4	8
6. Reaction time seems slowed down	0	1	4 8	1	15. Blurred vision or double vision	0	1	4	8
In general, are you disinterested in sex because your desire is low?	0	1	4 8	3	16. Feel clumsy and uncoordinated	_	1	4	8
8. Feel slow-moving, sluggish	0	1 .	4 8	3		al poi	nts	L	
9. Constipation	0	1	4 8	3	SECTION B				
10. Dryness, discoloration of skin and/or hair	(O)N	lo	(8)Ye	s	1. Frequent urination during the day and night	0	1	4	8
11. Have you noticed recently that your voice is deepening?	(O)N		(8)Ye	- 1	Unusual thirst—feeling like you can't drink enough water Unusual hunger—eating all the time	0	1	4	8
12. Thick, brittle nails	(0)N		(8)Ye	- 1	4. Vision blurs	0	1	4	8
13. Weight gain for no apparent reason	(O)N	lo	(8)Ye	s	5. Feel itchy all over	0	1	4	8
 Outer third of your eyebrow is thinning or disappearing 	(O)N	lo	(8)Ye	s	6. Tingling or numbness in your feet	0	1	4	
15. Swelling of the neck	(O)N		(8)Ye	- 1	7. Sense of drowsiness, lethargy during the day		·	•	
Tota	ıl poiı	_		٦١	not associated with missing meals or not sleeping	0	1	4	8
SECTION B 1. Lingering mild fatigue after exertion or stress	0		4 8	,	 Eating starchy foods, even if they are healthy and unprocessed (like rice, corn, beans, whole wheat or oats), causes you to gain weight or prevents you 				
2. Do you find that you get tired and exhaust	U	1	4 0	'	from losing weight	1(O)	40		Yes
easily?	0	1	4 8	3	9. Sores heal slowly	1(0)	40		Yes
3. Craving for salty foods	0	1	4 8	3	10. Loss of hair on your legs	1(0)	40	(8)	Yes
4. Sensitive to minor changes in weather and surroundings	0	1 -	4 8	3	Tota	al poi	nts		
Dizzy when rising or standing up from a kneeling position	0		4 8		PART V				
6. Dark bluish or black circles under your eyes	0		4 8	I	SECTION A				
7. Have bouts of nausea with or without vomiting	0		4 8			^	1	A	0
8. Catch colds or infections easily	(0)N		(8)Ye	- 1	Feel jittery First effort of the day causes pain, pressure,	0	1	4	0
 Wounds heal slowly Your body or parts of your body feel tender, sore, 	(0)N	lo	(8)Ye	s	tightness or heaviness around the chest	0	1	4	8
sensitive to the touch, hot and/or painful	0	1 .	4 8	3	3. Exhaustion with minor exertion	0	1	4	8
11. Feel puffy and swollen all over your body	0	1 .	4 8	3	4. Heavy sweating (no exertion, no hot flashes)	0	1	4	8
12. Skin is gradually tanning without exposure					5. Difficulty catching breath, especially during exercise	0	1	4	8
to sun or the ingestion of high levels of carotene-rich foods (e.g., daily carrot juice intake) or supplements	(O)N	lo	(8)Ye		Heart pounding, sensation of heart beating too quickly, too slowly or irregularly Swelling in feet, ankles and/or legs comes and	0	1	4	8
			(~) ie.	<u> </u>	goes for no apparent reason			4	8
Tota	ıl poi	nts		\perp	Tota	al poi	nts	L	



No/Rarely	Occasionally	_	entl		e)	na		
~					G	. <u>e</u> .	_	Frequently
9	Occa	Often	Frequently		No/Rarely	Occasionally	Often	Frequ
	_	_	_	SECTION B (cont.)				
0	1	4	8	12. Do you become suddenly scared for no reason?	0	1	4	8
0	1	4	8	13. Do you break out in a cold sweat?	0	1	4	8
0	,	,	0	14. "Butterflies in your stomach," nausea and/or diarrhed	0	1	4	8
						-4-	_	\neg
					і роп	nts	L	
					0	1	4	0
					-	1		8
						1		8
	Ċ		Ü		-	1		8
0	1	4	8	· · · · ·	-	1		8
1(0)	No.	(8))Yes	6. Do little annoyances get on your nerves and make		1		8
(O)		101	lv.				_	0
(U)r	40	(0)) Yes	what to do?	0	1	4	8
1(0)	No.	(8))Yes	Do you flare up in anger if you can't have what you want right away?	0	1	4	8
al poi	nts	г		Total	poir	nts		
Ċ				PART VII				_
				TAKI VII				
				1 Eves water or tear	0	1	4	8
				[* * * * * * * * * * * * * * * * * * *	0	1		8
0	1	4	8		0	1	4	8
0	1	4	8		0	1	4	8
0	1	4	8		0	1	4	8
				6. Are you prone to loud snoring?	(O)N	0	(8)	Yes
0	1	4	8	7. Does your nose run?	0	1	4	8
0	1	4	8	8. Nosebleeds	(O)N	0	(8)	Yes
0	1	4	8	9. Hoarse voice	0	1	4	8
1(0)	10	(8)	Yes	10. Do you have to clear your throat?	0	1	4	8
				11. Do you feel a choking lump in your throat?	0	1	4	8
1(0)	40	(8)	Yes	12. Do you suffer from severe colds?	(O)N	0	(8)	Yes
1(0)	No	(8)	Yes		(O)N	0	(8)	Yes
		_		, , , , , , , , , , , , , , , , , , , ,				
ai poi	IILS			, •	-	0		_
0	1	1	ρ	· ·	0	1	4	8
U	1	4	0	, ,	0	1		8
0	1	4	8		0	1		8
0	1	4	8	, , , , , , , , , , , , , , , , , , , ,	U	I	4	8
0	1	4	8	no matter how slight	0	1	4	8
0	1	4	8	21. Inability to breathe comfortably while lying down	0	1	4	8
0	1	4	8	22. Do you cough up lots of phlegm?	0	1	4	8
0	1	4	8	23. Can you hear noisy rattling sounds when breathing in and out?	0	1	4	8
^	1	A	o	24. Are you troubled with coughing?	0	1	4	8
	1			25. Do you wheeze?	0	1	4	8
U	1	4	0	26. Do you have severe soaking sweats at night?	0	1	4	8
			0	27. Do your lips and/or nails have a bluish hue?	0	1	4	8
0	1	4	8	27. Bo your lips drid, or hand have a blotter hoe.				
		0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	0 1 4 0 1 4	O 1 4 8 O 1 4 8	SECTION B (cont.)	SECTION B (cont.)	SECTION B (cont.) 12. Do you become suddenly scared for no reason? 0 1 13. Do you break out in a cold swear? 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 14. "Butterflies in your stomach," nausea and/or diarrhea 0 1 1 15. Do you got de pieces if you don't control yourself? 0 1 15. Do you flare you and right away? 0 1 15. Do you flare up in anger if you don't control yourself? 0 1 15. Do you flare up in anger if you can't have what you want right away? 0 1 15. Eyes water or tear 2 Mucus discharge from the eyes 0 1 15. Eyes water or tear 2 Mucus discharge from the eyes 0 1 15. Eyes water or tear 2 Mucus discharge from the eyes 0 1 15. Eyes water or tear 2 Mucus discharge from the eyes 0 1 15. Eyes water or tear 2 Mucus discharge from the eyes 0 1 15. Eyes water or tear 2 Mucus discharge from the eyes 0 1 15. Eyes water or tear 2 Mucus discharge from the eyes 0 1 15. Eyes water or tear 2 Mucus discharge from the eyes 0 1 15. Eyes water or tear 2 Mucus discharge from the eyes 0 1 15. Ey	SECTION B (cont.) 12. Do you become suddenly scared for no reason?



PART VII (cont.)	No/Rarely	Occasionally	Often	Frequently		No/Rarely	Occasionally	Often	Frequently
29. Do you have difficulty concentrating?	0	1	4	8	SECTION B (cont.)				
 Eyes, ears, nose, throat and lung symptoms seem associated with specific foods like dairy or wheat products 	1(0)	Чo	(8)Yes	8. Intermittent pain or ache on one side of head spreading to cheek, temple, lower jaw, ear, neck and shoulder	0	1	4	8
31. Eyes, ears, nose, throat and lung symptoms are			,	,	9. Difficulty chewing food or opening mouth	0	1	4	8
associated with seasonal changes	1(0)	40	(8	Yes	10. Difficulty standing up from a sitting position	0	1	4	8
Tota	l poi	nts	L		11. Shooting, aching, tingling pain down the back of leg 12. Is it difficult to reach up and get a 5-pound object	0	1	4	8
PART VIII					like a bag of flour from just above your head?' 13. Injure, strain or sprain easily	1(O) 1(O)			Yes Yes
1. Involuntary loss of urine when you cough, lift					Total			, o	7103
something or strain during an activity	0	1	4	8	SECTION C	ро	ints	_	
2. Mild lower back ache or pain	0	1	4	8		0	1	4	0
3. Abdominal achiness or pain	0	1	4	8	1. Muscles stiff, sore, tense and/or achy	0	1	4	
4. Pain or burning when urinating	0	1	4	8	2. Burning, throbbing, shooting or stabbing muscle pain	U	1	4	8
5. Rarely feel the urge to urinate	0	1	4	8	Muscle cramps or spasms (involuntary or after exertion/exercise)	0	1	4	8
Feel the need to urinate less than every two hours during the day or night	0	1	4	8	4. Is muscle pain or stiffness greater in the morning than other times of the day?	0	1	4	8
7. Strong smelling urine	0	1	4	8	5. Specific points on body feel sore when pressed	0	1	4	8
8. Back or leg pains are associated with dripping	0	,	,	0	6. Feel unrefreshed upon awakening	0	1	4	8
after urination	0	1	4	8	7. Headaches	0	1	4	8
9. Sore or painful genitals	0	1	4	8	8. Pain at the sides of your head or in your face				
10. Urine is a rose color	0	1	4	8	especially when awakening	0	1	4	8
11. Sudden urge to void causes involuntary loss of urine	0	1	4	8	9. Your jaw clicks or pops	0	1	4	8
 Generalized sense of water retention throughout your body 	0	1	4	8	10. Muscle twitch or tremor—eyelids, thumb, calf muscle	0	1	4	8
Tota	poi	nts	г		11. Irresistible urge to move legs	0	1	4	8
					12. Legs move during sleep	0	1	4	8
PART IX					13. Unpleasant crawling sensation inside calves when lying down	0	1	4	8
SECTION A					14. Hand and wrist numbness or pain (e.g., interferes with writing or with buttoning or unbuttoning your clothes)		1	4	8
1. Bones throughout your entire body ache, feel tender or sore	0	1	4	8	15. Feeling of "pins and needles" in your thumb and first three fingers	0	1	4	8
2. Localized bone pain	0	1	4	8	16. Pain in forearm and sometimes in shoulder	0	1	4	8
3. Hands, feet or throat get tight, spasm or feel numb	0	1	4	8	Total	poi	nts	Г	\neg
4. Difficulty sitting straight	0	1	4	8	PART X				_
5. Upper back pain	0	1	4	8	PARIA				
6. Lower back pain	0	1	4	8	CECTION A				
7. Pain when sitting down or walking	0	1	4	8	SECTION A	•		,	•
8. Find yourself limping or favoring one leg	0	1	4	8	1. Head feels heavy	0	1		8
9. Shins hurt during or after exercise	0	1	_	8	2. Dizziness	0	1	4	8
Tota	l poi	nts	L		Difficulty bending over, standing up from sitting, rolling over in bed and/or turning your head from				
SECTION B	_		,		side to side	0	1	4	8
Are you stiff in the morning when you wake up? Difficulty bending down and picking up clothing or	0	1	4	8	Your hands tremble, ever so slightly, for no apparent reason	0	1	4	8
anything from the floor	0	1	4	8	5. You feel like you're wearing heavy weights on your feet when walking	0	1	4	8
 Joint swelling, pain or stiffness involving one or more areas (fingers, hands, wrists, elbows, shoulders, 	_	1	4	0	6. Bump into things, trip, stumble and feel clumsy	0	1	4	8
toes, arches, feet, ankles, knees or ankles)	0	1		8	7. Difficulty breathing	0	1	4	8
 Joints hurt when moving or when carrying weight A routine exercise program, like daily walking, 	0	1			Difficulty swallowing People tell you to speak up because they have	0	1	4	8
causes your knees to swell or hurt 6. Difficulty opening jars that were previously easy	0	1		8	trouble hearing you	0	1	4	8
to open	0	1	4	8		0	1	4	8
Discomfort, numbness, prickling or tingling sensation, or pain in neck, shoulder or arm	0	1	4	8	11. Need 10-12 hours of sleep to feel rested	0	1	4	8



PART X (cont.)	Ž	nally		tly		ly nally	2
	No/Rarely	Occasionally	Often	Frequently		No/Rarely Occasionally	Often Frequently
SECTION A (cont.)				- 1 -	ECTION A (cont.)	2 0	0 1
12. Lack strength (your grip is weak, holding your head or picking your arms up takes effort)	0	1	4	8 I -	В]		
Hands get tired when you write and your handwriting is less legible and smaller than it used to be					5. Abdominal bloating, feeling swollen (e.g., feet)6. Temporary weight gain	(0)No (0)No	(8)Yes (8)Yes
14. Muscles in arms and legs seem softer and smaller	(O)N		(8) (8)	es	7. Breast tenderness, swelling	(O)No	(8)Yes
15. Is your eyesight, sense of smell and taste or ability to hear not as sharp as it used to be?			(0)	- 1	8. Appearance of breast lumps	(0)No	(8)Ye
16. Do you find yourself moving slower than you used to?	N(0)		(8) (8)	- 1	Discharge from nipples Nausea and/or vomiting	(0)No (0)No	(8)Ye (8)Ye
	l poi		(-/-	_ '	Diarrhea or constipation	(0)No	(8)Ye
SECTION B			_	[_] 1	2. Aches and pains (back, joints, etc.)	(0)No	(8)Ye
1. Difficulty absorbing new information	0	1	4	8 [c	:]		
2. Tend to forget things	0	1		- 1	3. Craving for sweets	(0)No	(8)Ye
Trouble thinking or concentrating	0	1			4. Increased appetite or binge eating	(0)No	(8)Ye
4. Easily distracted	0	1			5. Headaches	(0)No	(8)Ye
5. Do you have a tendency to become					6. Being easily overwhelmed, shaky or clumsy	(0)No	(8)Ye
frustrated quickly?	0	1	4	8 1	7. Heart pounding	(0)No	(8)Ye
6. Inability to sit still for any length of time, even	0	,	,	<u> </u>	8. Dizziness or fainting	(0)No	(8)Ye
at mealtime	0	1		8 [t	D]		
7. Finishing tasks is easier said than done	0	1	4	8 1	9. Confused and forgetful to the point that work suffers	(0)No	(8)Y
8. Do you have more trouble solving problems or managing your time than usual?	0	1	4	8 2	20. Overwhelmed with feelings of sadness and worthlessness	(0)No	(8)Y
9. Low tolerance for stress and otherwise				2	21. Difficulty sleeping or falling asleep	(0)No	(8)Y
ordinary problems	0	1	4	8 2	22. Engaging in self-destructive behavior	(0)No	(8) _Y
Total	l poir	ıts			Tota	l points	
PART XI				S	ECTION B		
				D	Oo you experience any of these symptoms <u>during your pe</u>	riod?	
Men Only					1. Cramping in lower abdomen or pelvic area	(0)No	(8)Ye
_	0	,	,		2. Lower abdominal pain is sharp and/or dull or intermittent	(0)No	(8)Y
1. Sensation of not emptying your bladder completely	0	1	4	8	3. Bloating and sense of abdominal fullness	(0)No	(8)Y
Need to urinate less than 2 hours after you have finished urinating	0	1	4	8	4. Diarrhea or constipation	(0)No	(8)Y
ů .					5. Nausea and/or vomiting	(0)No	(8)Y
Find yourself needing to stop and start again several times while urinating	0	1	4	8	6. Low back and/or legs ache	(0)No	(8)Y
4. Find it difficult to postpone urination	0	1			7. Headaches	(0)No	(8) _Y
5. Have a weak urinary stream	0	1		- 1	8. Unusual fatigue (take naps) resulting in missed work	(0)No	(8) _Y
6. Need to push or strain to begin urinating	0	1			9. Painful and/or swollen breasts	(0)No	(8)Y
7. Dripping after urination	0	1			O. Scanty blood flow	(0)No	(8)Y
8. Urge to urinate several times a night	0	1	4	8	Tota	l points	
Total	poir	ıts		_ s	ECTION C		
PART XII					Painful or difficult sexual intercourse	0 1	4 8
				- 1	Low abdominal, back and vaginal pain	- '	
14/2					throughout the month	0 1	4 8
Women Only					Pelvic pressure or pain while sitting down or standing up, relieved by lying down	0 1	4 8
(Menopausal women should skip to Sections E a	nd F)			4. Vaginal bleeding other than during your period	0 1	4 8
SECTION A					5. Painful bowel movements	0 1	4 8
Da	thin	thre	ee		6. Difficult (straining) urination	0 1	4 8
days to two works nyier to manetave the symptoms wi				- 1	7. Abnormal vaginal discharge	0 1	4 8
days to two weeks prior to menstruation?				- 1	0 0((1 .	0 1	4 8
days to two weeks <i>prior to menstruation?</i> [A]	101		101		8. Offensive vaginal discharge		
days to two weeks <i>prior to menstruation?</i> [A] 1. Anxious, irritable or restless	(O)N		(8) _Y	es es	9. Vaginal itching or burning with or without intercourse	0 1	4 8
days to two weeks <i>prior to menstruation?</i> [A] 1. Anxious, irritable or restless 2. Numbness, tingling in hands and feet	(0)N	lo	(8) _Y	és és 1	9. Vaginal itching or burning with or without intercourse0. Pain during periods is getting progressively worse	0 1 (0)No	4 8 (8) _{Ye}
		lo lo		és 1 és 1	9. Vaginal itching or burning with or without intercourse	0 1	



1. Absence of periods for six months or longer (O)No (8)Yes 2. Periods occur irregularly (e.g., 3 to 6 times a year) (O)No (8)Yes 3. Profuse heavy bleeding during periods 0 1 4 8 7. Breast tenderness, soreness 0 1 4 8	PART XII (cont.)	No/Rarely Occasionally	Often Frequently		No/Rarely	Occasionally	Often	Frequently
2. Periods occur irregularly (e.g., 3 to 6 times a year) (O)No (B)No (B)No (Periods heavy bleeding during periods 0 1 4 8 8 4. Menstrual blood contains clots and tissue 0 1 4 8 8 8. Difficulty with orgasm 0 1 4 8 8 8. Difficulty with orgasm 0 1 4 8 8 9. Vaginal bleeding after sexual intercourse 0 1 4 8 8 9. Vaginal bleeding after sexual intercourse 0 1 4 8 9. Vaginal bleeding after sexual intercourse (O)No (B)No (B)N	SECTION D			SECTION E (cont.)				_
2. Periods occur irregularly (e.g., 3 to 6 times a year) (O)No (8)Yes 3. Profuse heavy bleeding during periods 0 1 4 8 4. Menstrual blood contains clots and tissue 0 1 4 8 5. Bleeding between periods can occur anytime 6. Periods occur greater than every 35 days 7. Intense upper stomach pain, lasting several hours at the time you ovulate (approximately day 14 of your cycle) 8. Bleeding occurs at ovulation (approximately day 14 of your cycle) 9. Monthly abdominal pain without bleeding 10. Abundant cervical mucus 11. Acne and/or oily skin 12. Coverwhelming urges for sexual intercourse 13. Aggressive feelings 14. Increased growth of dark facial and/or body hair 15. Poor sense of smell 16. Voice is becoming deeper 17. Breast seem to be getting smaller 18. Receding hairline 19. Vaginal discharge 2. Vaginal secretions are watery and thin 3. Vaginal dryness 4. Sexual intercourse is uncomfortable 2. Vaginal secretions are watery and thin 3. Vaginal dryness 4. Sexual intercourse is uncomfortable 2. Please mark an "X" to indicate areas where you feel pain, swellling or discomfort, or areas of your skin that have changed color or reflections are water and provided pain, lasting tissue and provided prov	1. Absence of periods for six months or longer	(0)No	(8)Yes	5. Interest in having sex is low	0	1	4	8
3. Profuse heavy bleeding during periods 0 1 4 8 4. Menstrual blood contains clots and tissue 0 1 4 8 5. Bleeding between periods can occur anytime 0 1 4 8 6. Periods occur greater than every 35 days (O)No 8)Nos 7. Intense upper stomach pain, lasting several hours at the time you ovulate (approximately day 14 of your cycle) 0 1 4 8 8 9. Waginal bleeding after sexual intercourse 0 1 4 8 9. Waginal bleeding after sexual intercourse 0 1 4 8 8 9. Waginal bleeding after sexual intercourse 0 1 4 8 8 9. Waginal bleeding after sexual intercourse 0 1 4 8 8 9. Waginal bleeding after sexual intercourse 0 1 4 8 8 9. Waginal bleeding after sexual intercourse 0 1 4 8 8 9. Waginal bleeding after sexual intercourse 0 1 4 8 8 9. Waginal bleeding after sexual intercourse 0 1 1 4 8 9. Waginal bleeding after sexual intercourse 0 1 1 4 8 9. Wagi	2. Periods occur irregularly (e.g., 3 to 6 times a year)	(O)No	(8)Yes		0	1	4	8
4. Menstrual blood contains clots and tissue 0 1 4 8 5 5. Bleeding between periods can occur anytime 0 1 4 8 6 6. Periods occur greater than every 35 days (O)No (B)Nos 7 1. Intense upper stomach pain, lasting several hours at the time you ovulate (approximately day 14 of your cycle) 0 1 4 8 8 8. Bleeding occurs at ovulation (approximately day 14 of your cycle) 0 1 4 8 8 9. West periods? (O)Nos (B)Nos 7 1. The length (number of days) of your period varies month to month, with the number of days of bleeding getting fewer 100,Nos (B)Nos 11. The length (number of days) of your period varies month to month, with the number of days of bleeding getting fewer 100,Nos (B)Nos 11. Acne and/or oily skin 0 1 4 8 12. Overwhelming urges for sexual intercourse 0 1 4 8 12. Overwhelming urges for sexual intercourse 0 1 4 8 13. Aggressive feelings 0 1 4 8 14. Chills 0 1 4 8 15. Poor sense of smell 0,Nos (B)Nos 15. Poor sense of smell 0,Nos (3. Profuse heavy bleeding during periods	0 1	4 8		0	1	4	8
5. Bleeding between periods can occur anytime 6. Periods occur greater than every 35 days 7. Intense upper stomach pain, lasting several hours at the time you ovalute (approximately day 14 of your cycle) 8. Bleeding occurs at ovalution (approximately day 14 of your cycle) 9. Monthly abdominal pain without bleeding 10. Abundant cervical mucus 10. Abundant cervical mucus 11. Acne and/or oily skin 12. Overwhelming urges for sexual intercourse 13. Aggressive feelings 14. Increased growth of dark facial and/or body hair 15. Poor sense of smell 16. Voice is becoming deeper 16. Voice is becoming deeper 17. Breasts seem to be getting smaller 18. Receding hairline 19. Vaginal discharge 10. Do you skip periods? 11. The length (number of days) of your period varies month to month, with the number of days of bleeding getting fewer SECTION F 1. Sense of well-being fluctuates throughout the day for no apparent reason 2. Sudden hot flashes 3. Spontaneous sweating 4. Chills 5. Cold hands and feet 6. Heart beats rapidly or feels like it is fluttering 7. Numbness, tingling or prickling sensations 10. Inability to concentrate 11. Depression, anxiety, nervousness and/or irritability 12. Difficulty sleeping 13. Conscious of new feelings of anger and frustration 14. Skin, hair, vagina and/or eyes feel dry 15. Stopped menstruating around six months ago, yet still experience some vaginal bleeding 15. Stopped menstruating around six months ago, yet still experience some vaginal bleeding 15. Stopped menstruating around six months ago, yet still experience some vaginal bleeding 15. Stopped menstruating around six months ago, yet still experience some vaginal bleeding 15. Stopped menstruating around six months ago, yet still experience some vaginal bleeding	4. Menstrual blood contains clots and tissue	0 1	4 8	· ·	0	1	4	8
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2. Overwhelming urges for sexual intercourse 3. Aggressive feelings 4. Increased growth of dark facial and/or body hair 5. Poor sense of smell 6. Voice is becoming deeper 7. Breasts seem to be getting smaller 8. Receding hairline Total points 1. Vaginal discharge 2. Vaginal secretions are watery and thin 3. Vaginal dryness 4. Sexual intercourse is uncomfortable Please mark an "X" to indicate areas where you feel pain, swelling or discomfort, or areas of your skin that have changed color or the color of the changed color or th					0	1	4	8
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6. Voice is becoming deeper 7. Breasts seem to be getting smaller 8. Receding hairline (O)No (8)Yes Total points FECTION E 1. Vaginal discharge 2. Vaginal secretions are watery and thin 3. Vaginal dryness 4. Sexual intercourse is uncomfortable O 1 4 8 O 1 4 8 1. Sexual intercourse is uncomfortable O 1 4 8 O 1 4	,			5. Cold hands and feet	0	1	4	8
7. Breasts seem to be getting smaller 8. Receding hairline O No (8)Yes				6. Heart beats rapidly or feels like it is fluttering	0	1	4	8
8. Receding hairline Total points				7. Numbness, tingling or prickling sensations	0	1	4	8
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Please mark an "X" to indicate areas where you feel pain, swelling or discomfort, or areas of your skin that have changed color or	4. Sexual intercourse is uncomfortable	0 1	4 8		(O)	Vo	(8) Ye
texture (e.g., moles, rashes, etc.). Describe what you feel or observe in your own words. Write anywhere in this area.	Please mark an "X" to indicate areas where you fe	eel pain	, swelli	ng or discomfort, or areas of your skin that have chan			r o	r
	texture (e.g., moles, rashes, etc.). Describe what yo	ou feel o	r obser	ve in your own words. Write anywhere in this area.				

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