

## Nutritional Assessment

Please check any symptoms that apply to you

|  |   |
|--|---|
|  | ✓ |
| <b>STOMACH</b>   |   |
| Belching or gas after eating (within 1 hr)             |   |
| Excess fullness or bloating after eating (within 1 hr) |   |
| Binge or uncontrolled eating                           |   |
| Loss of taste for meat                                 |   |
| Feel like skipping breakfast                           |   |
| Feel better if you don't eat                           |   |
| Stomach upset by taking vitamins                       |   |
| Black or tarry colored stool                           |   |
| Undigested food or mucous in stool                     |   |
|  |   |
| <b>SMALL INTESTINE</b>                                 |   |
| Food allergies, sensitivities, and intolerances        |   |
| Frequent use of antibiotics                            |   |
| Crave bread or noodles                                 |   |
| Sinus congestion                                       |   |
| Feeling spacey or unreal                               |   |
| Feel worse in damp, muggy days or moldy places         |   |
| Ring worm, "jock itch", "athletes foot", nail fungus   |   |
| Yeast or fungal infections                             |   |
| Bad breath (halitosis)                                 |   |
| Dark circles under eyes                                |   |
| Excessive foul smelling gas or stools                  |   |
| Alternating constipation and diarrhea                  |   |
| Cramping in lower abdomen area                         |   |
| Anus itches  |   |
|  |   |
| <b>LARGE INTESTINE</b>                                 |   |
| Stools hard or difficult to pass                       |   |
| Feeling of incomplete bowel evacuation                 |   |
| Painful to press along outer side of thighs            |   |
|  |   |
| <b>VITAMIN / MINERAL NEED</b>                          |   |
| Crave chocolate  |   |
| Calf, foot or toe cramps at rest                       |   |
| Joints pop or click                                    |   |
| Fingernails chip, peel, or break easily                |   |
| White spots on fingernails                             |   |
| Whole body jerks as falling asleep                     |   |
| Vulnerable to insect bites                             |   |
| Restless leg syndrome                                  |   |
| Cracks at corners of mouth                             |   |
| Small bumps on back of arms                            |   |
| Can hear heart beat on pillow at night                 |   |
| Fragile skin   |   |
| Nose bleeds and / or tend to bruise easily             |   |
| Bleeding gums especially when brushing teeth           |   |

|   |   |
|---|---|
|   | ✓ |
| <b>LIVER / GALLBLADDER</b>                              |   |
| Stomach upset by greasy foods                           |   |
| Bitter taste in mouth, especially after meals           |   |
| Greasy or shiny stools                                  |   |
| Light or clay colored stools                            |   |
| Pain under right side of rib cage                       |   |
| Sea, car or airplane, motion sickness                   |   |
| Flush easily  |   |
| Bizarre, vivid, or nightmarish dreams                   |   |
| Known toxic exposure                                    |   |
| Sensitive to wine (sick, easily intoxicated, hang over) |   |
| Sensitive to chemicals (perfumes, solvents, etc.)       |   |
| Sensitive to tobacco smoke                              |   |
|   |   |
| <b>BLOOD SUGAR REGULATION</b>                           |   |
| Crave sweets  |   |
| Excessive Thirst  |   |
| Fatigue or irritability relieved by eating              |   |
| Headache if meals are skipped or delayed                |   |
| Shaky if meals delayed                                  |   |
| Sleepy after meals                                      |   |
| Awaken few hours after falling asleep                   |   |
|   |   |
| <b>ADRENAL FUNCTIONING</b>                              |   |
| Tend to be a "night person"                             |   |
| Difficulty falling asleep                               |   |
| Slow starter in the morning                             |   |
| Headache after exercising                               |   |
| Feeling wired or jittery after drinking coffee          |   |
| Clench or grind teeth                                   |   |
| Calm on the outside, troubled in the inside             |   |
| Chronic low back pain, worse with fatigue               |   |
| Become dizzy when standing up suddenly                  |   |
| Crave salty foods                                       |   |
| Perspire easily   |   |
| Afternoon headache                                      |   |
| Pain on the inner side of the knee                      |   |
| Tendency to sprain ankles or "shin splints"             |   |
| <b>Women only:</b> skipped periods                      |   |
|   |   |
| <b>ESSENTIAL FATTY ACID NEED</b>                        |   |
| Crave fatty or greasy foods                             |   |
| Tension headaches at base of skull                      |   |
| Headaches when out in the hot sun                       |   |
| Feel worse when in the sun, sun poisoning               |   |
| Muscles easily fatigued                                 |   |
| Ear wax build up  |   |
| Itchy feet and/or skin peels on feet                    |   |

|                        |   |   |                                 |   |   |                           |   |   |
|------------------------|---|---|---------------------------------|---|---|---------------------------|---|---|
| <b>SKIN</b>            |   |   | <b>RESPIRATORY</b>              |   |   | <b>URINARY</b>            |   |   |
| Skin Cancer            | Y | N | Asthma / Wheezing               | Y | N | Frequent Infections       | Y | N |
| Dry Skin               | Y | N | Bronchitis                      | Y | N | Kidney Stones             | Y | N |
| Eczema                 | Y | N | Chronic cough                   | Y | N | Pain with Urination       | Y | N |
| Hives                  | Y | N | Cough with blood                | Y | N | Discharge                 | Y | N |
| Itching                | Y | N | Emphysema                       | Y | N | Blood                     | Y | N |
| Psoriasis              | Y | N | Pneumonia                       | Y | N | Cloudy Urine              | Y | N |
| Rashes                 | Y | N | Shortness of Breath             | Y | N |                           |   |   |
| <b>HEENT</b>           |   |   | <b>GASTROINTESTINAL</b>         |   |   | <b>CARDIOVASCULAR</b>     |   |   |
| Headaches              | Y | N | Blood in stool                  | Y | N | Ankle swelling            | Y | N |
| Migraines              | Y | N | Gallbladder disease             | Y | N | Arrhythmias               | Y | N |
| Head Injury            | Y | N | Heartburn                       | Y | N | Chest pain                | Y | N |
| Cataracts              | Y | N | Hemorrhoids                     | Y | N | High Blood Pressure       | Y | N |
| Blurry/Double Vision   | Y | N | Liver disease                   | Y | N | Low Blood Pressure        | Y | N |
| Dry/Watery/Itchy Eye   | Y | N | Nausea/Vomiting                 | Y | N | Murmurs                   | Y | N |
| Eye Disease/Injury     | Y | N | Pancreatitis                    | Y | N | Palpitations              | Y | N |
| Glaucoma               | Y | N | Ulcers                          | Y | N | Blood Clots               | Y | N |
| Vision Loss            | Y | N | Bowel movement frequency: _____ |   |   | Rheumatic fever           | Y | N |
| Dizziness/Vertigo      | Y | N | <b>MUSCULOSKELETAL / NEURO</b>  |   |   | <b>MENTAL / EMOTIONAL</b> |   |   |
| Chronic Ear Infections | Y | N | Arthritis                       | Y | N | Memory Loss               | Y | N |
| Hearing loss           | Y | N | Joint pain/stiffness            | Y | N | Anger                     | Y | N |
| ringing                | Y | N | Muscle cramps/spasm             | Y | N | Irritability              | Y | N |
| Nosebleeds             | Y | N | Weakness                        | Y | N | Anxiety                   | Y | N |
| Polyps                 | Y | N | Tremors                         | Y | N | Panic                     | Y | N |
| Post Nasal Drip        | Y | N | Fainting                        | Y | N | Depression                | Y | N |
| Mouth Sores            | Y | N | Numbness or tingling            | Y | N | Eating Disorder           | Y | N |
| Neck Pain/Stiffness    | Y | N | Paralysis                       | Y | N | Suicidal                  | Y | N |
| Painful Swallowing     | Y | N | Seizures                        | Y | N |                           |   |   |
| Swollen Glands         | Y | N |                                 |   |   |                           |   |   |

|                               |   |                              |   |                          |   |
|-------------------------------|---|------------------------------|---|--------------------------|---|
|                               | ✓ |                              | ✓ |                          | ✓ |
| <b>THYROID</b>                |   | <b>ESTROGEN</b>              |   | <b>TESTOSTERONE</b>      |   |
| Constipation                  |   | Difficulty Concentrating     |   | Infertility Problems     |   |
| Goiter                        |   | Increased Forgetfulness      |   | Acne                     |   |
| Cold Body Temperature         |   | Foggy Thinking               |   | Scalp Hair Loss          |   |
| Hoarseness                    |   | Tearful                      |   | Weight Gain – Hips/Waist |   |
| Dry Skin                      |   | Depressed                    |   | High Cholesterol         |   |
| Dry or Brittle Hair           |   | Mood Swings                  |   | Elevated Triglycerides   |   |
| Brittle Nails                 |   | Fluid Retention              |   | Decreased Libido         |   |
| Slow Pulse                    |   | Cold Extremities             |   | Decreased Muscle Mass    |   |
| Rapid Heartbeat               |   | Incontinence                 |   | Decreased Flexibility    |   |
| Heart Fluttering/Palpitations |   | Hot Flashes                  |   | Burned Out Feeling       |   |
| Low Energy                    |   | Night Sweats                 |   | Sore Muscles             |   |
|                               |   |                              |   | Increased Joint Pain     |   |
|                               |   | <b>FEMALE</b>                |   | Neck or Back Pain        |   |
|                               |   | Painful period               |   | Bone Loss                |   |
|                               |   | Heavy period                 |   | Thinning Skin            |   |
| <b>RATE ENERGY</b>            |   | Irregular periods            |   | Rapid Aging              |   |
| 1 2 3 4 5 6 7 8 9 10          |   | Premenstrual Syndrome (PMS)  |   | Aches and Pains          |   |
|                               |   | Uterine fibroids             |   |                          |   |
|                               |   | Breast Tenderness            |   | <b>MALE</b>              |   |
|                               |   | Fibrocystic Breast           |   | Decreased Urine Flow     |   |
| <b>SLEEP</b>                  |   | Vaginal Dryness              |   | Increased Urinary Urge   |   |
| <b>HOURS PER NIGHT</b> _____  |   | Increased Facial / Body Hair |   | Prostate Problems        |   |
|                               |   | Menopause (since age _____)  |   | Decreased Erections      |   |
|                               |   | Use of Hormones              |   | Testicular Pain/ Masses  |   |