

Harper Health Indicator Test

Instructions

Check off each symptom that you have according to its severity.

(0) means you never have the symptom,

(1) means it is mild when it occurs or it occurs occasionally,

(2) means moderate or occurs at least once a week,

(3) means severe or occurring frequently.

Multiply the number of checks in each column by the number at the top of the column and then add the numbers in the three columns to get your total score.

| 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | |
|---|---|---|---|---|---|---|---|---|--|
| | | | | Tired all the time | | | | | Eat when nervous |
| | | | | Hungry between meals or at night | | | | | Stomach cramps or "nervous stomach" |
| | | | | Depressed | | | | | Allergies: asthma, hay fever, skin, sinus trouble, etc. |
| | | | | Insomnia | | | | | Fatigue relieved by eating |
| | | | | Wake up after few hours of sleep | | | | | Suicidal thoughts or tendencies, feelings of hopelessness |
| | | | | Fearful (overwhelmed by people, places, or things) | | | | | Bored |
| | | | | Can't decide easily | | | | | Bad dreams |
| | | | | Can't concentrate | | | | | Irritable before meals |
| | | | | Poor memory | | | | | Heart beats fast (palpitations) |
| | | | | Worry frequently | | | | | Get shakey inside if hungry |
| | | | | Feel insecure or low self image | | | | | Feel faint if meal is delayed |
| | | | | Highly emotional | | | | | Ulcers, gastritis, chronic indigestion, abdominal bloating |
| | | | | Moody | | | | | Cold hands or feet |
| | | | | Cry easily, or feel like crying inside | | | | | Trembling (shaking) of the hands |
| | | | | Fits of anger | | | | | Blurred vision |
| | | | | Magnify insignificant details (make mountains out of molehills) | | | | | Bleeding gums |
| | | | | Eat candy, cake, cookies, or drink soda pop | | | | | Dizziness, giddiness, or light-headedness |
| | | | | Eat bread, pasta, potatoes, rice, or beans | | | | | Aware of breathing heavily |
| | | | | Consume alcohol | | | | | Bruise easily |
| | | | | Drink more than 3 cups of coffee or cola drinks a day | | | | | Reduced sex drive |
| | | | | Crave candy, soda, or coffee between meals or mid-afternoon | | | | | Incoordination (drop or bump into things) |
| | | | | Can't work well under pressure | | | | | Swearing excessively |
| | | | | Headaches | | | | | Unsocial or anti-social behavior |
| | | | | Sleepy during the day | | | | | Muscle twitching or cramps |
| | | | | Sleepy or drowsy after meals | | | | | Excessive thirst |
| | | | | Lack of energy | | | | | Phobias |
| | | | | Reduced initiative | | | | | Weight change |

Patient's Name _____

Date _____

Total Score _____