HILTON'S HEARTLAND
NATURAL HEALTH CARE & WELLNESS CENTER

Melisa Rocchi Kuehn, ND

PROFILE SUMMARY
CLIENT PROFILE

FIRST NAME ____________ LAST NAME ____________ DATE ____________

PLEASE PRINT/TYPE ALL INFORMATION – PAYMENT EXPECTED AT TIME OF SERVICE

Please take your time when completing this profile. The information is very valuable, feel free to complete one section at a time, rest, and then start up again. Also, if you feel you need to add more information but not enough space was reserved feel free to add additional sheets. There are some areas of the profile that information is asked more than one time in different ways, please answer every question. Lastly, if you are completing this profile for someone else if possible allow that person to participate.

PURPOSE OF VISIT TO HILTON'S HEARTLAND

(BRIEFLY DESCRIBE WHY YOU ARE SEEKING ASSISTANCE FROM HILTON'S HEARTLAND AND YOUR EXPECTATIONS)

PLEASE LIST YOUR 5 (OR MORE) MAIN HEALTH COMPLAINTS IN ORDER OF IMPORTANCE, DURATION OF THIS COMPLAINT, ANY REMEDIES YOU HAVE SEEKED INCLUDING THE PRACTITIONERS NAME.

	HEALTH CONCERNS / COMPLAINTS	REMEDIES / PRACTITIONERS
1		
2		
3		
4		
5		

DIAGNOSIS (PLEASE LIST PAST AND CURRENT WITH MOST RECENT FIRST)

DATE MADE	DESCRIPTION OF DIAGNOSIS	BY WHOM

ILLNESSES / SURGERIES / DENTAL WORK
(PLEASE LIST PAST AND CURRENT WITH MOST RECENT FIRST THIS INCLUDES, SURGICAL HISTORY, HOSPITALIZATIONS, ILLNESSES AND DENTAL WORK AMALGAM FILLINGS, ROOT CANALS, ETC..)

DATE	DESCRIPTION OF ILLNESS/SURGERY – TREATED PHYSICIAN	REMEDY

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GETTING TO KNOW YOU INSIDE AND OUT

CHECK EACH THAT APPLIES, FEEL FREE TO MAKE ANY NOTES IN THE COMMENTS SECTION

	PATIENT	MOTHER	FATHER	SIBLINGS	COMMENTS
AIDS	❍	❍	❍	❍	
ALCOHOLISM	❍	❍	❍	❍	
ANEMIA	❍	❍	❍	❍	
ANOREXIA	❍	❍	❍	❍	
ARTHRITIS	❍	❍	❍	❍	
ASTHMA	❍	❍	❍	❍	
BONE OR JOINT DISEASE	❍	❍	❍	❍	
BULIMIA	❍	❍	❍	❍	
CANCER	❍	❍	❍	❍	
CHEMICAL POISONING	❍	❍	❍	❍	
CHICKEN POX	❍	❍	❍	❍	
DIABETES	❍	❍	❍	❍	
DIPTHERIA	❍	❍	❍	❍	
DRUG POISONING	❍	❍	❍	❍	
EPILEPSY	❍	❍	❍	❍	
FREQUENT EAR INFECTIONS	❍	❍	❍	❍	
HEART DISEASE	❍	❍	❍	❍	
HEART MURMUR	❍	❍	❍	❍	
HEAVY METAL POISOINING	❍	❍	❍	❍	
HEPATITIS	❍	❍	❍	❍	
JAUNDICE	❍	❍	❍	❍	
KIDNEY DISEASE	❍	❍	❍	❍	
LIVER DISEASE	❍	❍	❍	❍	
LUNG DISEASE	❍	❍	❍	❍	
MEASLES	❍	❍	❍	❍	
MENINGITIS	❍	❍	❍	❍	
MENTAL ILLNESS	❍	❍	❍	❍	
MUMPS	❍	❍	❍	❍	
NEPHRITIS (KIDNEY DISEASE)	❍	❍	❍	❍	
OTHER	❍	❍	❍	❍	
PLEURISY	❍	❍	❍	❍	
PNEUMONIA	❍	❍	❍	❍	
POLIO	❍	❍	❍	❍	
RASHES	❍	❍	❍	❍	
RHEUMATIC FEVER	❍	❍	❍	❍	
RUBELLA	❍	❍	❍	❍	
SCARLET FEVER	❍	❍	❍	❍	
SEIZURES	❍	❍	❍	❍	
SHINGLES	❍	❍	❍	❍	
SMALL POX	❍	❍	❍	❍	
SMOKER	❍	❍	❍	❍	
STOMACH DISORDERS	❍	❍	❍	❍	
SUBSTANCE ABUSE	❍	❍	❍	❍	
SYPHILLIS	❍	❍	❍	❍	
THRUSH	❍	❍	❍	❍	
TRAVEL TO ANY THIRD WORLD COUNTRY	❍	❍	❍	❍	
TRAVEL TO ANY TROPICAL COUNTRY	❍	❍	❍	❍	
VERTIGO	❍	❍	❍	❍	
WHOOPING COUGH	❍	❍	❍	❍	
YEAST / CANDIDA ISSUES	❍	❍	❍	❍	

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WATER INTAKE

❍	WATER – CHLORINATED	______	❍	WATER – TAP	______
❍	WATER – DISTILLED	______	❍	WATER – WATER SOFTENER	______
❍	WATER – FLUORIDATED	______	❍	WATER – WATER TREATMENT SYSTEM	______

DIETARY INFORMATION (DO YOU EAT, DRINK, OR USE)

CHECK HERE	DESCRIPTION	HOW OFTEN	CHECK HERE	DESCRIPTION	HOW OFTEN
❍	ALCOHOL		❍	LUNCHEON MEATS	
❍	ARTIFICIAL SWEETENERS		❍	MILK PRODUCTS	
❍	BREAD		❍	REFINED SUGARS	
❍	CANDY		❍	REFINED WHITE FLOUR PRODUCTS	
❍	CARBONATED BEVERAGES		❍	SUGAR	
❍	CHEESE		❍	TEA (HERBAL)	
❍	CHEW TOBACCO		❍	TEA (NON HERBAL)	
❍	CHOCOLATE		❍	VEGETABLES	
❍	CIGARETTES		❍	VITAMINS AND MINERALS	
❍	COFFEE		❍	FRIED FOODS	
❍	DAIRY		❍	FRUITS	
❍	FAST FOOD RESTAURANTS		❍	LAXATIVES	

- ❍ AVOID EGG YOLKS
- ❍ CHOKE FREQUENTLY
- ❍ CONSUME BUTTER
- ❍ CONSUME MARGARINE
- ❍ CRAVE FRENCH FRIES
- ❍ CRAVE SALT
- ❍ CRAVE SUGAR
- ❍ DIFFICULTY SWALLOWING
- ❍ EXCESSIVE THIRST
- ❍ LACK OF THIRST
- ❍ LIMIT FOOD INTAKE
- ❍ RESTRICT SALT
- ❍ SNACK ALL DAY

LIST ANY FOODS THAT YOU CRAVE ____________

DO YOU HAVE ANY OTHER SPECIAL DIET OR DIETARY RESTRICTIONS? ____________

WHAT FOODS DO YOU EAT MOST FREQUENTLY? (MORE THAN THREE TIMES A WEEK) ____________

DO YOU CONSIDER YOURSELF OVER WEIGHT OR UNDER WEIGHT?	☐ OVERWEIGHT	☐ UNDER WEIGHT	
OVERALL APPETITE IS?	☐ POOR	☐ GOOD	☐ EXCESSIVE
DO YOU FEEL BETTER AFTER FASTING?	☐ WORSE	☐ BETTER	
DO YOU FEEL BETTER AFTER EATING?	☐ WORSE	☐ BETTER	
MOST MEALS OCCUR	☐ HOME	☐ RESTAURANT	

HAVE YOU HAD ANY SIGNIFICANT WEIGHT CHANGE IN THE LAST YEAR OR SO? ☐ YES ☐ NO

DESCRIBE ____________

ARE YOU ABLE TO FUNCTION WITHOUT PROBLEMS? ☐ YES ☐ NO

DESCRIBE YOUR LIMITATIONS, IF ANY ____________

HOW OFTEN DO YOU EXERCISE OR DO PHYSICAL WORK?

☐ NEVER ☐ SEVERAL TIMES PER MONTH ☐ SEVERAL TIMES PER WEEK ☐ DAILY

COMMENTS: ____________

DO YOU SUFFER FROM EXHAUSTION OR FATIGUE? ☐ YES ☐ NO - HOW OFTEN DO YOU FEEL FATIGUE? AND WHAT TIME OF THE DAY? DESCRIBE

____

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ALLERGIES (PLEASE MARK THE BEST RESPONSE)

	NEVER	IN THE PAST	YEARLY	MONTHLY	WEEKLY	DAILY
ANIMAL DANDERS	❍	❍	❍	❍	❍	❍
CHEMICALS	❍	❍	❍	❍	❍	❍
FOODS	❍	❍	❍	❍	❍	❍
MEDICINE	❍	❍	❍	❍	❍	❍
PERFUMES	❍	❍	❍	❍	❍	❍
POLLENS	❍	❍	❍	❍	❍	❍
SEASONAL IRRITANTS	❍	❍	❍	❍	❍	❍

WORST SEASON FOR ALLERGIES FALL WINTER SPRING SUMMER ALL YEAR

ANY OTHER ALLERGIES? ____________

EYES

- ❍ BLUE HUE TO WHITES OF EYES
- ❍ BURNING
- ❍ CANNOT SEE AT NIGHT
- ❍ DARK CIRCLES UNDER EYES
- ❍ DILATED PUPILS
- ❍ DOUBLE VISION
- ❍ DRY
- ❍ IRRITATED
- ❍ ITCHY
- ❍ OFTEN BLOODSHOT
- ❍ PUFFY
- ❍ SENSITIVE TO LIGHT
- ❍ SPOTS/FLASHES BEFORE EYES
- ❍ SQUINT FREQUENTLY
- ❍ STIES
- ❍ WRINKLES UNDER EYES
- ❍ YELLOW TINGE IN CORNER OF EYES

EARS

- ❍ ABNORMAL SENSITIVITY TO SOUND
- ❍ DIZZINESS
- ❍ EAR PAIN
- ❍ EXCESSIVE EARWAX
- ❍ HEARING AID
- ❍ IRRITATED SKIN BEHIND EARS
- ❍ ITCHY EARS
- ❍ LOSS OF HEARING
- ❍ RED EAR LOBES
- ❍ RINGING IN EARS
- ❍ RUPTURED EAR DRUMS
- ❍ SENSE OF IMBALANCE
- ❍ TUBES IN EARS

NOSE

- ❍ CANNOT STAND PERFUME
- ❍ CRUSTING
- ❍ FREQUENT SNEEZING
- ❍ ITCHY NOSE
- ❍ LOST SENSE OF SMELL
- ❍ NOSEBLEEDS
- ❍ OVER-REACTIVE TO ODORS
- ❍ POSTNASAL DRIP
- ❍ RUBBING NOSE
- ❍ RUNNY NOSE
- ❍ SINUS INFECTIONS

MOUTH AND THROAT

- ❍ BAD BREATH
- ❍ BAD TASTE IN MOUTH
- ❍ CANKER SORES
- ❍ CONSTANTLY CLEARING THROAT
- ❍ DIFFICULTY SWALLOWING
- ❍ EASILY CRACKED LIPS
- ❍ FEVER BLISTERS
- ❍ FREQUENT SORE THROATS
- ❍ FREQUENT THROAT INFECTIONS
- ❍ GAGS EASILY
- ❍ GRINDING OF TEETH
- ❍ HOARSENESS
- ❍ LOSES VOICE
- ❍ LOST SENSE OF TASTE
- ❍ METALLIC TASTE IN MOUTH
- ❍ SLEEPS WITH MOUTH OPEN
- ❍ SNORING
- ❍ SORE TONGUE
- ❍ SWOLLEN LIPS AFTER EATING
- ❍ SWOLLEN TONGUE

TEETH

	NEVER	IN THE PAST	YEARLY	MONTHLY	WEEKLY	DAILY
SENSITIVE TEETH	❍	❍	❍	❍	❍	❍
EXPERIENCE PAIN OR DISCOMFORT OF THE TEETH	❍	❍	❍	❍	❍	❍
EXPERIENCE PAIN OR DISCOMFORT OF THE GUMS	❍	❍	❍	❍	❍	❍
EXPERIENCE PAIN OR DISCOMFORT OF THE JAW REGION	❍	❍	❍	❍	❍	❍
TMJ	❍	❍	❍	❍	❍	❍

RESPIRATORY AND CARDIOVASCULAR

- ❍ WHEEZING
- ❍ FREQUENT COLDS
- ❍ FREQUENT COUGHS
- ❍ BREATHLESSNESS - SLIGHT EXERTION
- ❍ RAPID HEARTBEAT
- ❍ PALPITATIONS
- ❍ CHRONIC BRONCHITIS
- ❍ ASTHMA
- ❍ FREQUENT INFECTIONS
- ❍ NIGHT SWEATS

HEART

	NEVER	IN THE PAST	YEARLY	MONTHLY	WEEKLY	DAILY
PALPITATIONS	❍	❍	❍	❍	❍	❍
ARRHYTHMIAS	❍	❍	❍	❍	❍	❍
IMPAIRMENTS FROM PRIOR INFECTIONS	❍	❍	❍	❍	❍	❍
WEAK VALVES	❍	❍	❍	❍	❍	❍

LUNGS

	NEVER	IN THE PAST	YEARLY	MONTHLY	WEEKLY	DAILY
RECURRENT RESPIRATORY INFECTIONS	❍	❍	❍	❍	❍	❍
COUGHS	❍	❍	❍	❍	❍	❍
BRONCHITIS	❍	❍	❍	❍	❍	❍
PNEUMONIA	❍	❍	❍	❍	❍	❍
ASTHMA	❍	❍	❍	❍	❍	❍

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SPLEEN	NEVER	IN THE PAST	YEARLY	MONTHLY	WEEKLY	DAILY
CHRONIC FATIGUE	❍	❍	❍	❍	❍	❍
RECURRING INFECTIONS	❍	❍	❍	❍	❍	❍
LOWERED IMMUNE RESPONSE	❍	❍	❍	❍	❍	❍
PANCREAS						
DIABETES	❍	❍	❍	❍	❍	❍
HYPOGLYCEMIA	❍	❍	❍	❍	❍	❍
SHAKING WHEN SKIPPING MEALS	❍	❍	❍	❍	❍	❍
LIVER						
JAUNDICE	❍	❍	❍	❍	❍	❍
HIGH CHOLESTROL	❍	❍	❍	❍	❍	❍
DISCOMFORT IN LIVER REGION	❍	❍	❍	❍	❍	❍
BLOOD DISORDERS	❍	❍	❍	❍	❍	❍

NEUROMUSCULAR

- ❍ JERKY MOVEMENTS
- ❍ JOINT REDNESS
- ❍ JOINT SWELLING
- ❍ LEG CRAMPS
- ❍ MUSCLE TWITCHES
- ❍ POOR MUSCLE TONE
- ❍ RECURENT HIP/SHOULDER DISPLACEMENT
- ❍ RESTLESS LEGS
- ❍ RIGIDITY
- ❍ TREMBLING
- ❍ UNEVEN MUSCULAR DEVELOPMENT
- ❍ WEAKNESS

LIST ANY BROKEN BONES / FRACTURES ____________

DESCRIBE ANY JOINT OR MUSCLE PAIN ____________

MUSCLES, LIGAMENTS, AND TENDONS	NEVER	IN THE PAST	YEARLY	MONTHLY	WEEKLY	DAILY
FIBROMYALGIA	❍	❍	❍	❍	❍	❍
RHEUMATISM	❍	❍	❍	❍	❍	❍
CARPAL TUNNEL	❍	❍	❍	❍	❍	❍
JOINTS						
ARTHRITIS	❍	❍	❍	❍	❍	❍
BACK PAIN	❍	❍	❍	❍	❍	❍
DISCOMFORT WHEN MOVING	❍	❍	❍	❍	❍	❍
WEATHER-TRIGGERED AILMENTS	❍	❍	❍	❍	❍	❍

DIGESTIVE SYSTEM

- ❍ BLOATING AFTER MEALS
- ❍ BLOOD IN STOOL
- ❍ CONSTIPATION
- ❍ EXCESSIVE GAS
- ❍ FAT INTOLERANCE
- ❍ FREQUENT BURPING
- ❍ FREQUENT DIARRHEA
- ❍ FREQUENT VOMITING
- ❍ GIARDIA
- ❍ HEARTBURN
- ❍ HEMORRHOIDS
- ❍ INDIGESTION
- ❍ MEAT INTOLERANCE
- ❍ MUCUOUS IN STOOL
- ❍ PICKY EATER
- ❍ PINWORMS
- ❍ PROTRUDING ABDOMEN
- ❍ QUEASY STOMACH
- ❍ ROUGHAGE INTEROLERANCE
- ❍ STOMACH ACHE AFTER EATING
- ❍ STOMACH CRAMPS
- ❍ ULCER
- ❍ RED RING AROUND ANUS

STOMACH	NEVER	IN THE PAST	YEARLY	MONTHLY	WEEKLY	DAILY
DIGESTIVE DISTURBANCES	❍	❍	❍	❍	❍	❍
HIGH ACIDITY	❍	❍	❍	❍	❍	❍
BLOATING AFTER MEALS	❍	❍	❍	❍	❍	❍
GAS AFTER MEALS	❍	❍	❍	❍	❍	❍
SMALL INTESTINE						
YEAST INFECTIONS	❍	❍	❍	❍	❍	❍
FREQUENT ANTIBIOTIC USE	❍	❍	❍	❍	❍	❍
POOR DIET	❍	❍	❍	❍	❍	❍
BLOATING / GAS	❍	❍	❍	❍	❍	❍
LARGE INTESTINE						
DIARRHEA	❍	❍	❍	❍	❍	❍
CONSTIPATION	❍	❍	❍	❍	❍	❍
BLOATING	❍	❍	❍	❍	❍	❍
GAS	❍	❍	❍	❍	❍	❍

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PLEASE DESCRIBE YOUR STOOL, CHECK ALL THAT APPLIES - NUMBER OF BOWEL MOVEMENTS IN A DAY? ________

THE ODOR OF FLATULENCE IS ❍ NONE ❍ ROTTEN EGGS ❍ RANCID OIL ❍ OTHER ____________________

❍ LARGE ❍ AVERAGE ❍ SMALL
❍ BULKY ❍ STRINGY ❍ LOOSE STOOLS (DIARRHEA)
❍ FLOATS ❍ SINKS ❍ IMPACTED STOOL (CONSTIPATED)
❍ ONE CONTINUOUS PIECE ❍ FRAGMENTED ❍ CLOGS THE TOLIET ❍ ABLE TO SEE UNCHEWED FOOD
❍ STRONG ODOR ❍ NO ODOR
❍ LIGHT COLOR ❍ MEDIUM COLOR ❍ DARK BROWN/BLACK COLOR
❍ GREEN COLOR ❍ YELLOW COLOR

GENITOURINARY

NUMBER OF TIMES TO URINATE IN A DAY? ________

THE ODOR OF URINE ❍ NONE ❍ STRONG ❍ UNUSUAL ODOR ❍ OTHER
❍ BEDWETTING ❍ FREQUENT URINATION ❍ PAINFUL URINATION
❍ BLADDER INFECTIONS ❍ INCONTINENCE ❍ SORES
❍ CANDIDA INFECTIONS ❍ ITCHING ❍ TESTICULAR PAIN
❍ FREQUENT BLADDER INFECTIONS ❍ KIDNEY DISEASE ❍ VAGINAL DISCHARGE

	NEVER	IN THE PAST	YEARLY	MONTHLY	WEEKLY	DAILY
KIDNEYS						
EDEMA	❍	❍	❍	❍	❍	❍
GOUT	❍	❍	❍	❍	❍	❍
DISCOMFORT IN THE LOWER BACK REGION	❍	❍	❍	❍	❍	❍
BLADDER						
RECURRING BLADDER INFECTIONS	❍	❍	❍	❍	❍	❍
ITCHING OR YEAST PROBLEMS	❍	❍	❍	❍	❍	❍
PAINFUL URINATION	❍	❍	❍	❍	❍	❍
BED WETTING	❍	❍	❍	❍	❍	❍
OVARY / UTERUS						
PMS	❍	❍	❍	❍	❍	❍
MENSTRUAL PAINS	❍	❍	❍	❍	❍	❍
IRREGULAR PERIODS	❍	❍	❍	❍	❍	❍
MOOD SWINGS	❍	❍	❍	❍	❍	❍
PROSTATE						
DISCOMFORT IN THE PROSTATE REGION	❍	❍	❍	❍	❍	❍
INCREASES IN THE FREQUENCY OF URINATION	❍	❍	❍	❍	❍	❍
CONCEPTION VESSEL						
IMPOTENCE	❍	❍	❍	❍	❍	❍
MISCARRIAGE	❍	❍	❍	❍	❍	❍
GYNECOLOGICAL DISORDERS	❍	❍	❍	❍	❍	❍
GENITAL DISORDERS	❍	❍	❍	❍	❍	❍

SKIN, HAIR, AND NAILS

❍ ACNE ❍ EXCESSIVE HAIR GROWTH ❍ RASHES
❍ ATHLETE'S FOOT ❍ GOOSEFLESH ❍ RIDGES ON NAILS
❍ BOILS ❍ HIVES ❍ RINGWORM
❍ BROWN PATCHES ❍ ITCHY SKIN ❍ SCALY SKIN
❍ BRUISES EASILY ❍ LIVER SPOTS ❍ SKIN TAGS IN NECK
❍ CRACKING SKIN ❍ NAILS CRACK EASILY ❍ SORES
❍ CUTS HEAL SLOWLY ❍ OILY SKIN ❍ STRONG PERSPIRATION ODOR
❍ DANDRUFF ❍ PEELING SKIN ❍ TOENAIL FUNGUS
❍ DRY HAIR ❍ PIMPLES / BREAK OUTS ❍ WHITE SPOTS ON NAILS
❍ DRY SKIN ❍ PSORIASIS

	NEVER	IN THE PAST	YEARLY	MONTHLY	WEEKLY	DAILY
ACNE	❍	❍	❍	❍	❍	❍
CRACKING, SCALY PATCHES, DRYNESS	❍	❍	❍	❍	❍	❍
ECZEMA	❍	❍	❍	❍	❍	❍
PSORIASIS	❍	❍	❍	❍	❍	❍
RASHES	❍	❍	❍	❍	❍	❍
FATTY TISSUE						
LIPOMAS	❍	❍	❍	❍	❍	❍
DEGENERATIVE LIVER DISORDERS	❍	❍	❍	❍	❍	❍
BREAST TUMORS	❍	❍	❍	❍	❍	❍
PROBLEMS BURNING FAT	❍	❍	❍	❍	❍	❍
GALL BLADDER						
GALLSTONES	❍	❍	❍	❍	❍	❍
DISCOMFORT AFTER EATING RICH FOODS	❍	❍	❍	❍	❍	❍
LOW FAT METABOLISM	❍	❍	❍	❍	❍	❍

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	NEVER	IN THE PAST	YEARLY	MONTHLY	WEEKLY	DAILY
GOVERNING VESSEL						
SPINAL STIFFNESS	❍	❍	❍	❍	❍	❍
HEADACHES	❍	❍	❍	❍	❍	❍
BRAIN DYSFUNCTION	❍	❍	❍	❍	❍	❍
MANIA	❍	❍	❍	❍	❍	❍
DEPRESSION						
LYMPHATICS						
RECURRENT INFECTIONS	❍	❍	❍	❍	❍	❍
SINUSITIS	❍	❍	❍	❍	❍	❍
POSTNASAL DRIP	❍	❍	❍	❍	❍	❍
SWOLLEN LYMPH NODES	❍	❍	❍	❍	❍	❍
CELLULAR METABOLISM						
SLOW METABOLISM	❍	❍	❍	❍	❍	❍
ALWAYS HUNGRY	❍	❍	❍	❍	❍	❍
LOW ENERGY	❍	❍	❍	❍	❍	❍
ENDOCRINE SYSTEM						
MOOD SWINGS	❍	❍	❍	❍	❍	❍
SLEEP PROBLEMS	❍	❍	❍	❍	❍	❍
SLOW METABOLISM	❍	❍	❍	❍	❍	❍
CHEMICAL IMBALANCE	❍	❍	❍	❍	❍	❍
NERVOUS SYSTEM						
IRRITABILITY	❍	❍	❍	❍	❍	❍
NERVOUSNESS	❍	❍	❍	❍	❍	❍
TREMBLING	❍	❍	❍	❍	❍	❍
ANXIETY	❍	❍	❍	❍	❍	❍
MEMORY PROBLEMS	❍	❍	❍	❍	❍	❍
CIRCULATION						
COLD FINGERS OR TOES	❍	❍	❍	❍	❍	❍
BLOOD PRESSURE	❍	❍	❍	❍	❍	❍
VARICOSE VEINS	❍	❍	❍	❍	❍	❍
ARTERIOSCLEROSIS	❍	❍	❍	❍	❍	❍
OVERALL ABILITIY TO WITHSTAND STRESS						
WORK	❍	❍	❍	❍	❍	❍
FINANCES	❍	❍	❍	❍	❍	❍
SOCIETY	❍	❍	❍	❍	❍	❍
RELATIVES	❍	❍	❍	❍	❍	❍
OVERALL ENERGY AND ENDURANCE						
LACK OF MOTIVATION	❍	❍	❍	❍	❍	❍
DRIVE	❍	❍	❍	❍	❍	❍
PERSEVERANCE	❍	❍	❍	❍	❍	❍
STAMINA	❍	❍	❍	❍	❍	❍
STRENGTH	❍	❍	❍	❍	❍	❍
DURABILITY	❍	❍	❍	❍	❍	❍
ENDURANCE	❍	❍	❍	❍	❍	❍