



- Body health – self assessment guideline -

Use this guideline at least once a month to study your **medical problems** & **risk factors**. You can understand how these are changed monthly. Put a \checkmark mark in the relevant cage if you have any of the below symptoms &/or health problems.

Calculation of total health score:


Count the total number of \checkmark marks in each red, green & white columns. Write down the total in each column here according to the month.


Month						
Total of red \checkmark (red score)						
Total of green \checkmark (green score)						
Total of white \checkmark (white score)						


If your red & green scores are high you are at a high risk health condition. Always try to get reduced these scores compared to last month. If your white score is high you are at a low risk health condition. Always try to get increased the white score in next month. Using this concept you can have an idea about your own mental & physical wellbeing. If you have any of the abnormalities in this list, you must discuss about it with your family doctor. If you can follow this continuously you can have a healthy long life! With time and experience you will be able to do this self–health assessment very quickly. Therefore, though you feel it as boring during first few months please don't give up. Try to get the maximum benefit of it. We have planned to convert the contents & concepts of this guideline in to online software. **Please use only a pencil.**




Disease symptom or health problem	Never had	Had in the past	Have even now
1- Allergies			
Drug allergies			
Food allergies			
Environmental allergies			
2- Common (general) symptoms			
Loss of weight in short period of time			
Tiredness, sleepiness, lethargy			
Night sweating			
Muscle cramps			
Loss of appetite			
Frequent fever			
Frequent skin itching			
Joint pains			
Joint swellings			
Joint stiffness			
Restriction of Joint movements			
Excessive thirsty			
Eye discharge or tearing			
Drying /burning / itching of eyes			
Cold intolerance			
Frequent back pains			
Nail discoloration or abnormalities			
Abnormal patches/lumps/ ulcers in skin			
Skin discoloration			
Hair loss			
Easy bruising / bluish discoloration of skin			
Tremor of fingers on fine works			
Heat intolerance (Excessive sweating)			

Common (general) symptoms. Cont...	Never had	Had in the past	Have even now
Lumps /swellings, nodules in neck			
Lymph node enlargements in neck or groin			
3- Symptos of brain or nerves 			
Visual impartments			
Hearing impartments			
Abnormalities of smell (in nose)			
Taste abnormalities in tongue			
Fits or epilepsy			
Fainting attacks or loss of consciousness			
Chronic headaches			
Numbness or abnormal sensations anywhere in body			
Weaknesses anywhere in body			
Unbalanced sensation or vertigo			
Slurring / abnormal speech			
Urine or fecal incontinence			
Abnormal spontaneous movements in limbs			
Pain starting from back & spreading along limbs.			

4-Symptoms related to mind	Never had	Had in the past	Have even now
Feeling of loneliness frequently			
Abnormal feeling of fear, anxiety & suspiciousness			
Hearing of abnormal sounds / voices			
Seeing abnormal visual images or scenes			
Irritability & aggressive behavior due to abnormal emotions			
Short term or long term memory impairments			
Living always with mental stress			
Frequent suicidal ideas			
Drug /alcohol addiction & difficulty of withdraw from it			
5-Symptoms related to heart & vascular system 	Never had	Had in the past	Have even now
Chest pains			
Shortness of breath on exertion			
Shortness of breath at night on bed			
Swelling around ankle joint			
Feeling of bnormally increased heart beating			
Cold & pale hand & feet			
Severe pains in leg on walking short distances			

Symptoms related to heart & vascular system. Cont...	Never had	Had in the past	Have even now
Varicose veins			
Non- healing ulcers in foot /legs			
6- Symptoms related to lungs or respiratory system 	Never had	Had in the past	Have even now
Cough lasting more than 2 weeks (or less if untreated)			
Blood on coughing or with flam			
Wheezing sound on breathing			
Pain in chest on breathing			
Voice changes			
Nasal discharge (Cattah)			
Frequent sore throats & pains in throat			
Bleeding from nose			
7- Symptoms related to bowels	Never had	Had in the past	Have even now
Abdominal pains			
Blocking /stucking food on swallowing			
Vomiting or burping acidic contents frequently			
Dyspepsia or abdominal distension			
Pain at throat or chest on swallowing			
Constipation			
Passing mucous with stool			

Symptoms related to bowels. Cont...	Never had	Had in the past	Have even now
Blood /black color vomiting			
Black (Tar) color stool (faeces)			
Blood in stool or on defecation			
Yellowish discoloration of eyes or body			
Frequent heartburn sensations			
Lumps, wounds, itching, pains or other abnormalities at anus			
Pain & burning sensation on defecation			
Sudden changes of consistency of stool (hard/loose)			
8- Symptoms related to kidneys & urinary tract 			
Burning sensation on passing urine			
Blood / Tea colored urine			
Urine incontinence (difficult to bare)			
Increased frequency of passing urine			
Passing urine several times at night			
Passing large volume of urine in 24h			
Passing white colored precipitates with urine			
Passing few drops of blood at the end of urination(micturition)			
Difficulty of initiating /passing urine.			

9- Symptoms related to oral cavity	Never had	Had in the past	Have even now
Infections in gums(Root of the teeth)			
Bleeding from gums			
Bleeding from gums			
Ulcers, patches , nodules, pains in oral cavity			
10- Symptoms related to breasts & genital organs			
Palpable(can feel with hand), lumps in breasts			
Pain & swellings in breasts			
Nipple discharges (not during /after pregnancy)			
Skin changes in breasts			
Lymph node enlargements /lumps in axilla (arm pit)			
Vaginal discharges			
Irregular vaginal bleeding			
Severe pain during sexual intercourse			
Ulcers, itching, skin rashes in genital areas			
Severe abdominal pain during menstruation			
Menstruation period lasting more than 3-4 days			



Your definitely diagnosed diseases

Put \checkmark mark in relevant cage. Some common diseases are mentioned here. If you have any other diseases please write them in the given space.

Disease	Never had	Had in the past	Have even now	Disease	Never had	Had in the past	Have even now
Diabetes				High blood pressure			
Bronchial asthma				High blood cholesterol			
Heart diseases				Kidney diseases			
Cancers				Psychiatric (mental) diseases			
Thyroid dysfunctions				Other diseases			
Paralysis							

About past surgeries

Put \checkmark in relevant cage

Area /organ of surgery done	Have not done	Have done	Area /organ of surgery done	Have not done	Have done
Brain			bones , muscles , connective tissues		
Spinal cord			Have you ever been in ICU		
Lungs & chest			Have you ever had problems during anesthesia		
Abdomen or kidneys			Other surgeries - Write in cages		
Throat,nose,ear, oral cavity					
Heart					
Blood vessels					
Breasts					



Family history

put \checkmark and mention the diseased person



Health problem or disease	Relationship				
	Mother	Father	Brother	Sister	Other first degree relatives Ex. Cousin, Father's sister
- Diabetes					
- Asthma					
- Heart diseases					
- Cholesterol					
- High blood pressure					
- Paralysis					
- Kidney diseases					
- Mental diseases					
- Cancers					
- Genetic diseases					
Any other diseases					
Deaths before the age of 60 years.					

Calculation of BMI (body mass index)

Ex: weight in Kg (ex. = 60Kg)

Height in m (ex = 1.5m)

$$\begin{aligned} \text{BMI} &= 60 \div 1.5 \times 1.5 \\ &= 60 \div 2.25 \\ &= 26.7 \end{aligned}$$

Identification of other risk factors

Put \checkmark in relevant cages

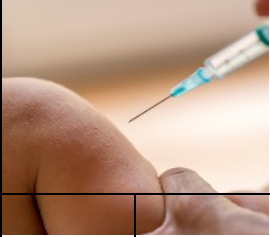
Risk factor	Never had	Had in the past	Have even now	Risk factor	Never had	Had in the past	Have even now
Smoking				Alcohol consumption			
Drugs / Heroin abuse				Beetle / Tabaco chewing			
Stress full home environment				Stressful occupational environment			
Working environment with toxic chemicals				Living in a are with environmental pollution /toxins			
Uncontrolled heavy eating				Heavy intake of high fat diets			
Eating artificial flavored food				Obesity – BMI more than 25			
Lack of exercise/ sedentary life							


Immunization history

Other risk factors

(√ in relevant cage).

(√ in relevant cage)

Type of vaccine	Had on time	Not sure about vaccination	Missed / Not had
			
Commonly used	Tetanus Toxoid		
	For rabies-on dog bite (ARS/ARV)		
Normal vaccines given by EPI program of the government.	BCG		
	JE		
	MMR		
	OPV		
	Pentavalent		
	DPT		
	MR		
	DT		
Uncommon vaccines	Chicken pox		

Write down here as instructed by your family doctor	කිසිදු නොමැත	අතීතයේ පැවතුණි	දැනට පවතී.
Ex: High salt intake in kidney diseases,			
Low water intake in urinary stones.			
			

You do not have to think about this simple guideline as very complicated. Do not get confused. Just think as a simple puzzle or entertaining game. With time you will be able to do this simple puzzle very quickly. This will give you the self-confidence & good health.



Checking your awareness about the given medical advices :

Fill this table after meeting your doctor & after discussing with him about your health problems (√ in relevant cage)

Your health condition (According to YOUR INSIGHT - in each organ / system)	01	02	03	04
	I have diagnosed diseases. Need long term treatments	I have no diagnosed disease. But I have health problems. I Need more investigatios	I have no diagnosed diseases or health problems. But I have risk factors. I need more advices.	I have NO diagnosed diseases, health problems or risk factors at the moment.
* Brain & nervous system				
* About mental health				
* About eyes				
* Ear throat & nose				
* Tooth Jaw & oral cavity				
* Lungs & respiratory system				
* About heart				
* Vascular system				
* Blood & lymphatics				
* Hormones & endocrine system				
* Bones & joints				
* Muscles & connective tissues				
* About skin				
* Abdomen & bowels				
* About Liver				
* About kidneys				
* Genital /reproductive organs				
* About breasts				
* Other problems				
Red √ Total				
Green √ Total				
White √ Total				

RED SCORE

GREEN SCORE

WHITE SCORE

Calculate the total sum of Red, Green & White √ marks separately & write down that total in relevant cages.