

NUTRITIONAL ASSESSMENT

NAME: _____ DATE: _____

**Answer only questions that pertain to you. If it doesn't apply to you then leave blank.
Use key at bottom of page to circle appropriate numbers that apply to you.**

Section 1

- | | |
|---|--|
| 1. 1 2 3 4 Belching or gas within one hour after eating | 10. 1 2 3 4 Feel like skipping breakfast |
| 2. 1 2 3 4 Heartburn or acid reflux | 11. 1 2 3 4 Feel better if you don't eat |
| 3. 1 2 3 4 Bloating within one hour after eating | 12. 1 2 3 4 Sleepy after meals |
| 4. 1 Vegan diet? (N/Y) | 13. 1 2 3 4 Fingernails chip, peel or break easily |
| 5. 1 2 3 4 Bad breath (halitosis) | 14. 1 2 3 4 Anemia unresponsive to iron |
| 6. 1 2 3 4 Loss of taste for meat | 15. 1 2 3 4 Stomach pains or cramps |
| 7. 1 2 3 4 Sweat has a strong odor | 16. 1 2 3 4 Diarrhea, chronic |
| 8. 1 2 3 4 Stomach upset by taking vitamins | 17. 1 2 3 4 Diarrhea shortly after meals |
| 9. 1 2 3 4 Sense of excess fullness after meals | 18. 1 2 3 4 Black or tarry colored stools |
| | 19. 1 2 3 4 Undigested food in stools |

Section 2

- | | |
|--|---|
| 20. 1 2 3 4 Pain between shoulder blades | 34. 1 2 3 4 Easily hung over if you drink wine |
| 21. 1 2 3 4 Stomach upset by greasy foods | 35. 1 2 3 4 Alcohol per week (1=<3, 2=<7, 3=<14, 4=>14) |
| 22. 1 2 3 4 Greasy or shiny stools | 36. 1 Recovering alcoholic? (N/Y) |
| 23. 1 2 3 4 Nausea | 37. 1 History of drug/alcohol abuse? (N/Y) |
| 24. 1 2 3 4 Sea, car, airplane or motion sickness | 38. 1 History of hepatitis? (N/Y) |
| 25. 1 History of morning sickness? | 39. 1 Long term use of prescription or recreational drugs? (N/Y) |
| 26. 1 2 3 4 Light or clay colored stools | 40. 1 2 3 4 Sensitive to chemicals (perfume, cleaning agents etc) |
| 27. 1 2 3 4 Dry skin, itchy feet or feet skin peels | 41. 1 2 3 4 Sensitive to tobacco smoke |
| 28. 1 2 3 4 Headache on sides or vertex of head | 42. 1 2 3 4 Exposure to diesel fumes |
| 29. 1 2 3 4 Gallbladder attacks (1=years ago, 2=within past yr, 3=within past 3 months, 4=currently) | 43. 1 2 3 4 Pain under right side of rib cage |
| 30. 1 Gallbladder removed (N/Y) | 44. 1 2 3 4 Hemorrhoids or varicose veins |
| 31. 1 2 3 4 Bitter taste in mouth, especially after meals | 45. 1 2 3 4 NutraSweet (aspartame) consumption |
| 32. 1 2 3 4 Become sick if you drink | 46. 1 2 3 4 Sensitive to NutraSweet (aspartame) |
| 33. 1 2 3 4 Easily intoxicated if you drink | 47. 1 2 3 4 Chronic fatigue or fibromyalgia |

Section 3

- | | |
|---|---|
| 48. 1 2 3 4 Food Allergies | 57. 1 2 3 Crohn's disease (1=yes in past, 2=current mild, 3=severe) |
| 49. 1 2 3 4 Abdominal bloating after eating | 58. 1 2 3 4 Wheat or grain sensitivity |
| 50. 1 2 3 4 Do foods make you tired or bloated? | 59. 1 2 3 4 Dairy sensitivity |
| 51. 1 2 3 4 Pulse speeds after eating | 60. 1 Are there foods you could not give up? |
| 52. 1 2 3 4 Airborne allergies | 61. 1 2 3 4 Asthma, sinus infections, stuffy nose |
| 53. 1 2 3 4 Experience hives | 62. 1 2 3 4 Bizarre vivid dreams, nightmares |
| 54. 1 2 3 4 Sinus congestion, "stuffy head" | 63. 1 2 3 4 Use over the counter pain meds. |
| 55. 1 2 3 4 Crave bread or noodles | 64. 1 2 3 4 Feel spacey, "brain fog" |
| 56. 1 2 3 4 Alternating constipation/diarrhea | |

1 = Minor symptom, rarely occurs (i.e. less than 1x/month)	For yes/no answers (1 choice) "NO" = blank "YES"=1
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Section 4

65. 1 2 3 4 Anal Itches
66. 1 2 3 4 Coated Tongue
67. 1 2 3 4 Feel worse in moldy or musty place
68. 1 2 3 4 Taken antibiotic for a total accumulated time of (1=<1month, 2=<3months, 3=<1 year, 4=>1year)
69. 1 2 3 4 Fungus or yeast infections
70. 1 2 3 4 Ring worm, "jock itch", "athletes foot", nail fungus
71. 1 2 3 4 Yeast symptoms increase w/sugar, starch or alcohol
72. 1 2 3 4 Stools hard or difficult to pass
73. 1 History of parasites? (N/Y)
74. 1 2 3 4 Less than one bowel movement per day
75. 1 2 3 4 Stools have corners or edges, are flat or ribbon shaped
76. 1 2 3 4 Stools are not well formed(loose)
77. 1 2 3 4 Irritable bowel or mucus colitis
78. 1 2 3 4 Blood in stool
79. 1 2 3 4 Mucus in stool
80. 1 2 3 4 Excessive foul smelling bowel gas
81. 1 2 3 4 Bad breath or strong body odors
82. 1 2 3 4 Painful to press along outside of thighs
83. 1 2 3 4 Cramping in lower abdominal region
84. 1 2 3 4 Dark circles under eyes

Section 5

85. 1 History of carpal tunnel syndrome?
86. 1 History of lower right abdominal pains or ileocecal valve problems? (N/Y)
87. 1 History of stress fracture? (N/Y)
88. 1 2 3 4 Bone loss
89. 1 Are you getting shorter with age?(N/Y)
90. 1 2 3 4 Calf, foot or toe cramps at rest
91. 1 2 3 4 Cold sores, fever blisters or herpes lesions
92. 1 2 3 4 Frequent fevers
93. 1 2 3 4 Frequent skin rashes and/or hives
94. 1 Herniated disk? (N/Y)
95. 1 2 3 4 Excessively flexible joints, "double jointed"
96. 1 2 3 4 Joints pop or click
97. 1 2 3 4 Pain or swelling in joints
98. 1 2 3 4 Bursitis or tendonitis
99. 1 History of bone spurs?(N/Y)
100. 1 2 3 4 Morning stiffness
101. 1 2 3 4 Nausea w/vomiting
102. 1 2 3 4 Crave chocolate
103. 1 2 3 4 Feet have a strong odor
104. 1 2 3 4 History of anemia
105. 1 2 3 4 Whites of eyes (sclera) blue tinted
106. 1 2 3 4 Hoarseness
107. 1 2 3 4 Difficulty swallowing
108. 1 2 3 4 Lump in throat
109. 1 2 3 4 Dry mouth, eyes and/or nose
110. 1 2 3 4 Gag easily
111. 1 2 3 4 White spots on fingernails
112. 1 2 3 4 Cuts heal slowly and/or scar easily
113. 1 2 3 4 Decreased sense of taste or smell

Section 6

114. 1 Experience pain relief w/aspirin?(N/Y)
115. 1 2 3 4 Crave fatty or greasy foods
116. 1 2 3 4 Low- or reduced-fat diet (1=10+ years ago, 2=within 2 last years, 3=within last 5 years, 4=currenty)
117. 1 2 3 4 Tension headaches at base of skull
118. 1 2 3 4 Headaches when out in hot sun.
119. 1 2 3 4 Sunburn easily or suffer sun poisoning
120. 1 2 3 4 Muscles easily fatigued
121. 1 2 3 4 Dry flaky skin or dandruff.

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Section 7

122. 1 2 3 4 Awaken a few hours after falling asleep, hard to get back to sleep
123. 1 2 3 4 Crave sweets
124. 1 2 3 4 Binge or uncontrolled eating
125. 1 2 3 4 Excessive appetite
126. 1 2 3 4 Crave coffee or sugar in the afternoon
127. 1 2 3 4 Sleepy in the afternoon
128. 1 2 3 4 Fatigue that is relieved by eating
129. 1 2 3 4 Headache if meals are skipped or delayed
130. 1 2 3 4 Irritable before meals
131. 1 2 3 4 Shaky if meals delayed
132. 1 2 3 4 Number of family members w/diabetes
133. 1 2 3 4 Frequent thirst
134. 1 2 3 4 Frequent urination

Section 8

135. 1 2 3 4 Muscles become easily fatigued
136. 1 2 3 4 Feel exhausted or sore after moderate exercise
137. 1 2 3 4 Vulnerable to insect bites
138. 1 2 3 4 Loss of muscle tone, heaviness in arms/legs
139. 1 2 3 4 Enlarged heart or congestive heart failure
140. 1 Pulse below 65 per minute?(N/Y)
141. 1 2 3 4 Tinnitus (ringing in ears)
142. 1 2 3 4 Numbness, tingling or itching in hands and feet
143. 1 2 3 4 Depressed
144. 1 2 3 4 Fear of impending doom
145. 1 2 3 4 Worrier, apprehensive, anxious
146. 1 2 3 4 Nervous or agitated
147. 1 2 3 4 Feelings of insecurity
148. 1 2 3 4 Heart races
149. 1 2 3 4 Can hear heart beat on pillow at night
150. 1 2 3 4 Whole body or limb jerk as falling asleep
151. 1 2 3 4 Night sweats
152. 1 2 3 4 Restless leg syndrome
153. 1 2 3 4 Cracks at corner of mouth (Cheilosis)
154. 1 2 3 4 Fragile skin, easily chaffed, as in shaving
155. 1 2 3 4 Polyps or warts
156. 1 2 3 4 MSG sensitivity
157. 1 2 3 4 Wake up without remembering dreams
158. 1 2 3 4 Small bumps on back of arms
159. 1 2 3 4 Strong light at night irritates eyes
160. 1 2 3 4 Nose bleeds and/or tend to bruise easily
161. 1 2 3 4 Bleeding gums especially when brushing teeth

Section 9

162. 1 2 3 4 Tend to be a "night person"
163. 1 2 3 4 Difficulty falling asleep
164. 1 2 3 4 Slow starter in the morning
165. 1 2 3 4 Tend to be keyed up, trouble calming down
166. 1 2 3 4 Blood pressure above 120/80
167. 1 2 3 4 Headache after exercising
168. 1 2 3 4 Feeling wired or jittery after drinking coffee
169. 1 2 3 4 Clench or grind teeth
170. 1 2 3 4 Calm on the outside, troubled on inside
171. 1 2 3 4 Chronic low back pain, worse w/fatigue
172. 1 2 3 4 Become dizzy when standing suddenly
173. 1 2 3 4 Difficulty maintaining chiropractic adjustments
174. 1 2 3 4 Pain after chiropractic adjustments
175. 1 2 3 4 Arthritic tendencies
176. 1 2 3 4 Crave salty foods
177. 1 2 3 4 Salt foods before tasting
178. 1 2 3 4 Perspire easily
179. 1 2 3 4 Chronic fatigue, or get drowsy often
180. 1 2 3 4 Afternoon yawning
181. 1 2 3 4 Afternoon headache
182. 1 2 3 4 Asthma, wheezing or difficulty breathing

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- 183.** 1 2 3 4 Pain on the medial or inner side of the knee
184. 1 2 3 4 Tendency to sprain ankles or “shin splints”

- 185.** 1 2 3 4 Tendency to need sunglasses
186. 1 2 3 4 Allergies and/or hives
187. 1 2 3 4 Weakness, dizziness

Section 10

- 188.** 1 Height over 6’6” ? (N/Y)
189. 1 Early sexual development (before age 10) (N/Y)
190. 1 2 3 4 Increased libido
191. 1 2 3 4 Splitting type headache
192. 1 2 3 4 Memory failing
193. 1 Tolerate sugar, feel fine when eating sugar? (N/Y)

- 194.** 1 Height under 4’ 10” ? (N/Y)
195. 1 2 3 4 Decreased libido
196. 1 2 3 4 Excessive thirst
197. 1 2 3 4 Weight gain around hips or waist
198. 1 2 3 4 Menstrual disorders
199. 1 Delayed sexual development (after age 13) ? (N/Y)
200. 1 2 3 4 Tendency to ulcers or colitis

Section 11

- 201.** 1 2 3 4 Sensitive/allergic to iodine
202. 1 2 3 4 Difficulty gaining weight, even with large appetite
203. 1 2 3 4 Nervous, emotional, can’t work under pressure
204. 1 2 3 4 Inward trembling
205. 1 2 3 4 Flush easily
206. 1 2 3 4 Fast pulse at rest
207. 1 2 3 4 Intolerance to high temperatures
208. 1 2 3 4 Difficulty losing weight

- 209.** 1 2 3 4 Mentally sluggish, reduced initiative
210. 1 2 3 4 Easily fatigued, sleepy during the day
211. 1 2 3 4 Sensitive to cold, poor circulation (cold hands/feet)
212. 1 2 3 4 Constipation, chronic
213. 1 2 3 4 Excessive hair loss and/or course hair
214. 1 2 3 4 Morning headaches, wear off during the day
215. 1 2 3 4 Loss of lateral 1/3 of eyebrow
216. 1 2 3 4 Seasonal sadness

Section 12 MEN ONLY

- 217.** 1 2 3 4 Prostate problems
218. 1 2 3 4 Difficulty with urination, dribbling
219. 1 2 3 4 Difficulty to start and stop urine stream
220. 1 2 3 4 Pain or burning with urination
221. 1 2 3 4 Waking to urinate at night

- 222.** 1 2 3 4 Interruption of stream during urination
223. 1 2 3 4 Pain on inside of legs or heels
224. 1 2 3 4 Feeling of incomplete bowel evacuation
225. 1 2 3 4 Decreased sexual function

Section 13 WOMEN ONLY

- 226.** 1 2 3 4 Depression during periods
227. 1 2 3 4 Mood swings associated with period (PMS)
228. 1 2 3 4 Crave chocolate around periods
229. 1 2 3 4 Breast tenderness associated with cycle
230. 1 2 3 4 Excessive menstrual flow
231. 1 2 3 4 Scanty blood flow during periods

- 232.** 1 2 3 4 Occasional skipped periods
233. 1 2 3 4 Variations in menstrual cycles
234. 1 2 3 4 Endometriosis
235. 1 2 3 4 Uterine fibroids
236. 1 2 3 4 Breast fibroids, benign masses
237. 1 2 3 4 Painful intercourse (dysparenia)
238. 1 2 3 4 Vaginal discharge

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239. 1 2 3 4 Vaginal dryness
240. 1 2 3 4 Vaginal itchiness
241. 1 2 3 4 Gain weight around hips, thighs and buttocks
242. 1 2 3 4 Excessive facial or body hair
243. 1 2 3 4 Hot flashes
244. 1 2 3 4 Night sweats
245. 1 2 3 4 Thinning skin

Section 14

246. 1 2 3 4 Aware of heavy and/or irregular breathing
247. 1 2 3 4 Discomfort at high altitudes
248. 1 2 3 4 "Air hunger" or sigh frequently
249. 1 2 3 4 Compelled to open windows in a closed room
250. 1 2 3 4 Shortness of breath with moderate exertion
251. 1 2 3 4 Ankles swell, especially at end of day
252. 1 2 3 4 Cough at night
253. 1 2 3 4 Blush or face turns red for no reason
254. 1 2 3 4 Dull pain or tightness in chest and/or radiate into arm, worse with exertion
255. 1 2 3 4 Muscle cramps with exertion

Section 15

256. 1 2 3 4 Pain in lower back region
257. 1 2 3 4 Puffy eyes, dark circles under eyes
258. 1 History of kidney stones? (N/Y)
259. 1 2 3 4 Cloudy, dark urine (not from B-vitamins)
260. 1 2 3 4 Clear urine in AM
261. 1 2 3 4 Strong odor to urine

Section 16

262. 1 2 3 4 Runny or drippy nose
263. 1 2 3 4 Catch colds at beginning of winter
264. 1 2 3 4 Mucus producing cough
265. 1 2 3 4 Frequent colds or flu
266. 1 2 3 4 Infections (skin, ear, lung, skin, bladder, kidney)
267. 1 2 3 4 (1= 1 cold in last 2-3 years, 2=no colds in last 3 years, 3=1 cold in last 5 years, 4=not sick in last 7 years)
268. 1 2 3 4 Acne(adult)
269. 1 2 3 4 Itchy skin (dermatitis)
270. 1 2 3 4 Cysts, boils, rashes
271. 1 2 3 4 History of Epstein Barr, Mono, Herpes, Shingles, Chronic Fatigue or other chronic viral condition. (1=minor, 4=currently severe condition)

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