

# Healthful Pursuit

healthy treats, whole food eats and balanced living

Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

If any of the following symptoms or activities has occurred within the past three months (unless otherwise specified), indicate by entering:

- 1 – mild/rarely occurring
- 2 – moderate/regularly occurring
- 3 – severe/often occurring
- Blank** – symptom doesn't apply to you

COMPLETE LEFT SIDE OF FORM ONLY			1	2	3	4	5	6	7	8	9	10
1	General fatigue or weakness											
2	Difficulty losing weight											
3	Frequent illness / infections											
4	High stress lifestyle											
5	Smoking											
6	Drinking more than 2 cups of coffee / day											
7	Bad breath and / or body odor											
8	Constipation											
9	Bags under eyes											
10	Crave sugars, bread, alcohol											
11	Difficulty digesting certain foods											
12	Used antibiotics in past 10 years											
13	Allergies											
14	Poor concentration or memory											
15	Belching or burping after meals											
16	Skin / complexion problems											
17	Frequent consumption of red meat											
18	Regular use of dairy products											
19	Heavy alcohol consumption											
20	Exposure to toxins / chemicals											
21	Frequent mood swings											
22	Depressed and / or irritable											
23	Brittle fingernails											
24	Dry, brittle hair, split ends											
25	High fat / high cholesterol diet											
26	Nervousness / anxiety / tension / worry											
27	Insomnia / restless sleep											
28	Low fiber diet											
29	Muscle cramps											
30	Sleepy when sitting up											
31	Female : menstrual cramps											
32	Bronchitis/ asthma /pneumonia/ emphysema											
33	Cellulite											
34	Cold hands and feet											
35	Varicose veins											
36	Feeling out of control											
37	Food / chemical sensitivities											
	<b>SCORES SUBTOTAL</b>											

Right side for office use only, just fill out the boxes on the left

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38	Frequent yeast / fungus problems		■	■	■	■	■	■	■	■	■	■
39	Bones break easily, osteoporosis		■	■	■	■	■	■	■	■	■	■
40	Too little exercise		■	■	■	■	■	■	■	■	■	■
41	Excessive mucous		■	■	■	■	■	■	■	■	■	■
42	Short of breath climbing stairs		■	■	■	■	■	■	■	■	■	■
43	Tingling in lips, fingers, arms, legs		■	■	■	■	■	■	■	■	■	■
44	Chest pains		■	■	■	■	■	■	■	■	■	■
45	Very rapid or slow heart beat		■	■	■	■	■	■	■	■	■	■
46	Painful, hard or thin bowel movements		■	■	■	■	■	■	■	■	■	■
47	Alternating constipation / diarrhea		■	■	■	■	■	■	■	■	■	■
48	Recurrent bladder infections		■	■	■	■	■	■	■	■	■	■
49	Female: menopause, hot flashes		■	■	■	■	■	■	■	■	■	■
50	Female: PMS		■	■	■	■	■	■	■	■	■	■
51	Difficult urination		■	■	■	■	■	■	■	■	■	■
52	Swollen glands, puffy throat		■	■	■	■	■	■	■	■	■	■
53	Lower abdominal pain		■	■	■	■	■	■	■	■	■	■
54	Frequent need to urinate		■	■	■	■	■	■	■	■	■	■
55	Joint pain		■	■	■	■	■	■	■	■	■	■
56	Sinus inflammation / discharge		■	■	■	■	■	■	■	■	■	■
57	Arthritis		■	■	■	■	■	■	■	■	■	■
58	Sudden weight gain / loss		■	■	■	■	■	■	■	■	■	■
59	Headaches / Migraines		■	■	■	■	■	■	■	■	■	■
60	Female: taking birth control pill		■	■	■	■	■	■	■	■	■	■
61	Lower back pains		■	■	■	■	■	■	■	■	■	■
62	Dry, flaky or rough skin		■	■	■	■	■	■	■	■	■	■
63	Drink less than 6 glasses of fluids / day		■	■	■	■	■	■	■	■	■	■
64	Water retention		■	■	■	■	■	■	■	■	■	■
65	Low sex drive		■	■	■	■	■	■	■	■	■	■
66	Feeling heavy / bloated after meals		■	■	■	■	■	■	■	■	■	■
67	Chronic cough		■	■	■	■	■	■	■	■	■	■
	<b>SCORES TOTAL</b>											

FOR OFFICE USE ONLY

1	Digestive	
2	Intestinal	
3	Circulatory/Cardiovascular	
4	Nervous	
5	Immune/Lymphatic	
6	Respiratory	
7	Urinary	
8	Glandular/Endocrine	
9	Structural	
10	Reproductive	