Functional Health Survey

Full Name:_____ Date of Birth:_____ Today's Date:_____

	None	Once or Twice a Week	Everyday
Alcohol or wine	☐	☐	☐
Artificial sweeteners	☐	☐	☐
Candy, desserts, refined sugar	☐	☐	☐
Soda drinks	☐	☐	☐
Cigarettes	☐	☐	☐
Chewing tobacco	☐	☐	☐
Pipes/Electronic cigarette	☐	☐	☐
Recreational drugs	☐	☐	☐

	None	Once or Twice a Week	Everyday
Fast food	☐	☐	☐
Fried food	☐	☐	☐
Margarine	☐	☐	☐
Milk products	☐	☐	☐
Refined flour	☐	☐	☐
Tap water	☐	☐	☐
Distilled water	☐	☐	☐
Exercise	☐	☐	☐

Do you currently follow any of the following special diets or nutritional programs? (Check all that apply or skip if not)

- ❒ Vegetarian
- ☐ Vegan
- ☐ Paleo
- ☐ Gluten free or no wheat
- ❒ Low Fat
- ☐ Low Sodium
- ☐ No dairy
- ☐ Other:_____

Do you have sensitivities, allergies, or reaction to certain foods? ❒ Yes ❒ No

If yes, please explain which foods:

_____

Genetic predisposition: Please list medical conditions within your family's health history

Father	Mother	Siblings

Current Medication/Supplements

Medication/Supplement	Dosage	Start Date (Month/Year)	Reason for Use

How often do you experience the following:

Possible Low Stomach HCL	None	Daily	Weekly	Monthly
Bloating , burping, or discomfort after meals	☐	☐	☐	☐
Feeling particularly full after eating	☐	☐	☐	☐
Indigestion after meals	☐	☐	☐	☐
Tendency to have vitamin B12 deficiency	☐ Yes	☐ No		
Burning sensation 30-40 mins after eating	☐	☐	☐	☐
Undigested food in your stool	☐	☐	☐	☐
Food allergies or intolerances	☐	☐	☐	☐
Experience chronic stress	☐	☐	☐	☐

Possible High Stomach HCL	None	Daily	Weekly	Monthly
Burning sensation immediately after eating	☐	☐	☐	☐
GERD	☐	☐	☐	☐
Heartburn is worse when lying down at night	☐	☐	☐	☐
Stomach ulcers	☐	☐	☐	☐
Vomiting or nausea	☐	☐	☐	☐
Consume more than one caffeinated or alcoholic drink	☐	☐	☐	☐
Are you smoking?	☐ Yes	☐ No		
Are you pregnant?	☐ Yes	☐ No		

Possible Small Intestine Bacterial Overgrowth	None	Daily	Weekly	Monthly
Abdominal pain/ discomfort	☐	☐	☐	☐
Bloating	☐	☐	☐	☐
Abdominal dissension	☐	☐	☐	☐
Diarrhea	☐	☐	☐	☐
Flatulence	☐	☐	☐	☐
Weakness	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐
Vitamin B12 deficiency	☐	☐	☐	☐
Iron deficiency	☐	☐	☐	☐
Excess folate	☐	☐	☐	☐

Possible Candida	None	Daily	Weekly	Monthly
Chronic fatigue	☐	☐	☐	☐
Brain fog	☐	☐	☐	☐
Digestion problems	☐	☐	☐	☐
Craving sweets or carbs	☐	☐	☐	☐
Vaginal itching, discharge, or soreness	☐	☐	☐	☐
Pain during intercourse (Females)	☐	☐	☐	☐
Skin disorders, such as psoriasis or skin patches	☐	☐	☐	☐
Itching of the skin in lower abdominal or bra line	☐	☐	☐	☐
Exposure to old carpet (older than 3 years) or moist environment	☐	☐	☐	☐

Possible Heavy Metals Exposure & Environmental Chemicals	None	Daily	Weekly	Monthly
Headaches	☐	☐	☐	☐
Chronic joint or muscle pain	☐	☐	☐	☐
Chronic inflammation	☐	☐	☐	☐
An autoimmune condition	☐	☐	☐	☐

Possible Heavy Metals Exposure & Environmental Chemicals	None	Daily	Weekly	Monthly
Irritability or anger	☐	☐	☐	☐
Depression or mood swings	☐	☐	☐	☐
Chronic fatigue	☐	☐	☐	☐
Difficulty to concentrate or “brain fog”	☐	☐	☐	☐

	None	Daily	Weekly	Monthly
Have old dental fillings or had them removed	☐	☐	☐	☐
Live or work in an industrial environment	☐	☐	☐	☐
Do you live in a house which was built before 1978?	☐ Yes	☐ No		
Use pesticides or herbicides (bug or weed killers; flea and tick sprays, collars, powders, or shampoos) in your home or garden, or on pets	☐	☐	☐	☐
Use household air fresheners, laundry detergents, or other cleaning products	☐	☐	☐	☐
Are you smoking or have you smoked before for longer than a few months?	☐ Yes	☐ No		

	None	Daily	Weekly	Monthly
Drink tap water	☐	☐	☐	☐
Work in construction	☐	☐	☐	☐
Eat fish or sea food	☐	☐	☐	☐
Use deodorants	☐	☐	☐	☐
Cook with aluminum baking plates	☐	☐	☐	☐
How often are you near any high-powered electrical wires or transformers?	☐	☐	☐	☐
How often are you in a place that does not have proper ventilation or does not have air filter?	☐	☐	☐	☐
How often were you exposed to chemicals in the past (occupational, at home, or at work)?	☐	☐	☐	☐

Possible Deficiency of Nutrients	None	Daily	Weekly	Monthly
Irritability or depression	☐	☐	☐	☐
Headaches	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐
Loss of appetite and weight loss	☐	☐	☐	☐
Muscle weakness	☐	☐	☐	☐
Cracked or sore lips	☐	☐	☐	☐
Difficulty to sleep	☐	☐	☐	☐
Loss of appetite	☐	☐	☐	☐
Impaired immune function	☐	☐	☐	☐
A decline in your mental abilities, such as memory or concentration	☐	☐	☐	☐

Possible Deficiency of Nutrients	None	Daily	Weekly	Monthly
Hair loss	☐	☐	☐	☐
High blood pressure	☐	☐	☐	☐
Irregular heartbeat	☐	☐	☐	☐
Impotence or loss of sexual function	☐	☐	☐	☐
Muscle spasm or cramps	☐	☐	☐	☐
Tendency to feel depressed	☐	☐	☐	☐
Lower calcium levels in the blood	☐	☐	☐	☐
Type 2 Diabetes or pre-diabetic	☐ Yes	☐ No		
Loss of bone mass: Osteopenia or osteoporosis	☐ Yes	☐ No		
Sensation of numbness, tingling or pins and needles	☐	☐	☐	☐

Possible Secondary Mitochondrial Dysfunction	None	Daily	Weekly	Monthly
Fatigue during the day	☐	☐	☐	☐
Chronic joint pain and inflammation	☐	☐	☐	☐
Headaches	☐	☐	☐	☐
Neurological conditions, such as Alzheimer's, dementia, Huntington's, or Parkinson's	☐ Yes	☐ No		
Neurobehavioral and psychiatric diseases, such as autism, schizophrenia, or bipolar	☐ Yes	☐ No		
Depression and mood disorders	☐ Yes	☐ No		
Type 2 Diabetes	☐ Yes	☐ No		
Nerve pain (also called neuropathy)	☐	☐	☐	☐
High blood pressure	☐	☐	☐	☐
Muscle fatigue	☐	☐	☐	☐
Takes time to recover from physical activity	☐	☐	☐	☐
An autoimmune condition, such as Lupus, Rheumatoid Arthritis	☐ Yes	☐ No		
Multiple sclerosis	☐ Yes	☐ No		
Memory problems	☐	☐	☐	☐
Chronic infections	☐	☐	☐	☐
Fibromyalgia	☐	☐	☐	☐
Cancer diagnosis	☐ Yes	☐ No		
Heart or kidney disease	☐ Yes	☐ No		

Possible Low Testosterone	None	Daily	Weekly	Monthly
Reduced libido (sex drive)	☐	☐	☐	☐
Loss of body hair	☐	☐	☐	☐
Headaches	☐	☐	☐	☐
Obesity or significant weight gain	☐ Yes	☐ No		
Loss of muscle mass	☐ Yes	☐ No		
Men: Erectile dysfunction	☐	☐	☐	☐
Decrease in bone mass	☐ Yes	☐ No		
Mood changes or depression	☐	☐	☐	☐
Memory decline	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐

Possible High Estrogen	None	Daily	Weekly	Monthly
Swelling and tenderness in your breasts	☐	☐	☐	☐
Decreased or loss sex drive	☐	☐	☐	☐
Increased symptoms of premenstrual syndrome (PMS)	☐	☐	☐	☐
Weight gain (especially in the hips area)	☐	☐	☐	☐
Hair loss	☐	☐	☐	☐
Abnormal menstrual periods, bleeding too light or too heavy	☐	☐	☐	☐
Irregular menstrual periods	☐	☐	☐	☐
Mood swings, often presenting as depression or anxiety	☐	☐	☐	☐
Uterine fibroids or Fibrocystic breasts	☐	☐	☐	☐
Men: Enlarged breasts, sexual dysfunction, or infertility	☐	☐	☐	☐

Possible Adrenal Hypocortisolemia	None	Daily	Weekly	Monthly
Feel tired in the mornings	☐	☐	☐	☐
Lower back soreness or pain	☐	☐	☐	☐
Back pain increases if you are tired or standing for a long period of time	☐	☐	☐	☐
Tend to be a night person	☐ Yes	☐ No		
Feel tired or tend to yawn in the afternoon	☐	☐	☐	☐
Feel dizziness when standing up quickly	☐	☐	☐	☐
Shortness of breath or asthma	☐	☐	☐	☐
Crave salty foods	☐	☐	☐	☐
Joint pain or arthritis	☐	☐	☐	☐
Grind or clench your teeth at night	☐	☐	☐	☐
Had or have allergies	☐ Yes	☐ No		
Feel anxious or stressed	☐	☐	☐	☐
Had or have a stressful/ abusive relationship	☐ Yes	☐ No		
Dark circles under your eyes	☐	☐	☐	☐
Puffiness under your eyes	☐	☐	☐	☐
Sleep in and have difficulty getting out of bed	☐	☐	☐	☐
Tired all the time	☐ Yes	☐ No		
Work or used to work night shifts	☐ Yes	☐ No		
Consumed steroids (e.g. prednisone) for over a month	☐ Yes	☐ No		
Symptoms reduced with prescription of steroids	☐ Yes	☐ No		
Pain reduced with cortisol injection	☐ Yes	☐ No		

Possible Low Thyroid or Thyroid Hormone Imbalance	None	Daily	Weekly	Monthly
Feeling cold when other people do not, or cold fingers and toes	☐	☐	☐	☐
Constipation or less than one bowel movement per day	☐	☐	☐	☐
Muscle weakness	☐	☐	☐	☐
Weight gain, even though you are not eating more food	☐	☐	☐	☐
Difficulty to lose weight	☐	☐	☐	☐
Joint or muscle soreness	☐	☐	☐	☐
Feeling sad or depressed	☐	☐	☐	☐
Feeling tired	☐	☐	☐	☐
Morning headaches that reduce during the day	☐	☐	☐	☐
Pale, dry skin	☐	☐	☐	☐
Dry or loss of hair	☐	☐	☐	☐
Less sweating than others or usual	☐	☐	☐	☐
Low motivation or “brain fog”	☐	☐	☐	☐
Puffy face or excess fluids	☐	☐	☐	☐
A hoarse voice	☐	☐	☐	☐
Brittle nails	☐	☐	☐	☐
More than usual menstrual bleeding	☐	☐	☐	☐
Decline in memory or “slower thinking”	☐	☐	☐	☐

Possible High Thyroid or Thyroid Hormone Imbalance	None	Daily	Weekly	Monthly
Difficulty to gain weight, even with large consumption of food	☐	☐	☐	☐
Feeling nervous, emotional, or irritable	☐	☐	☐	☐
Faster pulse at rest or heart palpitation (feeling your own heartbeat)	☐	☐	☐	☐
Intolerance to high temperatures	☐	☐	☐	☐
Tremors	☐	☐	☐	☐
Frequent bowel movements	☐	☐	☐	☐
Sleep disturbance or insomnia	☐	☐	☐	☐
Changes in vision, sensitivity to light, or eye irritation or dryness	☐	☐	☐	☐
Increased appetite	☐	☐	☐	☐
Fatigue, muscle weakness	☐	☐	☐	☐
Skin thinning	☐	☐	☐	☐
Tendency to sweat	☐	☐	☐	☐

Possible Pituitary Dysfunction	None	Daily	Weekly	Monthly
Increased libido	☐	☐	☐	☐
Decreased libido	☐	☐	☐	☐
Headaches	☐	☐	☐	☐
Memory decline	☐	☐	☐	☐
Needs to eat sugar, sweets, or carbs to feel good	☐	☐	☐	☐
Vision problems	☐	☐	☐	☐
Unexplained weight gain	☐	☐	☐	☐
Excessive sweating and oily skin	☐	☐	☐	☐
Carpal Tunnel Syndrome	☐	☐	☐	☐
Poor growth or delayed sexual development (short height)	☐	☐	☐	☐
Inability to produce breast milk	☐	☐	☐	☐
Infertility	☐	☐	☐	☐
Severe headache or stiff neck	☐	☐	☐	☐

Possible (Low) Serotonin Imbalance	None	Daily	Weekly	Monthly
Do you have a tendency to be negative?	☐ Yes	☐ No		
Are you often worried and anxious?	☐ Yes	☐ No		
Are you a perfectionist or behave in a obsessive-compulsive way?	☐ Yes	☐ No		
Do you have winter or seasonal depression?	☐ Yes	☐ No		
Do you tend to be shy or have social phobias?	☐ Yes	☐ No		
Do you have eating disorders?	☐ Yes	☐ No		
Do you feel overwhelmed?	☐ Yes	☐ No		
Do you crave carbs or chocolate often?	☐ Yes	☐ No		

Possible Low Endorphin	None	Daily	Weekly	Monthly
Do you have tendency towards addicting behaviors (such as alcohol, video games, pornography, or gambling)?	☐ Yes	☐ No		
Do you experience anxiety or depression?	☐ Yes	☐ No		
Do you have low self-esteem?	☐ Yes	☐ No		
Do you tend to avoid painful or stressful conversations?	☐ Yes	☐ No		
Have you been suffering from chronic pain (over 3 months)?	☐ Yes	☐ No		
Do you crave chocolate, bread or sweets, wine, or marijuana?	☐	☐	☐	☐

	None	Daily	Weekly	Monthly
Are you using artificial sweeteners often?	☐ Yes ☐ No			
Do you have difficulty sleeping that is relieved by melatonin supplements?	☐ Yes ☐ No			

Possible Low Norepinephrine	None	Daily	Weekly	Monthly
Feel depressed, "flat," or bored	☐	☐	☐	☐
Low motivation or enthusiasm	☐	☐	☐	☐
Low ability or difficulty to concentrate	☐	☐	☐	☐
Attracted to take adventures or dangerous activities	☐	☐	☐	☐

Possible (Low) Dopamine Imbalance	None	Daily	Weekly	Monthly
Experience lethargy and lack of enjoyment of life	☐	☐	☐	☐
Tendency of addicting behavior, such as drugs, alcohol, pornography, video games, binge-eating, or gambling	☐ Yes ☐ No			
Attention disorders	☐ Yes ☐ No			
Lack of motivation, apathetic, hopeless, or joyless	☐	☐	☐	☐
Is it hard to start things and even harder to finish them?	☐	☐	☐	☐
Tendency to be deficient in vitamin D	☐ Yes ☐ No			
Consume sugar, sweets, or soda drinks	☐	☐	☐	☐

	None	Daily	Weekly	Monthly
Do you have trouble sleeping?	☐	☐	☐	☐
Do you have Fibromyalgia?	☐ Yes ☐ No			
Chronic Headaches	☐	☐	☐	☐

Possible Low GABA	None	Daily	Weekly	Monthly
Feel overworked or stressed	☐	☐	☐	☐
Find it hard to relax	☐	☐	☐	☐
Find it hard to let go of thoughts	☐	☐	☐	☐
Get easily upset or frustrated	☐	☐	☐	☐
Feel overwhelmed	☐	☐	☐	☐
Need alcohol or drugs to relax	☐	☐	☐	☐

Possible (Low) Dopamine Imbalance	None	Daily	Weekly	Monthly
Do you eat small amounts of protein?	☐ Yes ☐ No			
Are you taking supplements of 5-HTP or L-Tyrosine?	☐ Yes ☐ No			
Are you taking supplement of magnolia bark (Magnolia officinalis) or licorice root (Glycyrrhiza glabra)?	☐ Yes ☐ No			
Do you experience tremor of the arm or have Parkinson's disease?	☐ Yes ☐ No			
Are you under stress?	☐	☐	☐	☐
Are you talking on your mobile phone frequently or for long hours?	☐	☐	☐	☐
Do you have fibromyalgia and chronic fatigue syndrome?	☐ Yes ☐ No			