Health Assessment

Name: ________________________________ **Date:**________________

Please check box if you have any of these signs & symptoms:

☐ Stomach pains
☐ Abdominal pains
☐ Sudden acute indigestion or heartburn
☐ Relief of gastric symptoms by carbonated
☐ beverages
☐ Relief of stomach pain by drinking cream/milk
☐ Black color stool
☐ History of gastric ulcer
☐ Currently have gastric ulcer

☐ Alternative diarrhea and constipation
☐ Lower abdominal pain or cramps
☐ Straining at defecation
☐ Long Term use of laxatives
☐ Excessive gas
☐ Hemorrhoids
☐ History of being diagnosed with Irritable bowl,
☐ Diverticulitis, colon polyps, hemorrhoids

☐ Yellow in white of eyes
☐ Body odor
☐ Strong smelling urine
☐ Mental confusion
☐ Less than one bowel movement a day
☐ History of alcohol use or chemotherapy
☐ Blood test showing elevated liver enzymes
☐ History of hepatitis

☐ Fluid retention in arms and legs
☐ Dry , itchy skin
☐ Frequent urge to urinate
☐ Consume less than 8 glasses of water a day
☐ Cloudy urine
☐ Strong smelling urine
☐ High blood pressure

☐ Thick skin and fingernails
☐ Dry skin
☐ Sensitivity to cold
☐ Cold hands and feet
☐ Chronic fatigue
☐ Trouble waking up in the morning
☐ Low sex drive
☐ Irritability and mood swings caused by sugar
☐ Thinning or loss of outside portion of eyebrow
☐ Easy weight gain
☐ Slow reflexes

☐ Inflamed or bleeding gums
☐ Runny nose
☐ Frequent throat infection
☐ Cold sores
☐ Poor wound healing
☐ Slow recovery from colds or flu
☐ More than 2 colds or flu per year
☐ Suffering from Chronic infection
☐ History of Cancer

☐ Entire body is painful to touch
☐ Swollen joints
☐ Food sensitivity or allergy
☐ Chronic join or inflammation
☐ Hay fever symptoms (nasal discharge, eye
☐ itch)
☐ Chronic sinusitis

☐ Shortness of breath at rest
☐ Chest pain while walking
☐ Missed beats or extra heart beats
☐ Swelling of feet and ankles
☐ Diagonal earlobe crease (wrinkle)
☐ High blood pressure (> 140/90)
☐ Total cholesterol above 215

☐ Cold hand and feet
☐ Slurred speech
☐ Cramps in calf muscle while walking
☐ Numbness in extremities
☐ Poor concentration
☐ Ringing in the years
☐ Pain in back of head and next when getting
☐ up in the morning

☐ Feeling of heaviness in the head
☐ Loss of balance
☐ Dizziness
☐ Ringing in the ears
☐ Trembling hands
☐ Loss of grip strength
☐ Tingling pain sensation
☐ Lack of coordination
☐ Proneness to accident
☐ Loss of muscle tone
☐ Need for 10-12 hours of sleep
☐ History of convulsion

- ☐ Swollen knees/elbow
- ☐ History of joint injury
- ☐ Bursitis
- ☐ Tendonitis
- ☐ Join pain/ arthritis
- ☐ Morning stiffness
- ☐ Enlarged joints, especially on hands
- ☐ Painful join during humid weather conditions

- ☐ Muscle spasm
- ☐ Tightness of shoulder muscle
- ☐ Muscle cramps
- ☐ Leg cramps at night
- ☐ Stiffness all over
- ☐ Stiffness in the morning
- ☐ Inability to sit straight
- ☐ Muscle Weakness

- ☐ Dry hair and scalp
- ☐ Week, brittle or cracked nails
- ☐ Cracked or dry lips
- ☐ Thin skin
- ☐ Lack of radiant of hair and skin

- ☐ Forgetfulness
- ☐ Reduced memory

Explanation in detail of the box checked:

Diet Questionnaire

Please circle the relevant answer:

Diet Profile

Grains							
1	What kind of bread do you use?		Whole Grain	White			
2	How many slices of bread or dinner rolls you use daily?	0	1	2	3	4	>5
3	How often do you have cereal a week?	Never	1	2	3	4	>5
4	How often do you have pancakes?	Never	1 time per month	1 time every 2 weeks	1 time per week	2 times per week	daily
5	How often do you have noodles a week?	Never	1	2	3	4	>5
6	How often do you eat rice a week?	Never	1	2	3	4	>5
Protein							
7	Are you a vegetarian?		yes	no			
8	How often do you eat tofu?	Never	1 time per month	1 time every 2 weeks	1 time per week	2 times per week	daily
9	How often do you eat legumes?	Never	1 time per month	1 time every 2 weeks	1 time per week	2 times per week	daily
Meat							
If you are a vegetarian, skip the next 4 questions							
10	How often do you eat pork a week?	Never	1	2	3	4	>5
11	How often do you eat beef a week?	Never	1	2	3	4	>5
12	How often do you eat chicken a week?	Never	1	2	3	4	>5
13	How often do you eat fish a week? Fruits	Never	1	2	3	4	>5
14	How many fresh fruits do you eat daily?	0	1	2	3	4	>5
15	How many glasses of fruit juice do you drink per day?	0	1	2	3	4	>5
16	How often do you eat oranges?	Never	1 time per month	1 time every 2 weeks	1 time per week	2 times per week	daily
Vegetables							
17	How many servings of vegetables (1/2 cup) do you eat daily?	0	1	2	3	4	>5
18	How often do you take green leafy vegetables (not salad)?	Never	1 time per month	1 time every 2 weeks	1 time per week	2 times per week	daily
19	How often do you take salad?	Never	1 time per month	1 time every 2 weeks	1 time per week	2 times per week	daily
Beverages							
20	How many cups of coffee do you drink a day?	0	1	2	3	4	>5
21	How many cups of tea do you drink a day?	0	1	2	3	4	>5
22	How many tea spoon of sugar you add to your tea or coffee?	0	1	2	3	4	>5
23	How many cola drinks do you drink a week?	0	1-2	3-4	5-6	7-8	>9
24	How many soft drinks do you drink a week?	0	1-2	3-4	5-6	7-8	>9
25	How many alcoholic beverages do you take a week?	0	1-2	3-4	5-6	7-8	>9
Desserts							
26	How often you take cakes/pies/ cookies?	Never	1 time per month	1 time every 2 weeks	1 time per week	2 times per week	daily
27	How often do you take ice creams/ shakes?	Never	1 time per month	1 time every 2 weeks	1 time per week	2 times per week	daily
28	How often do you take sweets/ candies?	Never	1 time per month	1 time every 2 weeks	1 time per week	2 times per week	daily

Dairy Products							
29	How many cups of milk do you drink a day?	0	1	2	3	4	>5
30	How often do you take cheese?	Never	1 time per month	1 time every 2 weeks	1 time per week	2 times per week	daily
31	How often do you take yogurt?	Never	1 time per month	1 time every 2 weeks	1 time per week	2 times per week	daily
Lifestyle							
32	How often do you dine out?	0	1	2	3	4	>5
33	How often do you dine in a fast food restaurant?	0	1	2	3	4	>5
34	How often do you dine in a hawker center or food junction?	0	1	2	3	4	>5
35	Do you add salt or soy sauce at the table?		yes	no			