

Nutritional Assessment Questionnaire- Symptom Burden Analysis

NAME: _____ DATE: _____

Immune System	11+	-	9	-	8	-	6	-	4	-	3	-	2
Kidney & Bladder	5	-	-	-	4	-	-	-	3	-	-	-	2
Cardiovascular	11+	-	9	-	8	-	6	-	4	-	3	-	2
Women Only	21+	-	18	-	15	-	12	-	9	-	6	-	4
Men Only	10+	-	8	-	7	-	6	-	5	-	4	-	2
Thyroid	17+	-	15	-	12	-	10	-	7	-	5	-	3
Pituitary	10+	-	9	-	8	-	6	-	4	-	3	-	2
Adrenal	28+	-	24	-	20	-	16	-	12	-	8	-	4
Vitamin Need	28+	-	24	-	20	-	16	-	12	-	8	-	4
Sugar Handling	14+	-	12	-	10	-	8	-	6	-	5	-	3
Essential Fatty Acids	8+	-	7	-	6	-	5	-	4	-	3	-	2
Mineral Needs	25+	-	23	-	19	-	15	-	12	-	8	-	5
Large Intestine	20+	-	18	-	15	-	12	-	9	-	6	-	3
Small Intestine	16+	-	14	-	12	-	10	-	7	-	5	-	2
Liver & GB	22+	-	19	-	17	-	14	-	11	-	7	-	4
Upper GI	19+	-	17	-	14	-	11	-	9	-	6	-	3



HIGH PRIORITY

MODERATE PRIORITY

LOW PRIORITY

Score