Creating an Accurate Health Baseline

A brief guide to completing your health questionnaire

Your questionnaire is a starting point, not a test. There are no good or bad scores. The most useful answer is the one that reflects what you are actually experiencing now - not what you think the answer should be.

Why accuracy matters

- **Better priorities** Your answers help us decide what to discuss, examine, test, and address first.
- **More precise care** Scores that are too low or too high can lead to a plan that does not match your needs.
- **Meaningful progress** An honest starting point makes real improvement easier to recognize.

Why symptoms are sometimes underestimated

Symptoms can develop gradually, and people often adapt by pushing through, avoiding activities, or accepting a lower level of function as normal. A good day, comparison with someone else, rushing, or uncertainty about a question can also affect the score.

Five ways to score more accurately

1. **Use the full time period** Think about the past 2 to 4 weeks, not only today.
2. **Look for patterns** Consider frequency, intensity, duration, triggers, and recovery time.
3. **Notice compensation** Include what you avoid, modify, postpone, or push through.
4. **Consider daily function** Review sleep, energy, digestion, pain, mood, focus, work, exercise, and relationships.
5. **Admit uncertainty** If you are unsure what a question means, ask us to review it with you.

When your scores and your health story do not match

We may ask you to reconsider an answer. This is not an accusation and does not mean you answered incorrectly on purpose. It simply means your questionnaire, concerns, and observed function may not yet be telling the same story. Our goal is to understand the difference together.

A simple 7-day observation

For one week, briefly note when a symptom or change occurs. Record what you noticed, what happened beforehand, how strong it was from 0 to 10, how long it lasted, and what helped. Use these notes when completing the questionnaire again or bring them to your next visit.

The goal is accuracy, not a higher or lower score. Careful self-observation helps you recognize your body's signals earlier, communicate clearly, and get the greatest benefit from your care plan.

SUNSHINE MEDICAL CENTER

Whole-Health Pattern Questionnaire

PATIENT COMPLETION

Patient name _____ **Date** _____

Enter one number (0-3) beside every symptom. Higher scores indicate greater reported burden; this is not a diagnosis.

SECTION 1 | ENERGY & RECOVERY

Past 30 days: 0 Never • 1 Mild • 2 Moderate • 3 Severe

- ☐ Low energy or fatigue
- ☐ Midday energy crashes
- ☐ Waking feeling unrefreshed
- ☐ Slow recovery after exercise or activity
- ☐ Reduced stamina
- ☐ Feeling physically run down
- ☐ Brain fog or mental fatigue
- ☐ Difficulty concentrating

SECTION TOTAL _____ /24

SECTION 2 | DIGESTION & ASSIMILATION

Past 30 days: 0 Never • 1 Mild • 2 Moderate • 3 Severe

- ☐ Bloating
- ☐ Excessive gas
- ☐ Constipation
- ☐ Loose stools, diarrhea, or urgency
- ☐ Reflux or heartburn
- ☐ Nausea or stomach discomfort
- ☐ Reactions after certain foods
- ☐ Feeling poorly after eating

SECTION TOTAL _____ /24

SECTION 3 | IMMUNE FUNCTION & REPAIR

Past 30 days: 0 Never • 1 Mild • 2 Moderate • 3 Severe

- ☐ Frequent colds or infections
- ☐ Slow healing
- ☐ Muscle soreness beyond what feels normal
- ☐ Sinus congestion
- ☐ Seasonal allergy symptoms
- ☐ Skin irritation or rashes
- ☐ Swelling or puffiness
- ☐ Symptoms that flare after illness

SECTION TOTAL _____ /24

SECTION 4 | ENVIRONMENTAL TOLERANCE

Past 30 days: 0 Never • 1 Mild • 2 Moderate • 3 Severe

- ☐ Sensitivity to chemicals or fragrances
- ☐ Symptoms after alcohol
- ☐ Headaches triggered by foods, smells, or environments
- ☐ Feeling worse in certain buildings or places
- ☐ Unexpected reactions to supplements or medications
- ☐ Skin flare-ups after exposures
- ☐ Feeling unwell after smoke, dust, or damp environments
- ☐ Symptoms that improve away from a particular environment

SECTION TOTAL _____ /24

Patient name _____ **Date** _____

Enter one number (0-3) beside every symptom. Higher scores indicate greater reported burden; this is not a diagnosis.

SECTION 5 | HORMONES, MOOD & REGULATION

Past 30 days: 0 Never • 1 Mild • 2 Moderate • 3 Severe

- ☐ Mood changes
- ☐ Anxiety or internal tension
- ☐ Low motivation
- ☐ Irritability
- ☐ Difficulty falling or staying asleep
- ☐ Reduced sex drive
- ☐ Menstrual, hot-flash, or other hormonal symptoms
- ☐ Cravings or blood-sugar swings

SECTION TOTAL _____ /24

SECTION 6 | CIRCULATION & METABOLIC FUNCTION

Past 30 days: 0 Never • 1 Mild • 2 Moderate • 3 Severe

- ☐ Cold hands or feet
- ☐ Lightheadedness when standing
- ☐ Shakiness or weakness between meals
- ☐ Fluid retention
- ☐ Shortness of breath with usual activity
- ☐ Poor circulation
- ☐ Difficulty maintaining a healthy weight
- ☐ Feeling unusually drained with exertion

SECTION TOTAL _____ /24

SECTION 7 | STRUCTURAL HEALTH & PHYSICAL COMFORT

Past 30 days: 0 Never • 1 Mild • 2 Moderate • 3 Severe

- ☐ Neck discomfort
- ☐ Back discomfort
- ☐ Joint pain or stiffness
- ☐ Muscle tightness
- ☐ Limited mobility or flexibility
- ☐ Tension-related headaches
- ☐ Posture-related discomfort
- ☐ Difficulty performing usual physical activities

SECTION TOTAL _____ /24

SECTION 8 | STRESS LOAD & NERVOUS-SYSTEM BALANCE

Past 30 days: 0 Never • 1 Mild • 2 Moderate • 3 Severe

- ☐ Feeling overwhelmed
- ☐ Difficulty relaxing
- ☐ Trouble quieting your mind
- ☐ Feeling wired but tired
- ☐ Increased sensitivity during stress
- ☐ Light or restless sleep
- ☐ Feeling stuck in fight-or-flight
- ☐ Slow recovery after stressful events

SECTION TOTAL _____ /24

SUNSHINE MEDICAL CENTER

Whole-Health Pattern Questionnaire

PATIENT + CLINICIAN

Patient name _____ **Date** _____

A. Lifestyle Foundations

Score each domain 0-4. Higher scores indicate a stronger current foundation.

Sleep	☐ 5 hours or less	(0)	☐ 5-6 hours	(1)	☐ 6-7 hours	(2)	☐ 7-8 hours	(3)	☐ 8+ and restorative (4)
Stress management	☐ Overwhelming most days	(0)	☐ High	(1)	☐ Moderate	(2)	☐ Low	(3)	☐ Well managed (4)
Nutrition consistency	☐ Rarely supports goals	(0)	☐ Inconsistent	(1)	☐ Improving	(2)	☐ Mostly consistent	(3)	☐ Highly consistent (4)
Physical activity	☐ None / unable	(0)	☐ Light, 1-2 days	(1)	☐ Moderate, 2-3 days	(2)	☐ Structured, 3-4 days	(3)	☐ Structured, 5+ days (4)

FOUNDATION STRENGTH TOTAL _____ **/16 (report separately from symptom burden)**

B. Goals & Readiness Profile

Primary goal - choose one; goals are not scored

- ☐ Reduce pain / improve function
- ☐ Improve performance
- ☐ Improve management of a chronic condition
- ☐ Improve energy and vitality
- ☐ Support healthy aging
- ☐ Other _____

Willingness to change daily habits

- ☐ 0-3: Not ready (0)
- ☐ 4-6: Somewhat ready (1)
- ☐ 7-8: Ready (2)
- ☐ 9-10: Very ready (3)

Time realistically available each week

- ☐ Less than 1 hour (0)
- ☐ 1-2 hours (1)
- ☐ 3-4 hours (2)
- ☐ 5+ hours (3)

Biggest expected barrier _____

Three symptoms or activities you most want improved

_____ _____ _____

SAFETY CHECK

Tell staff immediately if you currently have chest pressure, severe shortness of breath, fainting, new one-sided weakness, new confusion, thoughts of self-harm, vomiting blood, black/bloody stool, or another severe or rapidly worsening symptom. This questionnaire does not replace urgent medical evaluation. Call 911 for a possible emergency.

C. Clinician Summary - do not combine the three domains

Symptom burden _____ **/192** **Foundation strength** _____ **/16** **Readiness** _____

Provisional symptom-burden guide: 0-31 low | 32-63 mild | 64-95 moderate | 96-127 high | 128-192 very high.

Use as a local triage guide only; these cut points are not validated diagnostic thresholds. Interpret with history, exam, and clinical judgment.

Highest three domains _____

Red flags / referral needs _____

Starting phase / tier / next step _____