

# Active Elements Assessment For A Female

(Private & Confidential)



**Please consider each question for a moment before answering.**

Date:

Title:

First Name:

Last Name:

Street:

Town:

State or County:

Country:

Post Code:

Email:

Date of Birth:

Phone:

## **1. What general category best describes your reasons for undertaking this assessment?**

(One choice only please)

- No current health issues (If you choose this category, please go to Question 4)
- Acute health issues
- Chronic health issues
- Stress or emotional health issues

## **2. How long have you had your health issues?**

(One choice only please)

- Years
- Months
- Weeks
- Days
- Hours

## **3. Over time how have your health issues become?**

(One choice only please)

- Very much worse
- Much worse
- Moderately worse
- A little worse
- No better - No worse
- A little better
- Moderately better
- Much better
- Very much better

**4. Circle the best answer for each of the following questions**

N = Never

P = In the past

S = Sometimes

O = Often

Do you find it difficult to concentrate, or do you forget things easily?	N	P	S	O
Do you get weepy or depressed or find it hard to get motivated?	N	P	S	O
Are you over-sensitive to noise or bright light?	N	P	S	O
Do you dislike being away from home, or being left alone?	N	P	S	O
Do you ever feel anxious, panicky, or shaky inside for no reason?	N	P	S	O
Do you become impatient, irritable or aggressive too easily?	N	P	S	O
Do you feel better in company or when you eat?	N	P	S	O
Do you crave biscuits or sweets, or pick at food between meals?	N	P	S	O
Do you sigh or yawn a lot?	N	P	S	O
Does just one drink of alcohol settle you down and make you feel better?	N	P	S	O
Do you ever suffer sharp shooting pains, or twitching eye or face muscles?	N	P	S	O
Do you experience palpitations or hot flushes soon after going to bed?	N	P	S	O
Do you find it difficult to get to sleep, or do you wake often during the night?	N	P	S	O
Do you wake in the morning still feeling tired?	N	P	S	O
Do you wake in the morning, or are woken with stiff and painful joints?	N	P	S	O
Do you suffer from headaches after work or at weekends?	N	P	S	O
Do you suffer dandruff, or dry flaky skin on your face, arms or legs?	N	P	S	O
Does your scalp get oily, or moist and sticky if not washed every 2-3 days?	N	P	S	O
Does your head ever feel fuzzy as if full of cotton-wool?	N	P	S	O
Does your hair fall out easily or do the ends split?	N	P	S	O
Are your fingernails soft, or do they flake or crack?	N	P	S	O
Do you catch colds or other infections too often or too easily?	N	P	S	O
Do you suffer from tinea or thrush (candida)?	N	P	S	O
Do you suffer from blocked sinuses or sinus headaches?	N	P	S	O
Do you have any excessive mucus that is yellow-green in colour?	N	P	S	O
Do you have excessive mucus that is white, or thick and clear?	N	P	S	O
Does the skin on your lips, hands or feet crack?	N	P	S	O
Do you have acne with white heads, or is blind and sore under the skin?	N	P	S	O
Do you have pimples that heal slowly and tend to leave scars?	N	P	S	O
Do you have acne with yellow heads, or a tendency to form blackheads?	N	P	S	O
Do you suffer swollen ankles at the end of the day, or during hot weather?	N	P	S	O

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Do you suffer from indigestion, gastric reflux or flatulence after meals?	N	P	S	O
Do rich, fatty foods or chocolate disagree with you?	N	P	S	O
Do you ever feel you have a tight band around your chest, head, throat or tummy?	N	P	S	O
Do you pass a lot of gas, or experience abdominal pain or bloating from gas?	N	P	S	O
Do you suffer from haemorrhoids (piles)?	N	P	S	O
Do you suffer from haemorrhoids that itch or bleed?	N	P	S	O
Do you ever suffer from cystitis or urethritis?	N	P	S	O
Do you bruise easily, or do wounds take a long time to heal?	N	P	S	O
Do you suffer weaknesses of tendons, cartilages, ligaments, discs or bones?	N	P	S	O
Do you suffer cramping pain at the beginning of your period?	N	P	S	O
Do you lose clotted or membranous material during your period?	N	P	S	O
Do you build-up fluid in your breasts, belly, face or fingers before a period?	N	P	S	O
Do you suffer from mouth ulcers or any form of herpes?	N	P	S	O
Are you more sensitive to the cold than most people you know?	N	P	S	O
Are any of your symptoms worse during cold weather?	N	P	S	O
Are any of your symptoms worse with changeable weather?	N	P	S	O
Are any of your symptoms worse with damp weather?	N	P	S	O
Are any of your symptoms worse with hot humid weather?	N	P	S	O
Are any of your symptoms worse in warm, stuffy rooms or buildings?	N	P	S	O
Are any of your symptoms worse during or following stress?	N	P	S	O
Are any of your symptoms improved during hot humid weather?	N	P	S	O
Are any of your symptoms improved by hot applications to the affected area?	N	P	S	O
Are any of your symptoms improved by cold applications to the affected area?	N	P	S	O
Are any of your symptoms improved by applying pressure to, or rubbing the affected area?	N	P	S	O