# CHIROPRACTIC ASSOCIATES

**2403 Campbell Street**
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## HEALTH APPRAISAL FORM

**NAME: _____**

**To indicate Degree of Severity, use the numeral:**
**1 - for Mild**
**2 - for Moderate**
**3 - for Severe.**

**Please do not feel obligated to answer all questions. Just answer those that relate to you.**

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|---|---|
| 1. ____ Abnormal craving for sweets | 25. ____ Eat often or get hungry |
| 2. ____ Afternoon headaches | 26. ____ Eat when nervous |
| 3. ____ Alc0hol consumption | 27. ____ Faintness if meals delayed |
| 4. ____ Allergies/Tendency to Asthma, Hay fever, Skin rash, etc.. | 28. ____ Fatigue, eating relieves |
| 5. ____ Awaken after few hours sleep hard to get to sleep | 29. ____ Fearful |
| 6. ____ Aware of breathing heavy | 30. ____ Get shaky if hungry |
| 7. ____ Bad Dreams | 31. ____ Hallucinations |
| 8. ____ Bleeding Gums | 32. ____ Hand Tremor |
| 9. ____ Blurred Vision | 33. ____ Heart palpitates if meals missed or delayed |
| 10. ___ Brown spots or bronzing of skin | 34. ____ Highly Emotional |
| 11. ___ Bruise Easily (Black & Blue) | 35. ____ Hunger between meals |
| 12. ___ Butterfly Stomach, Cramps | 36. ____ Insomnia |
| 13. ___ Can't decide easily | 37. ____ Inward trembling |
| 14. ___ Can't start morning with out coffee | 38. ____ Irritable before meals |
| 15. ___ Can't work under pressure | 39. ____ Lack Energy |
| 16. ___ Chronic Fatigue | 40. ____ Magnify insignificant events |
| 17. ___ Chronic Nervous Exhaustion | 41. ____ Moods of depression "blues" or melancholy |
| 18. ___ Convulsions | 42. ____ Poor memory |
| 19. ___ Crave candy or coffee in afternoon | 43. ____ Reduced initiative |
| 20. ___ Cry easily for no reason | 44. ____ Sleep during day |
| 21. ___ Depressed | 45. ____ Sleepy after meals |
| 22. ___ Dizziness | 46. ____ Weakness, Dizziness |
| 23. ___ Symptoms come before breakfast (Yes or No) | 47. ____ Worrier, Feel insecure |
| 24. ___ Drink ___ cups of coffee daily (indicate amount) | 48. ____ Do you feel better after breakfast than before (Yes or No) |