



Health Assessment Questionnaire for Interpretation with LRA by ELISA/ACT® Tests

ONLY FILL OUT QUESTIONNAIRE IF INTERPRETATION OF TESTS IS REQUESTED.

PATIENT'S NAME: _____ **DATE:** _____

INSTRUCTIONS: Use the following numbers to indicate the degree of severity of the symptoms or conditions listed below.
0 - None 1 - Mildly or least 2 - Moderately or mid 3 - Greatly or most
 Answer only those questions that apply to your case; do not write "NO" when a question does not apply.
IF ONLY PART OF THE QUESTION APPLIES, UNDERSCORE THAT PART.
PLEASE RETURN THIS FORM WITH THE BLOOD SAMPLE.

I. GASTROINTESTINAL INDICATIONS

Section A

- 0 1 2 3 Distress from fats or greasy foods (nausea, dizziness, headaches, etc.).
- 0 1 2 3 Distress from onions, cabbage, radishes, cucumbers (bloating, gas, etc.).
- 0 1 2 3 Stool appears yellow or clay-colored, is foul-odored, shows undigested foods.
- 0 1 2 3 Skin is grayish, pasty, oily on nose and forehead.
- 0 1 2 3 Have had jaundice, hepatitis.
- 0 1 2 3 Bad breath, bad taste in mouth, body odor (including feet).
- 0 1 2 3 Unusual redness on palms of hands.
- 0 1 2 3 Unaccountable burning on soles of feet.
- 0 1 2 3 Varicose veins, hemorrhoids ("piles"), phlebitis, veins showing on chest or stomach (blush areas).
- 0 1 2 3 Able to go all day without urinating, diminished urination.
- 0 1 2 3 Long history of constipation.
- 0 1 2 3 "Flabby" flesh, underarm or stomach hangs.

Section B

- 0 1 2 3 Indigestion 2 to 3 hours after each meal (fullness, bloating, sourness, etc.).
- 0 1 2 3 Heavy, full loggy feeling after eating a meat meal.
- 0 1 2 3 Loss of former taste or craving for meat.
- 0 1 2 3 Excessive lower bowel gas (flatulence).
- 0 1 2 3 Long history of being anemic, frequent treatment for anemia.
- 0 1 2 3 History of constipation alternating with diarrhea (bowels "too loose or too tight").

Section C

- 0 1 2 3 Stomach pain occurs after eating, especially at night, and is relieved by drinking milk or cream.
- 0 1 2 3 Above symptoms flare up in spring and fall of the year (seasonal occurrence).
- 0 1 2 3 Have been told you have stomach "ulcers."
- 0 1 2 3 Above symptoms aggravated by worry and tension, relieved by vacationing.

Section D

- 0 1 2 3 Diarrhea occurs frequently or is resistant to treatment.
- 0 1 2 3 Roughage in diet aggravates diarrhea.
- 0 1 2 3 Mucous shreds appear in stool.
- 0 1 2 3 Have more than three bowel movements per day.
- 0 1 2 3 Have been told you have ulcerative or mucous colitis.

Section E

- 0 1 2 3 Indigestion occurs soon after eating.
- 0 1 2 3 Indigestion is acute, comes on suddenly.
- 0 1 2 3 Indigestion is relieved by soft drinks.
- 0 1 2 3 Have difficulty belching, stomach cramps, colicky, "butterfly" sensations in stomach.
- 0 1 2 3 Above symptoms aggravated by stress.

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2. FUNCTIONAL INDICATIONS - HEART, LUNGS, NERVES, BLOOD VESSELS

Section A

- 0 1 2 3 Eyes are sensitive to bright lights, need to wear sunglasses for comfort.
- 0 1 2 3 Tightness in throat, painful "lump" occasionally.
- 0 1 2 3 Form "gooseflesh" easily, sweat without temperature rise, "cold sweats."
- 0 1 2 3 Voice rises to high pitch or is lost during stressful moments (arguments, public appearances, etc.).
- 0 1 2 3 Easily shaken up, easily startled, heart pounds hard from unexpected noise.
- 0 1 2 3 Prefer being alone, uneasy when "center of attention."
- 0 1 2 3 Blood pressure fluctuates, has been "too high" on occasion.
- 0 1 2 3 Asthma or wheezes (from _____).

Section B

- 0 1 2 3 Have always had low or normal blood pressure.
- 0 1 2 3 Known as "perfectionist" or come from "high-strung family."
- 0 1 2 3 Tend to work off worries, something left undone causes unusual concerns.
- 0 1 2 3 Tend to avoid complaints, try to ignore discomforts and inconveniences.
- 0 1 2 3 Have had frequent or severe attacks of pneumonia, bronchitis, flu, sinusitis, or colds.
- 0 1 2 3 Have had allergic responses such as skin rash, dermatitis, hay fever, severe sneezing attacks, asthma, etc.
- 0 1 2 3 Emotional storms cause exhaustion (must go lie down under heavy stress).
- 0 1 2 3 Perspire excessively.
- 0 1 2 3 Skin takes on a brownish color, brown spots on skin ("liver spots").
- 0 1 2 3 Painful finger joints, rheumatoid arthritis, or morning stiffness.

Section C

- 0 1 2 3 Persistent high blood pressure.
- 0 1 2 3 Stronger than average physically.
- 0 1 2 3 Strong feelings, tendency to "blow up," dislike of being crossed.
- 0 1 2 3 FEMALE: Excessive hair on face, arms, and legs, appearance on masculine side.
- 0 1 2 3 MALE: Baldness, excessive hair on arms and back, muscular square build, aggressive in business and sports.

Section D

- 0 1 2 3 Unable to hold your breath for 20 seconds (use second hand on watch to time).
- 0 1 2 3 Sigh and yawn frequently.
- 0 1 2 3 Have a feeling of suffocation, open windows in closed rooms.
- 0 1 2 3 Feel short of breath at times, even though not exercising.
- 0 1 2 3 Feel breathless when under stress.
- 0 1 2 3 Breathe loudly (people notice), heard breathing in quiet rooms.

3. METABOLIC RATE / HORMONAL INDICATIONS

Section A

- 0 1 2 3 Muscles stiff in the morning, feel a need to limber up, feel "creaky" after sitting still for a period of time.
- 0 1 2 3 Feel dizzy or nauseated in the morning.
- 0 1 2 3 Experience motion sickness when traveling, dizziness when changing up and down positions.
- 0 1 2 3 Heart occasionally seems to miss beats or "turn flip flops."
- 0 1 2 3 The following symptoms are worse at night: coughing, hoarseness, muscle cramps.
- 0 1 2 3 Insomnia, restlessness, failing memory, forgetfulness.
- 0 1 2 3 Feel better in afternoon, worse in morning.
- 0 1 2 3 Have an unusual craving for salt.

PATIENT'S NAME: _____

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Section B

- 0 1 2 3 "Go to pieces" easily, dislike working under pressure or being watched, cry easily.
- 0 1 2 3 Gain weight, fail to lose on diets, tend to "retain water" easily.
- 0 1 2 3 Long history of chronic constipation.
- 0 1 2 3 Feel better mornings, worse afternoons.
- 0 1 2 3 Difficulty concentrating, easily distracted.
- 0 1 2 3 Outer third of eyebrow hair unusually thin or missing.

Section C

- 0 1 2 3 Heartbeats above 90 beats per minute when at complete rest.
- 0 1 2 3 Protruding tongue quivers (check in mirror), hands shake, tremor (hold paper to check).
- 0 1 2 3 Energy spurts followed by exhaustion (repeated in cycles).
- 0 1 2 3 Have strong, healthy teeth.
- 0 1 2 3 Have a good appetite, but fail to gain weight in spite of food increase.
- 0 1 2 3 Have fine features, thin skin, thin hair.
- 0 1 2 3 Erratic behavior, "flighty."
- 0 1 2 3 Poor balance (close your eyes and stand on one leg).

4. HORMONE / ENZYME INDICATIONS

FEMALE:

- 0 1 2 3 Irregular or uncomfortable menstrual periods.
- 0 1 2 3 Menopause symptoms (hot flashes, etc.).
- 0 1 2 3 Had a "female operation" (what? _____).
- 0 1 2 3 Before periods, feel nervous, depressed, "bloated."
- 0 1 2 3 Unable to have children because of sterility (not age or operation).

MALE:

- 0 1 2 3 Difficulty urinating (slow starting, burning during, need to get up at night).
- 0 1 2 3 Associate the above with back or leg pains or with constipation.
- 0 1 2 3 Have/had prostate trouble or surgery.
- 0 1 2 3 Have/had painful, green, or mucous discharge from the penis.

MALE AND FEMALE:

- 0 1 2 3 Muscle weakness, weak grip, weak legs, objects feel unusually heavy.
- 0 1 2 3 Muscle wasting (where? _____).
- 0 1 2 3 Sharp pains in chest after exercising.
- 0 1 2 3 Numbness or loss of sensation.
- 0 1 2 3 Night sweats, wake up frightened.
- 0 1 2 3 Objects fall from hands, reach in the wrong places for things.
- 0 1 2 3 Blurred vision, bloodshot eyes, feeling of sand or grit in eyes.
- 0 1 2 3 Redness or irritation of nostrils, corners of mouth cracked, irritated.
- 0 1 2 3 Lost or diminished sex drive.

5. FLUID / BALANCE INDICATIONS

Section A

- 0 1 2 3 Feel drowsy, chronic fatigue.
- 0 1 2 3 Cold hands and feet, wear extra clothing, bedclothing, use heating pads to keep warm.
- 0 1 2 3 Short of breath climbing stairs.
- 0 1 2 3 Require extra sleep.
- 0 1 2 3 Feel better when resting, lowered endurance, low exercise tolerance.

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Section B

- 0 1 2 3 Have been treated for heat prostration, feel uncomfortable in or dislike hot weather.
- 0 1 2 3 Ankles swell in hot weather.
- 0 1 2 3 Ankles swell in afternoon, improve in morning.
- 0 1 2 3 Perspire excessively in hot weather (more than others).
- 0 1 2 3 Use very little salt, restricting salt in diet.

6. SKIN / IMMUNE SYSTEM INDICATIONS

- 0 1 2 3 Bruise easily, "black and blue spots."
- 0 1 2 3 Have/had protein or albumin in urine, kidney trouble.
- 0 1 2 3 Irritated skin, chapped lips, cracked skin on hands.
- 0 1 2 3 Fungus under nails of hands or feet.
- 0 1 2 3 Skin is rough, dry, scaly, or "lumpy."
- 0 1 2 3 Discharge from eyes, "sand" on lids in the morning.
- 0 1 2 3 Burning or itching when urinating.
- 0 1 2 3 Swelling of glands in neck (salivary).
- 0 1 2 3 Swelling of lymph glands (where? _____).
- 0 1 2 3 Inability to adjust eyes when entering dark room or theater.
- 0 1 2 3 Night sweats.

7. FOOD / ENVIRONMENT INDICATIONS

Section A

- 0 1 2 3 Nervousness, shaky feeling, or headaches are relieved by eating sweets.
- 0 1 2 3 Irritable if late for a meal or miss a meal, irritable before breakfast.
- 0 1 2 3 Experience sudden strong craving for sweets or alcohol.
- 0 1 2 3 Get hungry "five minutes after eating."
- 0 1 2 3 Often wake up at night feeling hungry.

Section B

- 0 1 2 3 Night sweats, increased thirst.
- 0 1 2 3 Chronic fatigue, lowered resistance.
- 0 1 2 3 History of boils, leg sores, or lesions taking a long time to heal.
- 0 1 2 3 Overweight, trouble losing weight (1 = 5-15 pounds, 2 = 15-25 pounds, 3 = >25 pounds overweight).
- 0 1 2 3 Experience "pickup" from exercising.
- 0 1 2 3 Have/had sugar in urine, diabetes.
- 0 1 2 3 Member of family has diabetes.
- 0 1 2 3 Crave sweets, but eating them does not relieve symptoms.
Do you have your tonsils? ____ (yes) ____ (no)

The health problems I would most like to resolve are:

- 1.
- 2.
- 3.

My health goals are:

- 1.
- 2.
- 3.

