

FUNCTIONAL ASSESSMENT QUESTIONNAIRE

Patient Name: _____ Date: _____

Birth Date: ____/____/____ Weight: _____ Sex: Male Female

Please list your five major health concerns in order of importance:

1. _____
2. _____
3. _____
4. _____
5. _____

KEY: 0 = No, symptom does not occur 2 = Moderate symptom, occurs occasionally (weekly)
1 = Yes, minor or mild symptom, rarely occurs (monthly) 3 = Severe symptom, occurs frequently (daily)

Circle the correct answer for you.

SECTION 1

- | | | | | | | | | | | | |
|-----|---|---|---|---|---|-----|---|---|---|---|---|
| 1. | 0 | 1 | 2 | 3 | Want to skip breakfast/not hungry | 14. | 0 | 1 | 2 | 3 | Anemia/low iron |
| 2. | 0 | 1 | 2 | 3 | Feel better if you don't eat | 15. | 0 | 1 | 2 | 3 | Sweat has a strong odor |
| 3. | 0 | 1 | 2 | 3 | Feel sleepy after meals | 16. | 0 | 1 | 2 | 3 | Crohn's disease (0=no, 1=yes in the past, 2=current yes, 3=current yes and on medication) |
| 4. | 0 | 1 | 2 | 3 | Heartburn or acid reflux | 17. | 0 | 1 | 2 | 3 | Strange or vivid dreams/nightmares |
| 5. | 0 | 1 | 2 | 3 | Bloating/gas/belching 1 - 2 hours after eating | 18. | 0 | 1 | 2 | 3 | Use pain medications |
| 6. | 0 | 1 | 2 | 3 | Pain or cramps in stomach | 19. | 0 | 1 | 2 | 3 | Crave breads and/or pasta |
| 7. | 0 | 1 | 2 | 3 | Loose stools/diarrhea | 20. | 0 | 1 | 2 | 3 | Allergies to foods |
| 8. | 0 | 1 | 2 | 3 | Black colored stools | 21. | 0 | 1 | 2 | 3 | Airborne allergies |
| 9. | 0 | 1 | 2 | 3 | Undigested food in stool | 22. | 0 | 1 | 2 | 3 | Hives |
| 10. | 0 | 1 | 2 | 3 | Eat a vegan diet (0=no, 1=no red meat, 2=eat fish, 3=no meat) | 23. | 0 | 1 | 2 | 3 | Pulse speeds up after eating |
| 11. | 0 | 1 | 2 | 3 | Loss of taste for meat | 24. | 0 | 1 | 2 | 3 | Alternating diarrhea and constipation |
| 12. | 0 | 1 | 2 | 3 | Your fingernails break, chip, or peel easily | 25. | 0 | 1 | 2 | 3 | Sinus congestion or infections, asthma |
| 13. | 0 | 1 | 2 | 3 | Halitosis (bad breath) | | | | | | |

Total _____

SECTION 2

- | | | | | | | | | | | | |
|-----|---|---|---|---|---|-----|---|---|---|---|--|
| 26. | 0 | 1 | 2 | 3 | Yeast/fungus infections | 35. | 0 | 1 | 2 | 3 | Less than 1 bowel movement each day |
| 27. | 0 | 1 | 2 | 3 | Nail fungus, ring worm, athlete's foot, "jock itch" | 36. | 0 | 1 | 2 | 3 | Cramps in lower stomach region |
| 28. | 0 | 1 | 2 | 3 | Dark circles under your eyes | 37. | 0 | | 3 | | Have had parasites (0=no, 3=yes) |
| 29. | 0 | 1 | 2 | 3 | Strong body odors and/or bad breath | 38. | 0 | 1 | 2 | 3 | Anal area itch |
| 30. | 0 | 1 | 2 | 3 | Blood in stool | 39. | 0 | 1 | 2 | 3 | Tongue is coated |
| 31. | 0 | 1 | 2 | 3 | Mucus in stool | 40. | 0 | 1 | 2 | 3 | Length of time you have taken an antibiotic (0=never, 1=less than a month, 2=3 months, 3=more than 3 months) |
| 32. | 0 | 1 | 2 | 3 | Excessive foul smelling lower bowel gas | 41. | 0 | 1 | 2 | 3 | Feel bad in moldy or musty places |
| 33. | 0 | 1 | 2 | 3 | Stools are loose, not well formed | | | | | | |
| 34. | 0 | 1 | 2 | 3 | Stools are hard or difficult to pass | | | | | | |

Total _____

SECTION 3

- | | | | | | | | | | | | |
|-----|---|---|---|---|--|-----|---|---|---|---|---|
| 42. | 0 | 1 | 2 | 3 | Fibromyalgia/chronic fatigue | 56. | 0 | 1 | 2 | 3 | Light colored stools |
| 43. | 0 | 1 | 2 | 3 | Headache over eyes | 57. | 0 | 1 | 2 | 3 | Bowel movements are painful or difficult |
| 44. | 0 | 1 | 2 | 3 | Blurred vision | 58. | 0 | 1 | 2 | 3 | Greasy or shiny stools |
| 45. | 0 | 1 | 2 | 3 | Nausea | 59. | 0 | 1 | 2 | 3 | Stomach upset by greasy foods |
| 46. | 0 | 1 | 2 | 3 | Dizziness | 60. | 0 | 1 | 2 | 3 | History of gallbladder attacks or gallstones |
| 47. | 0 | 1 | 2 | 3 | Dry and/or itchy skin | 61. | 0 | | 3 | | Gallbladder removed (0=no, 3=yes) |
| 48. | 0 | 1 | 2 | 3 | Burning or itchy feet | 62. | 0 | 1 | 2 | 3 | Skin peels on foot soles |
| 49. | 0 | 1 | 2 | 3 | Frequent skin rashes | 63. | 0 | 1 | 2 | 3 | Sneezing attacks |
| 50. | 0 | 1 | 2 | 3 | Bitter taste in mouth in the morning | 64. | 0 | 1 | 2 | 3 | Sensitive to hot weather |
| 51. | 0 | 1 | | 3 | Get sick if you drink wine (0=no, 1=sometimes, 3=always) | 65. | 0 | 1 | 2 | 3 | Crave sweets |
| 52. | 0 | 1 | | 3 | Easily intoxicated if you drink wine (0=no, 1=sometimes, 3=always) | 66. | 0 | 1 | 2 | 3 | Worrier, feel insecure |
| 53. | 0 | 1 | 2 | 3 | How much alcohol per week? (0=<3, 1=<6, 2=<12, 3=>14) | 67. | 0 | 1 | 2 | 3 | Excessive hair falling out |
| 54. | 0 | | | 3 | History of alcohol or drug abuse (0=no, 3=yes) | 68. | 0 | 1 | 2 | 3 | Motion sickness |
| 55. | 0 | 1 | 2 | 3 | Use laxatives | 69. | 0 | | 3 | | History of morning sickness (0=no, 3=yes) |
| | | | | | | 70. | 0 | | 3 | | Used prescription drugs long term/more than 2 years (0=no, 3=yes) |
| | | | | | | 71. | 0 | 1 | 2 | 3 | Hemorrhoids |

SECTION 3 (continued)

72. 0 1 2 3	Consumption of aspartame and/or other artificial sweeteners	74. 0 1 2 3	Sensitive to tobacco smoke
73. 0 1 2 3	Sensitive to chemicals (cleaning agents, hygiene products, etc.)	75. 0 1 2 3	Pain below ribs on right side
		76. 0 1 2 3	Varicose veins
		77. 0 1 2 3	Nose bleeds
Total _____			

SECTION 4

78. 0 1 2 3	ringing in ears or noises in head	86. 0 1 2 3	Hands and feet go numb easily
79. 0 1 2 3	Bruise easily	87. 0 1 2 3	Face turns red for no reason or you blush easily
80. 0 1 2 3	Yawn a lot in afternoon	88. 0 1 2 3	Ankles swell, worse in the evening
81. 0 1 2 3	Become drowsy often	89. 0 1 2 3	Tendency to anemia
82. 0 1 2 3	Shortness of breath with moderate exertion	90. 0 1 2 3	Feeling of tightness in chest, radiates into right or left arm (worse with physical exertion)
83. 0 1 2 3	Discomfort at high altitudes	91. 0 1 2 3	Coughing in evening/in bed
84. 0 1 2 3	Irregular and/or heavy breathing		
85. 0 1 2 3	Muscle cramps/"charley horses", worse during exercise		
Total _____			

SECTION 5

92. 0 1 2 3	Urine has strong smell	95. 0 1 2 3	Pain in lower back
93. 0 1 2 3	Urine is dark, bloody, or cloudy	96. 0 1 2 3	Dark circles under eyes, puffy eyes
94. 0 1 2 3	Kidney stones		
Total _____			

SECTION 6

97. 0 1 2 3	Have trouble falling asleep	109. 0 1 2 3	Crave salt
98. 0 1 2 3	Trouble getting started in the morning	110. 0 1 2 3	Arthritis
99. 0 1 2 3	Tend to be a "night owl"	111. 0 1 2 3	Sweat easily
100. 0 1 2 3	Tend to feel "keyed up", hard to calm down	112. 0 1 2 3	Chronic fatigue, get drowsy a lot
101. 0 1 2 3	Feel wired/jittery after consuming coffee/caffeine	113. 0 1 2 3	Weak ankles, get sprains or "shin splints"
102. 0 1 2 3	Get dizzy if you stand up too quickly	114. 0 1 2 3	Get hives
103. 0 1 2 3	Get a headache after exercising	115. 0 1 2 3	Weakness, dizziness
104. 0 1 2 3	High blood pressure	116. 0 1 2 3	Chronic low back pain
105. 0 1 2 3	Get hot flashes	117. 0 1 2 3	Wheezing or difficulty breathing
106. 0 1 2 3	Hair growth on face (female)	118. 0 1 2 3	Poor circulation
107. 0 1 2 3	Masculine tendencies (female)	119. 0 1 2 3	Brown spots or bronzing of skin
108. 0 1 2 3	Grind or clench teeth	120. 0 1 2 3	Sensitive to light
		121. 0 1 2 3	Low blood pressure
Total _____			

SECTION 7

122. 0 1 2 3	Need sunglasses a lot	127. 0 1 2 3	Get splitting headaches
123. 0 1 2 3	Failing memory	128. 0 1 2 3	Abnormal or excessive thirst
124. 0 1 2 3	Early sexual development (0=no, 1=age 14 or older, 2=age 12 or 13, 3=age 11 or younger)	129. 0 1 2 3	Weight gain on hips or waist
125. 0 1 2 3	Increased sex drive	130. 0 1 2 3	Menstrual disorders
126. 0 1 2 3	Decreased sex drive	131. 0 1 2 3	Tendency to get ulcers or colitis
		132. 0 1 2 3	Eating sugar causes symptoms
Total _____			

SECTION 8

133. 0 1 2 3	Bloating of abdomen	142. 0 1 2 3	Intolerance to high temperatures
134. 0 1 2 3	Very emotional	143. 0 1 2 3	Sensitive to cold, poor circulation with cold hands and feet
135. 0 1 2 3	Seasonal sadness	144. 0 1 2 3	Sleepy during the day, fatigue easily
136. 0 1 2 3	Nervous, difficult to work under pressure	145. 0 1 2 3	Slow pulse (below 65)
137. 0 1 2 3	Coarse hair, falls out	146. 0 1 2 3	Fast pulse at rest
138. 0 1 2 3	Sensitive or allergic to iodine	147. 0 1 2 3	Flush easily
139. 0 1 2 3	Increased appetite without weight gain	148. 0 1 2 3	Eyelids and/or face twitch
140. 0 1 2 3	Frequent constipation	149. 0 1 2 3	Dry or scaly skin
141. 0 1 2 3	Morning headaches which gradually wear off during the day	150. 0 1 2 3	Thin, moist skin

SECTION 8 (continued)

151. 0 1 2 3 Irritable and restless	156. 0 1 2 3 Heart palpitates
152. 0 1 2 3 Increase in weight	157. 0 1 2 3 Night sweats
153. 0 1 2 3 Decrease in appetite	158. 0 1 2 3 Ringing in ears
154. 0 1 2 3 Frequent urination	159. 0 1 2 3 Brain "fog", sluggishness
155. 0 1 2 3 Impaired hearing	
	Total _____

SECTION 9

160. 0 1 2 3 Reduced ambition	166. 0 1 2 3 Allergies
161. 0 1 2 3 Boils, rashes, and/or cysts	167. 0 1 2 3 Dermatitis (itchy skin)
162. 0 1 2 3 Catch colds in winter	168. 0 1 2 3 Acne
163. 0 1 2 3 Mucus producing cough	169. 0 1 2 3 History of Chronic Fatigue Syndrome, Mono, Shingles, Hepatitis, Herpes, or other chronic viral condition (0=no, 1=yes in the past, 2=currently mild condition, 3= severe)
164. 0 1 2 3 Frequent flu/colds (0=1 or less per year, 1=2 to 3 times per year, 2=4 to 5 times per year, 3=6 or more times per year)	
165. 0 1 2 3 Frequency of sinus, ear, kidney, bladder, skin, and lung infections (0=1 or less per year, 1=2 to 3 times per year, 2=4 to 5 times per year, 3=6 or more times per year)	170. 0 1 2 3 Asthma
	Total _____

SECTION 10

171. 0 1 2 3 Get "light headed" or "shaky" if meals delayed	178. 0 1 2 3 Awake at night and find it hard to go back to sleep
172. 0 1 2 3 Abnormal craving for sweets/snacks	179. 0 1 2 3 Sleepy in afternoon
173. 0 1 2 3 Uncontrolled/binge eating	180. 0 1 2 3 Frequent urination
174. 0 1 2 3 Headache if a meal is skipped	181. 0 1 2 3 Moody, get the "blues" or melancholy
175. 0 1 2 3 Frequent thirst	182. 0 1 2 3 Heart flutters/palpitates if meals missed
176. 0 1 2 3 Fatigue alleviated by eating	
177. 0 1 2 3 Crave caffeine or sugar in afternoon	
	Total _____

SECTION 11

183. 0 1 2 3 Cracks on corner of mouth	197. 0 1 2 3 Hard to concentrate/focus, confused
184. 0 1 2 3 Restless leg syndrome	198. 0 1 2 3 Indigestion
185. 0 1 2 3 Feel tired and sore after moderate exercise	199. 0 1 2 3 Fearful/nervous
186. 0 1 2 3 Muscles are easily fatigued	200. 0 1 2 3 Heaviness in legs/arms
187. 0 1 2 3 Depressed	201. 0 1 2 3 Small bumps on back of arms
188. 0 1 2 3 Heart races	202. 0 1 2 3 Tingling or numbness in hands and feet
189. 0 1 2 3 Noise sensitivity	203. 0 1 2 3 Anorexia
190. 0 1 2 3 Headaches	204. 0 1 2 3 Tendency to get hives
191. 0 1 2 3 Insomnia	205. 0 1 2 3 Poor appetite
192. 0 1 2 3 Food allergies	206. 0 1 2 3 Night sweats
193. 0 1 2 3 Loose joints	207. 0 1 2 3 Gums bleed easily
194. 0 1 2 3 Tinnitus (ringing in the ears)	208. 0 1 2 3 Sinus infections, stuffy nose
195. 0 1 2 3 Warts or polyps	209. 0 1 2 3 Bruise easily
196. 0 1 2 3 Sensitive to MSG (monosodium glutamate)	210. 0 1 2 3 Nose bleeds
	Total _____

SECTION 12

211. 0 1 2 3 Dry, flaky skin and dandruff	215. 0 1 2 3 Crave greasy or fatty foods
212. 0 1 2 3 Headaches when out in hot sun	216. 0 1 2 3 Aspirin provides pain relief (0=no, 3=yes)
213. 0 1 2 3 Sunburn easily	217. 0 1 2 3 Eat a low-fat diet (0=never, 1=years ago, 2=within past year, 3= currently)
214. 0 1 2 3 Have tension headaches	
	Total _____

SECTION 13

218. 0 1 2 3	Mood swings/irritability	233. 0 1 2 3	Canker sores in the mouth
219. 0 1 2 3	Enraged behavior/anger for no reason	234. 0 1 2 3	Metallic taste in mouth
220. 0 1 2 3	Sensitivity to sound	235. 0 1 2 3	Twitching eyelids
221. 0 1 2 3	Dizziness	236. 0 1 2 3	Low iron/low hemoglobin/anemia
222. 0 1 2 3	Body temperature is low (below 97.5°)	237. 0 1 2 3	Abnormal baldness (not normal male pattern), hair falling out
223. 0 1 2 3	Trouble with insomnia	238. 0 1 2 3	Dry skin
224. 0 1 2 3	Ringing in ears or hearing your heart beat	239. 0 1 2 3	Bad breath
225. 0 1 2 3	Psychological problems (e.g., thoughts of suicide)	240. 0 1 2 3	# of amalgam (silver) fillings in teeth (0=none, 1=1 to 2, 2=3 to 4, 3=5 or more)
226. 0 1 2 3	Feel overwhelmed or afraid	241. 0 1 2 3	# of flu shots you have received (0=none, 1=1 to 2, 2=3 to 4, 3=5 or more)
227. 0 1 2 3	Sensitive teeth/bleeding gums	242. 0 1 2 3	# of vaccines you have received (0=none, 1=1 to 2, 2=3 to 4, 3=5 or more)
228. 0 1 2 3	Dyslexia/lose place while reading	243. 0 1 2 3	Weak extensor muscles or wrist/ankle drop
229. 0 1 2 3	Angina (heart pain)	244. 0 1 2 3	Eyelids swell
230. 0 1 2 3	Gout		
231. 0 1 2 3	Pain in upper back/shoulders		
232. 0 1 2 3	Depression		
Total _____			

SECTION 14

245. 0 1 2 3	Weakness/chronic fatigue	251. 0 1 2 3	Shortness of breath with very little exertion
246. 0 1 2 3	Feel stiff in the morning	252. 0 1 2 3	Red eyes
247. 0 1 2 3	Blurred vision	253. 0 1 2 3	Sensitivity to light
248. 0 1 2 3	Poor night vision/see halos around lights	254. 0 1 2 3	Excessive thirst and/or frequent urination
249. 0 1 2 3	Do not feel rested in mornings	255. 0 1 2 3	Feel worse after exercising
250. 0 1 2 3	Sensitive to smells (chemicals like air fresheners, petrochemicals, perfumes, etc.)		
Total _____			

SECTION 15

256. 0 1 2 3	Frequent urination at night	261. 0 1 2 3	Pain on inside of legs or heels
257. 0 1 2 3	Painful or burning sensation when urinating	262. 0 1 2 3	Depressed
258. 0 1 2 3	Difficulty starting and stopping urine stream, dribbling	263. 0 1 2 3	Get fatigued easily
259. 0 1 2 3	Feeling of incomplete bowel evacuation	264. 0 1 2 3	Decreased libido
260. 0 1 2 3	Problems with prostate	265. 0 1 2 3	Migrating aches and pains
Total _____			

SECTION 16

266. 0 1 2 3	Mood swings with cycle (PMS)	276. 0 1 2 3	Breast or uterine fibroids, benign lumps/tumors
267. 0 1 2 3	Depression	277. 0 1 2 3	Endometriosis
268. 0 1 2 3	Craving of chocolate around period	278. 0 1 2 3	Painful intercourse
269. 0 1 2 3	Painful menses	279. 0 1 2 3	Hot flashes
270. 0 1 2 3	Excessive menstrual flow	280. 0 1 2 3	Vaginal discharge
271. 0 1 2 3	Scarcely any blood flow during period	281. 0 1 2 3	Vaginal dryness/itchiness
272. 0 1 2 3	Skipped periods	282. 0 1 2 3	Excess facial or body hair
273. 0 1 2 3	Menstruate too frequently	283. 0 1 2 3	Weight gain on buttocks, thighs, and hips
274. 0 1 2 3	Period lasts too long or prolonged	284. 0 1 2 3	Become tired easily
275. 0 1 2 3	Breasts painful/tender	285. 0 1 2 3	Trouble with acne
Total _____			