

The End of Illness Personal Health Inventory Questionnaire

By Dr. David B. Agus

Don't know how to make the most out of your next visit to the doctor? Not sure how to begin the process of getting to know your individual body in a way that allows you to optimize a personal plan of action in the spirit of personalized medicine? Then simply start here by filling out the following personal health inventory questionnaire, which is designed to help you prepare for a checkup with your doctor—giving you clues to discuss during your visit. Even if you think your doctor already knows this stuff about you, or that the answers to these questions are somewhere in your medical files, it helps to take a totally fresh look at yourself today using these particular inquiries. Some of these are not your standard questions found on physicians' intake sheets, yet their answers can be incredibly revealing and helpful.

Respond to each question carefully and honestly. Circle yes or no where appropriate and take as many notes as you can. Most of these questions are meant to be answered with regard to the present day, but should any question prompt you to recall an event or concern you had within the past year, include that in your response. Spend time with this document. Fill it out in a comfortable place where you don't have any distractions. Feel free to complete the first half one day, the second half the next, and then go back and revisit your responses prior to scheduling your appointment. You might find that you won't be able to answer a certain question right away, and need to think about it over the course of a few days. You'll be able to take the greatest advantage of this questionnaire if you do your best to complete it long before you step into your doctor's office.

Unlike other self-tests, this one doesn't have a scorecard. Your answers are your own. I encourage you to print this questionnaire out and write your answers directly onto the page. Be as comprehensive, detailed, and descriptive as you can. Bring this with you as a reminder of things to discuss when you visit with your primary care physician. Don't be intimidated to share your responses with you doctor. And if you don't feel comfortable doing so, then find a doctor whom you can trust at this level. Remember, this is about you...supporting lasting health and ending your own potential illness.

At the end of the questionnaire, you'll find further instructions that will help to you define your personal metrics today, which will help you to maximize the utility of this overall inventory—and make the best use of your information.

Overall feeling: How do you feel? It's arguably the most important question to ask of yourself. You might feel great today, but how about yesterday? When do you have your low moments? Is there a pattern? Is it hard for you to get out of bed in the morning (yes/no)?

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Energy levels: How would you rank your energy level on a scale of 1 to 10? How has it changed in the last year?

Schedule: How regular is your schedule of when you eat, exercise, and sleep? Is every day the same or different?

Breathing: Anything abnormal to report (yes/no)? Do you hear or feel rattles when you breathe (yes/no)? Does it hurt to breathe deeply (yes/no)? Do you cough when you take a deep breath (yes/no)? Answer these questions when you are at rest and after exercise.

Exercise tolerance: How much can you comfortably tolerate? How does this amount of physical activity compare with how you felt and how hard you moved your body last year? Does anything hurt or feel funny when you move or exercise (yes/no)?

Walking: Are you walking the same way you always have (yes/no)? Do you lean to one side and never did before (yes/no)? Do you hunch over more (yes/no)? Is it hard to walk fully upright (yes/no)?

Sensations: Anything unusual or out of the ordinary to report in any part of your body (yes/no)? For example, how is your sense of smell? Is it as strong as ever? Weak?

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Skin: When you scan your skin for any strange marks, growths, or bumps while naked in front of the mirror, do you find anything (yes/no)? Has anything changed since the last time you examined your skin (yes/no)? Do your socks leave indentation marks on your ankles/legs (yes/no)? (If so, this could indicate that your heart isn't working properly and fluid is getting stagnant in areas, increasing your risk for a blood clot.)

Hair: Has your hair changed at all in terms of thickness, texture, growth/loss, and so on (yes/no)? Have you lost hair around your ankles (yes/no)? This could be a sign of a circulatory problem, especially noticeable in men. Conversely, do you have hair growing in odd places, such as your arms and face (yes/no)? This could signal hormonal changes, especially in women.

Nails: These dead tissues can actually tell you a lot. Have they changed in appearance or color lately (yes/no)? Discolored nails can signal certain conditions, from a simple infection to diabetes. If your nails have a yellowish hue to them, it's time for a diabetes check. Nails can also indicate iron levels. Look for a whitish crescent C at the base of your nails, which indicates good iron levels.

Fingers: Do your joints ache after using them (yes/no)? If you're a woman, is your ring finger longer than your index finger (yes/no)? If so, you may be twice as likely to suffer from osteoarthritis. That's according to a 2008 study in the journal *Arthritis & Rheumatism*, which discovered this odd connection and hypothesized that longer ring fingers are linked to higher levels of testosterone exposure in the womb. Higher prenatal levels of testosterone lower the concentration of estrogen, which is critical to bone development. If you're a man whose index finger is longer than your ring finger, your risk of prostate cancer drops by a third.

Joints: Do they hurt (yes/no)? More in the morning when you get up, or after a long day? What makes the aching joints better?

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Appetite: Is it the same as it used to be? Stronger? Weaker? Do you have serious cravings (yes/no)? If so, for what?

Breasts: If you're a woman, do you see or feel any lumps, bumps, or dimples when you perform a breast exam (yes/no)?

Digestion: Any feelings of discomfort to report (yes/no)? Do you have to use any over-the-counter medications for your digestion/stomach on a regular basis (e.g., Tums, Pepto-Bismol, Tagamet, Zantac, Prevacid, laxatives, and the like) (yes/no)? If you have symptoms, are they better or worse after eating a meal? Do you experience an intolerance, sensitivity, or allergy to certain foods (yes/no)? Which foods?

Headaches: Do you experience headaches regularly (yes/no)? Migraines (yes/no)? Do you know the triggers for such headaches (yes/no)? Do you find yourself taking over-the-counter painkillers consistently (e.g., Advil, Aleve, Tylenol, Excedrin, aspirin, and the like) (yes/no)?

Allergies: Do you have any (yes/no)? Have your allergies changed over the years (yes/no)? How so?

Sleep: Do you sleep well (yes/no)? Do you resort to sleep aids on occasion (yes/no)? Do you wake up feeling rested most of the time (yes/no)? How consistent are your bedtimes and wake times? Does your bed partner say that you snore (yes/no)? (Sleep apnea, which is often characterized by snoring, is incredibly common today and is a known risk factor for a heart attack. Luckily, sleep apnea can be treated pretty successfully.)

Pain: Is there any area where you feel discomfort or pain (yes/no)?

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Passing colds and flus: Do you get sick a lot (yes/no)? How many fevers have you had this past year? When you get sick, does it seem to take you longer than your friends or family members to get better (yes/no)? Did you get a flu shot this year (yes/no)?

Mood: How stable is your mood? Do you have feelings of depression (yes/no)?

Hormonal cycle: If you're a woman, is your cycle regular (yes/no)? Are you in perimenopause or menopause?

Previous diagnoses: What have you previously been diagnosed with? Is there anything that you deal with chronically (yes/no)?

Stress level: On a scale of 1 to 10, how bad is it? Is it chronic or just once in a while? Does the stress affect your lifestyle? If your stress is work-related, do you love or hate your job? (Turns out that if you love your job despite the stress, you're much better off than if you hate your job and it causes you stress!)

Weight: Are you happy with it (yes/no)? Have you tried to change it (yes/no)? What happened when you did? Do you have a paunch that you cannot get rid of (yes/no)?

Medications (prescription and nonprescription): What do you take, for what conditions, and for how long have you been taking them? This includes all vitamins, supplements, additives, and occasional medications (such as a few Tylenol or Advil for a headache).

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Health-care prevention: Are you up-to-date with things like routine exams/wellness checkups, vaccines, screenings (e.g., Pap smear, colonoscopy, etc.), and blood tests (yes/no)? Do you know what foods you're supposed to be eating given your underlying disease risk factors (yes/no)?

Overall satisfaction: If you had to rank how you felt about yourself in general, on a scale of 1 to 10, what would your number be? What kind of report card would you give yourself? What do you want to change in your life?

Defining Your Personal Metrics: In simplest terms, a personal metric is data point, rule, standard, or detail that says something about your health. Your weight, for instance, would be a personal metric. Your need to go to bed at exactly 10:00 p.m. to feel good the next day is a personal metric. From a broader perspective you can also look at metrics as a set of habits or customs you subscribe to that affect your health—that either enhance or detract from the state of body that you aim to achieve. The questionnaire that you just filled out will help you define your personal metrics. To maximize your understanding of your personal metrics, it also helps to complete the following two exercises:

- Track your Body Mass Index, or BMI, yearly (you can use the link on the website).
- Measure your blood pressure on a regular basis using four columns (defined below), especially if you have a history of elevated blood pressure or are over 40 years old.
 - Column 1: Date;
 - Column 2: Time of day;
 - Column 3: Blood pressure; and
 - Column 4: Describe what's going on at that time—i.e., you just woke up, it's bedtime, you're relaxed having a glass of wine, or you've just got off an irritating phone call). Bring several weeks of data with you to your doctor's office for him/her to review. Note: if you don't have a device to measure your blood pressure, most large chain drug stores that have walk-in clinics now offer access to a public machine you can use.

