

Health Assessment Questionnaire

The success of your Prospective Health Care is based on the seemingly innocuous signs and symptoms you are experiencing today. So, even though Digital Infrared Thermal Imaging may reveal incredible information that no other test does, it's only part of the story. The information you provide on the Questionnaire should correlate with what your DITI scan shows and add insight into how efficiently various organs, systems, and individual glands inside you are functioning.

So please read the questions carefully, and answer them as completely as possible. Some may not seem significant, but all provide critical information about the function of organs, systems and glands that impact overall health. When combined with your scans, your answers become a powerful tool for assessing your health.

Category I

Section A

Bad breath.....	Y	N	Gas shortly after eating	Y	N
Loss of taste for meat.....	Y	N	Indigestion after eating, last 3-4 hours	Y	N
Burning stomach, eating	Y	N	Difficulty digesting fruits or vegetables	Y	N
relieves the pain			Acid or spicy foods upset stomach.....	Y	N

Section B

Lower bowel gas and or bloating several	Y	N	Color of stools is light brown or yellow.....	Y	N
hours after eating			Greasy or high fat foods cause distress.....	Y	N
Whites of eyes (sclera) are yellow	Y	N	Pain between shoulder blades.....	Y	N
Dry skin, itchy feet skin peels on feet	Y	N	History of gallbladder attacks, gallstones	Y	N
Bitter metallic taste in mouth	Y	N	or gallbladder removed		
Headache over the eyes	Y	N	Appetite reduced.....	Y	N
Feel nauseous, queasy or gag easily.....	Y	N			

Section C

Coated tongue or fuzzy debris on tongue.....	Y	N
Pass large amounts of foul smelling gas.....	Y	N
Irritable bowel or mucous colitis.....	Y	N
Constipation, diarrhea alternating or stools	Y	N
alternate from soft to watery		
Bowel movements painful or difficult,	Y	N
constipation, and or laxatives used		
Burning or itching anus.....	Y	N

Category II

Head congestion/sinuses full	Y	N	Eyes swollen or puffy.....	Y	N
Sneezing attacks	Y	N	Pulse speed after meals or heart pounds	Y	N
Milk or wheat products cause distress.....	Y	N	after retiring		
Eyes and nose watery.....	Y	N			

Health Assessment Questionnaire – continued...

Category III

Section A

Crave sweets or coffee in the afternoon..... Y	N	Get shaky or lightheaded if meals delayed Y	N
or mid morning		Fatigue, eating relieves..... Y	N
Hungry between meals or excessive appetite Y	N	Heart palpitates if meals missed or delayed Y	N
Overeating sweets upsets Y	N	Awaken a few hours after sleep, hard..... Y	N
Eat when nervous Y	N	to get back to sleep	
Irritable before meals Y	N		

Section B

Muscle soreness after moderate exercise Y	N	Worrier, feel insecure and or highly emotional..... Y	N
Enlarged heart or heart failure Y	N	Pulse slow/below 65 or irregular pulse..... Y	N

Category IV

Section A

Splitting headache..... Y	N	Tolerance for sugar reduced Y	N
Memory failing Y	N		

Section B

Sex drive reduced or absent..... Y	N	Tendency to ulcers or colitis..... Y	N
Abnormal thirst Y	N	Increased ability to eat sugar without symptoms. Y	N
Weight gain around hips or waist Y	N	Menstrual disorders (women)..... Y	N

Section C

Difficulty gaining weight Y	N	Insomnia Y	N
Heart palpitations..... Y	N	Night sweats..... Y	N
Nervous emotional can't work under pressure Y	N	Fast pulse at rest..... Y	N

Section D

Difficulty losing weight..... Y	N	Dry or scaly skin..... Y	N
Mental sluggishness..... Y	N	Constipation..... Y	N
Easily fatigued, sleepy during the day..... Y	N	Excessive falling hair or coarse hair Y	N
Sensitive to cold, poor circulation in hands Y	N	Headaches when awoken, wear off Y	N
and feet		during the day	

Section E

Increased blood pressure..... Y	N	Hair growth on face (females)..... Y	N
Hot flashes..... Y	N		

Section F

Low blood pressure Y	N	Arthritic tendencies..... Y	N
Crave salt Y	N	Perspire easily..... Y	N
Chronic fatigue..... Y	N	Slow starter in the morning..... Y	N
Afternoon yawning Y	N	Afternoon headaches..... Y	N
Muscular and nervous exhaustion..... Y	N	Crave chocolate..... Y	N
Nails weak ridged Y	N		