

HOW HEALTHY ARE YOU?

Before a person can get to where he is going, it is essential to know where he is. This test, called a Functional Health Assessment, helps people to quantify their current health level and generate a baseline. The totals from each section are added together, converted into a grade value and then superimposed on the Stress Threshold graph. Individuals should repeat this test every six weeks as they employ the strategies in Hope for Health or follow the recommendations of an FBA practitioner.

To complete the test, circle the number to the right of each question, with **0 being no severity to 5 being the highest severity**.

Functional Health Questionnaire

SECTION I – HORMONAL ASSESSMENT

Acne on face?	0	1	2	3	4	5
Always hungry?	0	1	2	3	4	5
Anxious for no apparent reason?	0	1	2	3	4	5
Crave breads?	0	1	2	3	4	5
Crave salt?	0	1	2	3	4	5
Crave sweets after meals?	0	1	2	3	4	5
Crave sweets throughout the day?	0	1	2	3	4	5
Depression during monthly period?	0	1	2	3	4	5
Difficulty urinating?	0	1	2	3	4	5
Dizziness upon standing?	0	1	2	3	4	5
Emotional outbursts?	0	1	2	3	4	5
Energy drops in the afternoon?	0	1	2	3	4	5
Facial hair growth?	0	1	2	3	4	5
Have or had asthma?	0	1	2	3	4	5
Headaches around menstrual cycle?	0	1	2	3	4	5
Headaches in the morning?	0	1	2	3	4	5
Headaches with exertion or stress?	0	1	2	3	4	5
Hot flashes?	0	1	2	3	4	5
Irregular monthly cycles?	0	1	2	3	4	5

Irritable or lightheaded between meals?	0	1	2	3	4	5
Less than 8 hours of sleep per night?	0	1	2	3	4	5
Light bothers eyes (always wear sunglasses)?	0	1	2	3	4	5
Loss of sexual desire?	0	1	2	3	4	5
Loss of sexual performance?	0	1	2	3	4	5
Low blood pressure?	0	1	2	3	4	5
Menstrual cramping?	0	1	2	3	4	5
Night sweats?	0	1	2	3	4	5
Outer third of eyebrow thinning?	0	1	2	3	4	5
Poor night vision?	0	1	2	3	4	5
Prostatitis or vaginitis (itching)?	0	1	2	3	4	5
Restless legs?	0	1	2	3	4	5
Shaky or lightheaded if you miss a meal?	0	1	2	3	4	5
Shortness of breath?	0	1	2	3	4	5
Trouble losing weight even with exercise?	0	1	2	3	4	5
Trouble staying asleep?	0	1	2	3	4	5
Vaginal yeast infections?	0	1	2	3	4	5
Vision changes throughout the day?	0	1	2	3	4	5
Weight gain without diet or lifestyle changes?	0	1	2	3	4	5
Weight loss without diet or lifestyle changes?	0	1	2	3	4	5

SECTION II – IMMUNE & INFLAMMATORY ASSESSMENT

Abdominal bloating after eating?	0	1	2	3	4	5
Can't remember the names of people I just met?	0	1	2	3	4	5
Can't turn off my mind when it is time to relax?	0	1	2	3	4	5
Chest pains?	0	1	2	3	4	5
Cold hands or feet?	0	1	2	3	4	5
Cold sores?	0	1	2	3	4	5
Colitis?	0	1	2	3	4	5

Does caffeine make you feel bad?	0	1	2	3	4	5
Does caffeine make you feel good?	0	1	2	3	4	5
Does sugar make you feel bad?	0	1	2	3	4	5
Does sugar make you feel good?	0	1	2	3	4	5
Dry skin?	0	1	2	3	4	5
Excessive hair loss?	0	1	2	3	4	5
Fatigue?	0	1	2	3	4	5
Feel worse in humid, damp, or moldy places?	0	1	2	3	4	5
Fungus under finger or toenails?	0	1	2	3	4	5
Gluten intolerance?	0	1	2	3	4	5
Growing pains as a child?	0	1	2	3	4	5
Have a feeling of dependency on others?	0	1	2	3	4	5
Have a feeling of dread or impending doom?	0	1	2	3	4	5
Have a hard time finishing tasks?	0	1	2	3	4	5
Have difficulty calculating numbers?	0	1	2	3	4	5
Heartburn?	0	1	2	3	4	5
Hemorrhoids?	0	1	2	3	4	5
High blood pressure?	0	1	2	3	4	5
Hives?	0	1	2	3	4	5
Loss of long-term memory?	0	1	2	3	4	5
Loss of short-term memory?	0	1	2	3	4	5
Loss of smell?	0	1	2	3	4	5
Loss of taste?	0	1	2	3	4	5
Lower back pain?	0	1	2	3	4	5
Mind often wanders even while doing important things?	0	1	2	3	4	5
Nails are weak?	0	1	2	3	4	5
Nails have ridges?	0	1	2	3	4	5

Nails peel?	0	1	2	3	4	5
Nasal or sinus congestion?	0	1	2	3	4	5
Neck pain?	0	1	2	3	4	5
Numbness in toes not related to injury?	0	1	2	3	4	5
Pins and needles in arms?	0	1	2	3	4	5
Regular headaches?	0	1	2	3	4	5
Ringing in ears?	0	1	2	3	4	5
Skin wrinkling rapidly?	0	1	2	3	4	5
Slow healing sores?	0	1	2	3	4	5
Spider veins?	0	1	2	3	4	5
Spoon-shaped indented nails?	0	1	2	3	4	5
Stomach ulcers?	0	1	2	3	4	5
Sweat often?	0	1	2	3	4	5
Swelling in ankles?	0	1	2	3	4	5
Varicose veins?	0	1	2	3	4	5
Visual problems?	0	1	2	3	4	5

SECTION III – TOXICITY ASSESSMENT

Abdominal pain?	0	1	2	3	4	5
Acne on back or legs?	0	1	2	3	4	5
Arthritis?	0	1	2	3	4	5
Bad breath?	0	1	2	3	4	5
Breast tenderness during menstrual cycle?	0	1	2	3	4	5
Burning pains in joints, muscles, or skin?	0	1	2	3	4	5
Coated or fuzzy tongue?	0	1	2	3	4	5
Crave alcoholic beverages?	0	1	2	3	4	5
Diarrhea after a fatty meal?	0	1	2	3	4	5
Do chemical smells or exposure cause symptoms?	0	1	2	3	4	5

Dread getting up each day to experience life?	0	1	2	3	4	5
Eczema?	0	1	2	3	4	5
Food allergies?	0	1	2	3	4	5
Frequent skin rashes?	0	1	2	3	4	5
Gallstones?	0	1	2	3	4	5
Handle problems effectively?	0	1	2	3	4	5
High cholesterol?	0	1	2	3	4	5
History of Hepatitis?	0	1	2	3	4	5
I do not have hobbies and interests that I actively engage in?						
	0	1	2	3	4	5
Leg cramps?	0	1	2	3	4	5
Muscle tenderness without exercise?	0	1	2	3	4	5
Often wake up between 2 and 4 a.m.?	0	1	2	3	4	5
Pain or swelling in joints?	0	1	2	3	4	5
Pet allergies?	0	1	2	3	4	5
Psoriasis?	0	1	2	3	4	5
Regular constipation?	0	1	2	3	4	5
Regular diarrhea?	0	1	2	3	4	5
Regular digestive complaints?	0	1	2	3	4	5
Sore joints with exercise?	0	1	2	3	4	5
Tobacco smoke is very offensive?	0	1	2	3	4	5
Trouble falling asleep?	0	1	2	3	4	5

This final section contains questions related to circumstances that may prevent or slow down the recovery of health. Changes in lifestyle may modify or eliminate many of them. Others are circumstances in the past that no longer apply or may be uncontrollable, such as family history.

20+ pounds overweight?	0	1	2	3	4	5
Airline pilot?	0	1	2	3	4	5
Alcohol consumption per week?	0	1	2	3	4	5

Antibiotic use (this year or more than three times in the last ten years)?

	0	1	2	3	4	5
Average level of stress for the last three months?	0	1	2	3	4	5
Average level of stress over the last year?	0	1	2	3	4	5
Average level of stress throughout your life?	0	1	2	3	4	5
Currently level of stress?	0	1	2	3	4	5
Drink less than 4 glasses of water per day?	0	1	2	3	4	5
Eat less than 1 piece of fruit and 2 vegetable servings per day?						
	0	1	2	3	4	5
Eat out more than twice per week?	0	1	2	3	4	5
Family history of cancer?	0	1	2	3	4	5
Family history of diabetes?	0	1	2	3	4	5
Family history of heart disease?	0	1	2	3	4	5
Family history of mental illness?	0	1	2	3	4	5
Family history of stroke?	0	1	2	3	4	5
Feel disinterested with former hobbies?	0	1	2	3	4	5
Feel hopeless about my situation?	0	1	2	3	4	5
Feel little compassion for others?	0	1	2	3	4	5
Feel that I have no purpose?	0	1	2	3	4	5
Feel that life is meaningless?	0	1	2	3	4	5
Feel uninterested with life?	0	1	2	3	4	5
Have used oral steroids?	0	1	2	3	4	5
Hospitalized for a non-emergency in the last 12 months?						
	0	1	2	3	4	5
Hospitalized for a non-traumatic emergency in the last 12 months?						
	0	1	2	3	4	5
Little or no exercise?	0	1	2	3	4	5
Major lifestyle change (divorce, loss of job, relocation, death of loved one, etc.)?						
	0	1	2	3	4	5

Often eating meals after 8 p.m.?	0	1	2	3	4	5
Oral contraceptive use (past or present)?	0	1	2	3	4	5
Serious accident or injury in your lifetime?	0	1	2	3	4	5
Sick about once per year?	0	1	2	3	4	5
Sick more than once per year?	0	1	2	3	4	5
Smoker?	0	1	2	3	4	5
Sun exposure less than 15 min. per day? Surgery (other)?	0	1	2	3	4	5
Surgery as a result of trauma?	0	1	2	3	4	5
Surgery on a joint?	0	1	2	3	4	5
Surgery on internal organs?	0	1	2	3	4	5
Taking more than 2 medications?	0	1	2	3	4	5
Under frequent high stress?	0	1	2	3	4	5
Work with computers daily?	0	1	2	3	4	5

Analyzing your results

To calculate an overall health grade, add up the total of the circled answers for each section. Then, add the total for the first three sections together to make one score. Section IV will be computed separately. The total score from a given section is better than just counting all the questions with high scores. From a functional perspective, multiple sets of low scores are equivalent to a few sets of high scores. Once you have the sections added together as instructed, find the corresponding grade on the chart below.

GRADE

Now, match the grade with the corresponding letter on the Stress Threshold graph below. This is your current placement.

GRADE	SECTIONS 1-3	SECTION IV	COMMENTS
A	<50	<40	Few functional complaints with high vitality.
B	<70	<50	Low to moderate functional complaints with good vitality
C	<90	<60	Moderate functional complaints with moderate vitality
D	<110	<70	Elevated functional complaints with moderate vitality
F	>130	>80	Excessive functional complaints with low vitality

TOTAL SCORE _____ VITALITY _____