



Risk Profile

Name: _____

Date: ____/____/____

Headache (Migraine), Neck Pain, TMJ Dysfunction

Use this questionnaire to find the likelihood that one of these problems is causing your symptoms.

Answer "Yes" if more than minor or once per wk or more. Answer "No" if rare or for a CLEARLY unrelated reason.

Neck and/or Upper Back	Yes	No
History of neck injury (whiplash, sports, auto, etc)	1	0
Neck, base of skull, upper back or upper shoulder pain, uncomfortable, or tender	2	0
Neck discomfort worse before headache comes on	2	0
Unable to sit/work/drive/read as long as others (at least 1 hour) before pain begins	2	0
Total		

Total=7 Maybe=1 Prob=2 Definitely = 3

Sleep Duration	Yes	No
Pain is notably less when sleep until rested	2	0
Sleep 6 hours or less the day before headaches	1	0
Total		

Total=3 Maybe=1 Prob=2 Definitely = 3

Sleep Posture / Pillow / Bed*	Yes	No
Wake feeling worse than went to sleep	2	0
Sleep on stomach	1	0
Total		

Total=3 Maybe=1 Prob=2 Definitely = 3

Sit / Work Posture (does not rule out vision)	Yes	No
Pain is worse after sitting for an hour or more	1	0
Less significant or frequent symptoms when sit less	1	0
Total		

Total=2 Maybe=1 Prob=2 Definitely = N/A

Sedentary Lifestyle	Yes	No
Exercise decreases pain/discomfort temporarily	2	0
Exercise less than 1 ½ hours per week	1	0
Total		

Total=3 Maybe=1 Prob=2 Definitely = 3

Low Blood Sugar (does not rule out caffeine w/d)	Yes	No
Skipping a meal starts or worsens the discomfort	1	0
Eating a meal/snack diminishes the discomfort	1	0
Get headache 1-2 hours after eating a low fat and low protein meal. = One high in simple carbs	1	0
Total		

Total=3 Maybe=1 Prob=2-3

Dehydration (subclinical)	Yes	No
I work or exer. hard enough to sweat 3 or more d/wk	1	0
I eat <u>more</u> Meat & Grains than I do Fruits & Veggies	1	0
Alcoholic or caffeinated drinks 3 or more days/wk	1	0
I drink [weight in lbs/20] cups of water or juice/day	-1	+1
3-7 days per week, I eat an average of 1 cup or more of watery fruits & veggies (cucumber, tomato, peach, melons, citrus, apple)	-1	+1
Total		

Total=1 Maybe=1 Prob=2 Definitely = 3

Emotional Stress	Yes	No
In the last 12 months, I had a significant change in relationships, responsibilities, or health.	1	0
When I <u>focus on</u> the <u>situation</u> or <u>person</u> , I am moderately (or more) stressed about <u>work</u> , or <u>finances</u> ,	1	0
...or about <u>home</u> or <u>health</u> , or <u>family</u>	1	0
I am concerned about my (or my family's) <u>health</u> , <u>safety</u> , <u>time</u> , <u>finances</u> ?	1	0
I have someone I trust with whom I <u>can</u> and <u>do</u> share my feelings of stress about the above issues?	-1	+1
When stressed, I <u>quickly act</u> to <u>think positive</u> , <u>exercise</u> , <u>relax</u> , or <u>share my feelings</u> w/ a friend.	-1	+1
Total		

Total=4 Maybe=1 Prob=2 Definitely = 3

TMJ Dysfunction	Yes	No
History of jaw injury or TMJ problems	1	0
Jaw muscle, behind eye, or temple tender/discomfort	2	0
During day (or wake with) jaw stiffness or soreness	1	0
Total		

Total=4 Maybe=1 Prob=2 Definitely = 3

Vision Problems (nearsighted)	Yes	No
Trouble seeing objects far away (television, front of schoolroom, nature or sports objects).	1	0
Must read with book very close to the face	1	0
Headache within short time of reading, computing or other activity requiring focused vision.	1	0
Total		

Total=3 Maybe=1 Prob=2 Definitely = 3



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Medication or Caffeine Rebound	Yes	No
Take pain or caffeine-containing medication (sinus, sleep, Codeine, Anacin, Excedrin, Bayer, Aspirin, Tylenol (acetaminophen), Alieve, Motrin (ibuprofen), Butlbital, or Ergotamin) <u>3 or more</u> times per week	1	0
Often have headache unless take above medication	1	0
Have caffeinated drink <u>3 or more</u> times per week	1	0
Often have a headache unless I have caffeine	1	0
Total		

Total=4 Maybe=1 Prob=2 Definitely = 3

Toxicity – Does not account for occupational	Yes	No
Near fresh paint/fumes/polish(any) over 1 hr/wk	1	0
Use Rug, Spot liquid cleaners, Aerosols(any), or Air Fresheners.	1	0
Have a job around solvents or fumes	2	0
Drink more than 14 servings alcohol/wk or Smoke	1	0
Cook using plastic or aluminum container or wrap or buy or store food in soft plastic	1	0
Wear clothes that have been dry cleaned	1	0
Stomach or Intestinal symptoms (Reflux, Gas, etc)	1	0
I eat a variety of colorful Fruit & Veggies, <u>daily</u>	1	0
Foods I eat are usually "Organic" foods	1	0
Drink water not filtered by activated carbon	1	0
Live within one(1) mile of sprayed crops	1	0
Use <u>any</u> or <u>near</u> spray pest-/herbicide at home or work	1	0
Work as a beautician, pharmacist, mortician, chemist, lab tech, doctor/nurse(any kind), firefighter, photographer, printer,	1	0
Have walls or furniture(plywood, paneling, particleboard, or fiberboard) less than 1 year old.	1	0
Total		

Total=13 Maybe=4 Prob=6 Definitely = 8

Zn Tally and/or Mineral Deficiency (Mg ⁺⁺)*	Yes	No
Diminished ability to Taste or Smell	2	0
Weak immune system / frequent infections	2	0
Muscle twitches, spasms, tension; Leg or foot cramps; or Heart Palpitations	2	0
Trouble falling asleep	1	0
Moderate-to-high physical or emotional stress	1	0
Single Mineral supplementation without others	1	0
Take antacids	1	0
Total		

Total=10 Maybe=3 Prob=4 Definitely = 5

Need for Vit D test*	Yes	No
At least 1 hour large skin(at least arms+legs) sun exposure/week from April through September	0	1
Regularly taking @ least RDA (500 IU _(adult))Vit D/day	0	1
I eat cold water fish /shrimp at least 2x/wk or take at least 400 IU _(common adult RDA) /day in winter	0	1
Health condition involves the whole body or a system (like immune, energy, hormones, etc.)	1	0
Total		

Total=4 Maybe=1 Prob=2 Definitely = 3

Food Allergy/Sensitivity	Yes	No
A specific food or food family causes my headache (List here: _____)	3	0
I have eliminated (circle) wheat, orange, eggs, tea and coffee, chocolate, milk, beef, corn, added sugar, or yeast (or other food/drink (list: _____) and my discomfort reduced.	2	0
Total		

Total=5 Maybe=0 Prob=2 Definitely = 3

B Vitamin Deficiency*	Yes	No
Pregnant, Lactating, Hyperthyroid, or much Stress	1	0
Drink 20+ alcohol drinks/wk or have Diarrhea	2	0
Diet low in legumes, and green, leafy vegetables	1	0
Diet low in animal protein (milk, meat, fish)	1	0
Stomach or Intestinal problems	2	0
Crack around mouth corners or lips	1	0
Sore and extra red mouth and tongue	1	0
Scaly patches near Nose, Ears, Eyes, Head, or Genitals	2	0
Fatigued or Irritable feeling	1	0
History of (or presently have) Anemia	1	0
Poor Memory or sleep	1	0
Take the antibiotic isoniazid, hydralazine (for HBP), or penicillamine	2	
"Pins and Needles" feeling in <u>BOTH</u> hands OR feet	1	0
Total		

Total=17 Maybe=2 Prob=3 Definitely = 5

Need for Triad Profile – Biochemical pathways for deficiency, toxicity, & delayed food allergy testing	Yes	No
Specific, early treatment worth spending \$600	1	0
Tried dietary and supplemental treatments with unsatisfactory results	1	0
Health condition involves the whole body or system (like immune, energy, hormones, etc.)	1	0
Total		

Total=3 Maybe=1 Prob=2 Definitely = 3



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Essential Fatty Acid Deficiency*	Yes	No
Soft, fraying, or brittle nails	1	0
Dry, scaly, or flaky skin	2	0
Chicken skin (tiny bumps on my arms)	2	0
Dandruff	1	0
Pain or stiffness in my joints	2	0
Dry, lackluster, or unruly hair	1	0
Excessive thirst	1	0
Menstrual cramps	1	0
Premenstrual breast pain	1	0
Gallbladder sluggish/removed (not taking bile salts)	1	0
Do you have Depression or hot flashes?	1	0
Total		

Total=14 Maybe=3 Prob=4 Definitely = 5

The following causes of Headache are VERY serious and require Medical or Emergency evaluation

Meningitis (spinal cord covering infection)	Yes	No
I have 2 or more of the following symptoms: Unexplained Fever, Headache, or Painful or Stiff Neck to forward bending	1	0
Onset of above symptoms was sudden or severe	1	0
Total		

Total=2 Medical or Emergency evaluation = 1 or more

Stroke (Ischemia or Hemorrhage)	Yes	No
Any of the following symptoms developing within 1 hour's time: Numbness, Tingling, Weakness or Paralysis of limbs and the face; difficulty Understanding, Speaking, or Seeing in one or both eyes, Dizziness or loss of Balance and Coordination; or Severe Headache.	1	0
Total		

Total=1 Emergency evaluation = 1 or more

Temporal Arteritis (artery inflammation)	Yes	No
Severe Headache that is a new type for you	1	0
I am older than 55 years old	1	0
Jaw pain when chew firm foods	1	0
Very tender artery on temporal scalp	1	0
Mild, unexplained fever.	1	0
Bilateral aching and morning stiffness of the shoulder and hip girdle muscles and the back (upper and lower) and neck muscles.	1	0
Total		

Total=6 Maybe=2 Prob=3 or more Medical evaluation

Tumor or Mass in the cranium	Yes	No
Continued worsening of <u>brain function</u>	1	0
Persistent, unexplained, recent-onset <u>headaches</u>	1	0
Headache wakes me up when sleeping	1	0
<u>Unexplained</u> vomiting or <u>New</u> Seizure	1	0
Total		

Total=4 Medical or Emergency evaluation = 1 or more

What does your score mean? (The scores have been derived from published research and clinical experience. The results are not medical advice. Only your health professional can give accurate advice.)

- **Less than "Maybe"** – This is likely NOT your problem. Focus your efforts in more likely places.
- **"Maybe"** – It may be worth looking more closely at this, but focus mostly on other areas.
- **"Probably"** – This is an area that you will likely find a problem for which correct treatment will benefit you.
- **"Definitely"** – Focus on this with the correct treatment and you will realize a significant benefit!

Some of these problems can be handled on your own using the **Six Synergistic Steps**. If you do not know what to do or if your efforts are coming up short of good success, NOW you know where you need the most assistance.

Give us a call and set up an appointment to evaluate you for solutions for your Headache, Neck pain, or TMJ dysfunction.