



General Health Questionnaire

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Are you susceptible to colds and flu? If so, how regularly do you experience them? Very!

Do you experience any of the following frequently? Cough

Are you trying to conceive? Please give details if so No

Are you pregnant or post-partum (< 6 weeks)? No

Do you have children? If so, please list their ages and any relevant details

Jye-4
Cooper-21 months

Are you breastfeeding currently? If so, please give details No weaned a few months ago

Do you drink alcohol? If so, how much per week Yes socially but had about 3 months of barely anything recently.

Do you smoke? Or are you exposed to passive smoke? Please give details No

Please outline what you typically eat each day (Breakfast, Lunch, Dinner & Snacks)

Eggs with greens, banana gf pancakes, porridge or gf corn flakes

Eggs with veg, tuna avo on rice crackers, soup, sometimes a cheese Tom toasty.

Snacks mostly fruit or nuts, popcorn

Tacos, chicken stir fry, veg gf Mac & cheese, gf veg loaded spag, roast etc

(Mostly using organic produce now & sometimes have broth or sauerkraut)

Do you exercise? If so, please list type and frequency of exercise

Just starting to! Haven't had energy. Enjoying running! Yoga and walks

Do you experience any of the following?

Anxiety Stress Depression or low mood

Waking at night and find it hard to go back to sleep

Poor energy levels

How high are your energy levels generally (on a scale from 0-10, 10 being the most energetic)?

7

Do you have any sleep issues:

Waking during the night

Waking during the night and have difficulty falling back to sleep

Need to urinate multiple times per night

Get woken regularly by something ie. child, cat, noises etc.

How many hours of sleep do you get each night?

7 on average mostly broken

What time do you go to sleep at night? 9pm sometimes 8:30

Do you experience any of the following:

Cold hands or feet

Low blood pressure

Palpitations

FOR WOMEN WHO ARE PER-MENOPAUSAL OR POST-MENOPAUSE:

FOR WOMEN WHO ARE (OR ARE OF THE AGE TO BE) HAVING A PERIOD:

Do you have any gynaecological diagnoses? ie. Endometriosis, adenomyosis, ovarian cyts, PCOS etc.

No but I am having an abdominal ultra sound soon as have had chronic on & off pain right abdominal area. Working with a Chiro on back pain and this. I have a double urithra on the right side.

Are you using contraception (or have you used it in the past)? If so, please give details:

No! But need to-any ideas would be welcome as done want hormone based. I used the pill in my teens for years :(and also had the implanon for 1-2 years many years ago

How often do you get your period (ie. 28-days)?

Pretty much 28days

In regards to your period:

How many days do you bleed for?

5

What colour is it (ie. dark red, bright red, brown) and do you have clots?

Red no clots

Do you have spotting before your period starts?

No

Do you experience mid-cycle pain or spotting?

Yes normal period pain

Before or during your period, do you experience any of the following?

Abdominal cramping	Back pain or ache	
Skin problems/acne	Irritable/depressed	Fatigue
White discharge		

Do you experience:

FOR MEN:

Signature

KKnt