## Lifestyle and Occupation:

Please circle the answer closest to how you presently feel (1 = poor, 5 = excellent):

| | | | | | |
|---|---|---|---|---|---|
| Quality of sleep | 1 | 2 | 3 | 4 | 5 |
| Energy Level | 1 | 2 | 3 | 4 | 5 |
| Exercise habits | 1 | 2 | 3 | 4 | 5 |
| Fluid Intake | 1 | 2 | 3 | 4 | 5 |

Occupation: _____

How many hours per week do you work on average? _____

How do you spend most of your work day?

- O Sitting
- O Sitting with mostly computer work
- O Standing
- O Light manual labor
- O Manual labor
- O Hard manual labor

**Conditions:** Please mark any condition(s) you are currently experiencing or have experienced.

**HEAD NECK**

- O Headaches / migraines
- O Vertigo / dizziness
- O Ringing in ears
- O Hearing loss
- O Vision problems
- O Vision loss

**RESPIRATORY**

- O Asthma
- O Shortness of breath
- O Chronic cough
- O Bronchitis
- O Emphysema
- O Sinusitis
- O Frequent colds
- O Smoker
- O Family history of respiratory difficulties

**NERVOUS SYSTEM**

- O Sensory loss / change
- O Numbness / tingling
- O Sciatica
- O Epilepsy
- O Seizures
- O Multiple sclerosis

**MUSCULOSKELETAL SYSTEM**

- O Arthritis
- O Family history of arthritis
- O Osteoporosis
- O Tendonitis
- O Bursitis
- O Jaw pain (TMJ)
- O Pins / plates / wires / artificial joint

**REPRODUCTIVE**

- O Pregnant
- O Given birth
- O Gynecological problems

**CARDIOVASCULAR**

- O High blood pressure
- O Low blood pressure
- O Heart attack
- O Stroke
- O Heart disease
- O Poor circulation
- O Phlebitis / varicose veins
- O Pacemaker
- O Hemophilia
- O Chronic congestive heart failure
- O Family history of cardiovascular problems

**SKIN & INFECTIONS**

- O Hepatitis
- O HIV / AIDS
- O Herpes
- O Tuberculosis
- O Lyme disease
- O Infectious skin conditions

**OTHER CONDITIONS**

- O Cancer
- O Diabetes
- O Unexplained weight loss
- O Digestive conditions
- O Fibromyalgia
- O Chronic fatigue syndrome
- O Depression
- O Anxiety
- O Psychiatric disorder
- O Other conditions _____

_____

_____

_____

Signature: _____ Date: _____