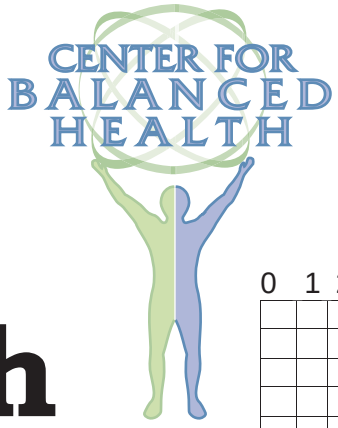

Health Indicator Test

Instructions

Check off each symptom that you have according to its severity.

(0) Means you never have the symptom.
(1) Means it is mild when it occurs or it occurs occasionally.
(2) Means moderate or occurring at least once a week, and
(3) Means severe or occurring frequently.

Multiply the number of checks in each column by the number at the top of the column and then add the numbers in the three columns to get your total score.

Total Score:

_____

PATIENT'S NAME:_____

DATE:_____

0	1	2	3	
				Tired all the time
				Hungry between meals or at night
				Depressed
				Insomnia
				Wake up after a few hours sleep
				Fearful (overwhelmed by people, places or things)
				Can't decide easily
				Can't concentrate
				Poor memory
				Worry frequently
				Feel insecure or low self
				Highly emotional
				Moody
				Cry easily, or feel like crying inside
				Fits of anger
				Magnify insignificant details (make mountains out of molehills)
				Eat candy, cake cookies, or drink soda pop
				Eat bread pasta, potatoes, rice or beans
				Consume alcohol
				Drink more than 3 cups of coffee or cola drinks daily
				Crave candy, soda, or coffee between meals or mid-afternoon
				Cant work well under pressure
				Headaches
				Sleepy during the day
				Sleepy or drowsy after meals
				Lack of energy
				Reduced Initiative
				Can't get started in the morning
				Eat when nervous
				Stomach cramps or "nervous stomach"
				Allergies, asthma, hay fever, skin rash, sinus trouble, etc.
				Fatigue relieved by eating
				Suicidal thoughts or tendencies, feelings of hopelessness
				Bored
				Bad dreams
				Irritable before meals
				Heart beats fast (palpitations)
				Get shaky inside If hungry
				Feel faint if meal is delayed
				Ulcers, gastritis, chronic Indigestion, abdominal bloating
				Cold hands or feet
				Trembling (shaking) of the hands
				Blurred vision
				Bleeding gums
				Dizziness, giddiness, or light-headedness
				Aware of breathing heavily
				Bruise easily
				Reduced sex drive
				Incoordination (drop or bump into things)
				Sweating excessively
				Unsocial or anti-social behavior
				Muscle twitching or cramps
				Excessive thirst
				Phobias
				Weight change
				Frequent urination
				TOTAL

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