clinique chiropratique St-Joseph

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CHIROPRATICIENS, D.C.

FUNCTIONAL HEALTH ASSESSMENT QUESTIONNAIRE

Date (d/m/y) : _____/_____/_____

Name : _____ **Date of birth (d/m/y) :** _____/_____/_____

Important: To be returned 3 days prior to your appointment, please.

1	**Never**	**1x/month**	**1 to 2x/week**	**3 to 6x/week**	**Every day**
Fatigue					
Feeling sleepy during the day					
You need to sleep 10-12 hours per day to feel rested					
Widespread pain					
Area of pain changes					
Slow healing					
Headache					
Sleeping disorder					
Recurrent fever					
2					
Difficulty to take decisions/achieve objectives					
Angriness					
Shyness					
Sleeping too much or not enough					
Cold sweat					
Feeling of well-being fluctudes during the day					
Nervous breakdown					
Mood swing with weather					
No desire for favorite food					
Difficulty to fall asleep deeply					
3					
Asthma					
Cough					
Difficulty breathing					
Mucus production					
Need to clear throat					
4					
Bad taste in your mouth					
Feeling full quickly					
Increased appetite					
Intestinal gas					
More than 3 stools each day					

4	**Never**	**1x/month**	**1 to 2x/week**	**3 to 6x/week**	**Every day**
Desire for a stool less than one hour after eating					
Feeling relieved from stomach pain while eating					
Feeling relieved from digestion problems with rest					
Not emptying bladder completely					
Bloating					
Heartburn					
Chronic ulcer					
Gastric reflux					
Taking antacid agent					
Multiple food intolerances					
Unpredictable swelling					
Alternating diarrhea/constipation					
Chronic diarrhea					
Nausea/vomiting					
Severe abdominal pain					
Weight loss					
Intestinal bleeding					
Symptoms appeared after eating					
5					
Extreme muscle weakness					
Salt craving					
Lost of appetite					
Weight lost or gain for no reason					
Feeling dizzy when changing position					
Dark circles under the eyes					
Thick and brittle nail					
6					
Many infections					
Recent infections					
Recent travel					
Frequent nasal congestion					
Trouble breathing					
Coughing during physical exertion					
7					
Low exercice tolerance					
Swelling of the extremities					
Cold extremities					
Heart palpitation					

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7	**Never**	**1x/month**	**1 to 2x/week**	**3 to 6x/week**	**Every day**
Shortness of breath					
Wheezing during breathing					
Cramps in the extremities					
Spontaneous hearing loss					
Leg pain is worst if standing					
Loss of sensation (hot, cold)					
8					
Low libido					
9					
Stiffness in the morning					
Muscular and spasm cramp					
Need to move legs frequently					
Need to move legs during sleep					
Lack of strenght					
Easily distracted					
Unable to complete a task					
Incapable to manage time					
Muscle mass loss					
Confusion					
Attention disorder					
Concentration disorder					
Irritability					
Feel in the fog					
Memory loss					
Addictive behavior					
Loss of motivation					
Angry when stressed					
Involuntary movement					
Impulsivity					
Opposition					
Disturbed by light					
Difficulty to stay focus					
Difficulty getting organized					
Resisting to change					
Attention all over the place					
Anxiety and panic attacks					
Doing many things at the same time					
Tend to forget things					
Difficulty learning new things					
Difficulty with spatial orientation					
Hypochondrium pain					

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10	**Never**	**1x/month**	**1 to 2x/week**	**3 to 6x/week**	**Every day**
Dry hair and scalp					
Dry skin					
Eczema					
Psoriasis					
Loss of hair by batch					
Loss of a part of the eyebrow					
Loss of hair					
11					
Skin itching that is worst during the night					
Pain is worse if you eat greassy or fry food					
Painful muscles not related to exercice					
12					
Tingling sensations in your hands					
Sweating hands					
Sudden profuse sweating					
Wakes up at night feeling restless					
Feels clumsy and uncoordinated					
Unusual thirst					
Frequent urination (day and night)					
Feeling itchy all over					
For woman only					
13 – During periods					
Cramping in lower abdomen or pelvic area					
Sharp abdominal pain					
Abdominal pain					
Fatigue					
Painful and/or swollen breasts					
Scanty blood flow					
Profuse or prolonged menstrual bleeding					
Irregular periods					
Absence of periods for 6 months or longer					
Intense pain lasting when you ovulate (day 14 of your cycle)					
14 – Between periods					
Vaginal bleeding					
Abnormal vaginal discharge					
Painful or difficult sexual intercourse					
Lenght of your periods varies from month to month					
Vaginal dryness					
Sudden hot flashes					
Unable to get pregnant					

This information has been entered to the best of my knowledge.

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