

48. Any other family history we should know about? Yes ___ No ___

If so, please comment:

49. What is the attitude of those close to you about your illness?

_____ Supportive

_____ Non-supportive

FOR WOMEN ONLY (questions 50-58):

50. Have you ever been pregnant? (If no, skip to question 53.) Yes ___ No ___

Number of miscarriages ___ Number of abortions ___ Number of preemies ___

Number of term births ___ Birth weight of largest baby ___ Smallest baby ___

Did you develop toxemia (high blood pressure)? Yes ___ No ___

Have you had other problems with pregnancy? Yes ___ No ___

If so, please comment: _____

51. Age at first period ___ Date of last Pap Smear _____ Date of last
Mammogram _____

Pap Smear: ___ Normal ___ Abnormal

Mammogram: ___ Normal ___ Abnormal

52. Have you ever used birth control pills? Yes ___ No ___ If yes, when _____

53. Are you taking the pill now? Yes ___ No ___

54. Did taking the pill agree with you? Yes ___ No ___ Not applicable ___

55. Do you currently use contraception? Yes ___ No ___

If yes, what type of contraception do you use?

56. Are you in menopause? No ___ Yes ___ If yes, age at last period _____

Do you take: Estrogen? ___ Ogen? ___ Estrace? ___ Premarin? ___ Other
(specify) _____

Progesterone? ___ Provera? ___ Other (specify) _____

57. How long have you been on hormone replacement therapy (if applicable)? _____

58. In the second half of your cycle, do you have symptoms of breast tenderness, water retention, or irritability (PMS)? Yes ___ No ___

Not applicable ___

FITNESS AND NUTRITIONAL ASSESSMENTS;

A. Please complete separate 3-5 day food diary

B. Are you interested in the use of exercise as medicine? That is, to use prescribed exercise for disease prevention and disease modification. Yes Not now

C. Do you have other goals for exercise? Please explain:

D. What barriers have there been in the past to prevent you from sticking with an exercise program?

E. If weight loss and control have been difficult for you, please list your areas of frustration.

Adult Medical Questionnaire
 WELLSPRING FAMILY MEDICAL ASSOCIATES
 59. Please check if these symptoms occur presently **or** have occurred in the past 6 months.

GENERAL:	Mild	Mod- - er- at- e	Sever- e
Cold hands & feet			
Cold intolerance			
Daytime sleepiness			
Difficulty falling asleep			
Early waking			
Fatigue			
Fever			
Flushing			
Heat intolerance			
Night waking			
Nightmares			
No dream recall			
HEAD, EYES & EARS:			
Conjunctivitis			
Distorted sense of smell			
Distorted taste			
Ear fullness			
Ear noises			
Ear pain			
Ear ringing/buzzing			
Eye crusting			
Eye pain			
Headache			
Hearing loss			
Hearing problems			

Lid margin redness			
Migraine			
Sensitivity to loud noises			
Vision problems			

MUSCULOSKELETAL:	Mild	Mod- - er- at- e	Sever- e
Back muscle spasm			
Calf cramps			
Chest tightness			
Foot cramps			
Joint deformity			
Joint pain			
Joint redness			
Joint stiffness			
Muscle pain			
Muscle spasms			
Muscle stiffness			
Muscle twitches: Around eyes			
Arms or legs			
Muscle weakness			
Neck muscle spasm			
Tendonitis			
Tension headache			
TMJ problems			
MOOD/NERVES:			

Adult Medical Questionnaire
 WELLSPRING FAMILY MEDICAL ASSOCIATES

Agoraphobia			
Anxiety			
Auditory hallucinations			
Black-out			
Depression			
Difficulty: Concentrating			
With balance			
With thinking			
With judgment			
With speech			
With memory			
Dizziness (spinning)			
Fainting			
Fearfulness			
Irritability			
Light-headedness			
MOOD/NERVES, Cont'd:	Mild	Mod- erate	Severe
Numbness			
Other Phobias			
Panic attacks			
Paranoia			
Seizures			
Suicidal thoughts			
Tingling			
Tremor/trembling			
Visual hallucinations			
EATING:			
Binge eating			
Bulimia			

Can't gain weight			
Can't lose weight			
Carbohydrate craving			
Carbohydrate intolerance			
Poor appetite			
Salt craving			
DIGESTION:			
Anal spasms			
Bad teeth			
Bleeding gums			
Bloating of: Lower abdomen			
Whole abdomen			
Blood in stools			
Burping			
Canker sores			
Cold sores			
Constipation			
Cracking at corner of lips			
Dentures w/poor chewing			
Diarrhea			
Difficulty swallowing			
Dry mouth			
Farting			
DIGESTION, Cont'd:	Mild	Mod- erate	Severe
Fissures			
Foods "repeat" (reflux)			
Heartburn			

Adult Medical Questionnaire
 WELLSPRING FAMILY MEDICAL ASSOCIATES

Hemorrhoids			
Intolerance to: Lactose			
All milk products			
Intolerance to: Gluten (wheat)			
Corn			
Eggs			
Fatty foods			
Yeast			
Liver disease/jaundice (yellow eyes or skin)			
Lower abdominal pain			
Mucus in stools			
Nausea			
Periodontal disease			
Sore tongue			
Strong stool odor			
Undigested food in stools			
Upper abdominal pain			
Vomiting			
SKIN PROBLEMS:			
Acne on back			
Acne on chest			
Acne on face			
Acne on shoulders			
Athlete's foot			
Bumps on back of upper arms			
Cellulite			
Dark circles under eyes			
Ears get red			

Easy bruising			
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SKIN PROBLEMS, Cont'd:	Mild	Mod- er- ate	Sever- e
Eczema			
Herpes - genital			
Hives			
Jock itch			
Lackluster skin			
Moles w color/size change			
Oily skin			
Pale skin			
Patchy dullness			
Psoriasis			
Rash			
Red face			
Sensitive to bites			
Sensitive to poison ivy/ oak			
Shingles			
Skin cancer			
Skin darkening			
Strong body odor			
Thick calluses			
Vitiligo			
SKIN, ITCHING:			
Anus			
Arms			
Ear canals			
Eyes			
Feet			

Hands			
Legs			
Nipples			
Nose			
Penis			
Roof of mouth			
Scalp			
Skin in general			
Throat			

SKIN, DRYNESS OF:	Mild	Mod- er- ate	Sever- e
Eyes			
Feet			
Any cracking?			
Any peeling?			
Hair			
And unmanageable?			
Hands			
Any cracking?			
Any peeling?			
Mouth/throat			
Scalp			
Any dandruff?			
Skin in general			
LYMPH NODES:			
Enlarged/neck			
Tender/neck			
Other enlarged/tender lymph nodes			

Adult Medical Questionnaire

WELLSPRING FAMILY MEDICAL ASSOCIATES

NAILS:			
Bitten			
Brittle			
Curve up			
Frayed			
Fungus - fingers			
Fungus - toes			
Pitting			
Ragged cuticles			
Ridges			
Soft			
Thickening of: Finger nails			
Toenails			
White spots/lines			

RESPIRATORY:	Mild	Mod - erat e	Sever e
Bad breath			
Bad odor in nose			
Cough - dry			
Cough - productive			
Hay fever : Spring			
Summer			
Fall			
Change of season			
Hoarseness			
Nasal stuffiness			
Nose bleeds			
Post nasal drip			
Sinus fullness			
Sinus infection			
Snoring			
Sore throat			
Wheezing			
Winter stuffiness			
CARDIOVASCULAR:			
Angina/chest pain			
Breathlessness			
Heart attack			
Heart murmur			
High blood pressure			
Irregular pulse			
Mitral valve prolapse			
Palpitations			

Phlebitis			
Swollen ankles/feet			
Varicose veins			

URINARY:	Mild	Mod- - er at e	Sever e
Bed wetting			
Hesitancy			
Infection			
Kidney disease			
Kidney stone			
Leaking/incontinence			
Pain/burning			
Prostate enlargement			
Prostate infection			
Urgency			
MALE REPRODUCTIVE:			
Discharge from penis			
Ejaculation problem			
Genital pain			
Impotence			
Infection			
Lumps in testicles			
Poor libido (sex drive)			
FEMALE REPRODUCTIVE:			
Breast cysts			
Breast lumps			
Breast tenderness			
Ovarian cyst			
Poor libido (sex drive)			
Endometriosis			
Fibroids			

Infertility			
Vaginal discharge			
Vaginal odor			
Vaginal itch			
Vaginal pain			

KEY QUESTIONS

When was the last time that you felt well?

What life changing events occurred during the year prior to this time?

What life changing events occurred during the six months prior to feeling well?

FEMALE REPRODUCTIVE, Cont'd:	Mild	Mod - erate	Sever e
<u>Premenstrual:</u> Bloating			
Breast tenderness			
Carbohydrate craving			
Chocolate craving			
Constipation			
Decreased sleep			
Diarrhea			
Fatigue			
Increased sleep			
Irritability			
<u>Menstrual:</u> Cramps			
Heavy periods			
Irregular periods			
No periods			
Scanty periods			
Spotting between			

SPIRITUAL/RELATIONAL

Please briefly answer the following questions.

Are you involved with a particular Church, Synagogue, Fellowship, Small group, Home Church, Interdenominational Fellowship, Local or overseas Missions or other religious organization?

Name of Pastor or Spiritual Leader/Mentor

Is it OK to contact this person to discuss spiritual matters (non-medical issues) ?

How have you been spiritually challenged in either a positive or negative way over the past five years?

Any concerns about spiritual/church abuse in the past?

How do you spiritually enrich yourself, and, how much time do you do this on a weekly/daily basis?