Nutritional Assessment Questionnaire 1.5

Name:	Date:/
Birth Date:	Gender:
Please list your five major health concerns in order of 1. 2. 3. 4. 5.	f importance: Notes:
PART I Read the following questions and circle the	e number that applies:
KEY: 0 = Do not consume or use 1 = Consume or use 2 to 3 times monthly	2 = Consume or use weekly 3 = Consume or use daily
3. 0 1 2 3 Candy, desserts, refined sugar 10. 0 1 2 3 Fried 4. 0 1 2 3 Carbonated beverages 11. 0 1 2 3 Lunc 5. 0 1 2 3 Chewing tobacco 12. 0 1 2 3 Marg 6. 0 1 2 3 Cigarettes 13. 0 1 2 3 Milk LIFESTYLE 21. 0 1 2 3 Exercise per week (0 = 2 or more times a week, 1 month) 22. 0 1 2 3 Changed jobs (0 = over 12 months ago, 1 = within 23. 0 1 2 3 Work over 60 hours/week (0 = never, 1 = occasio) MEDICATIONS Indicate any medications you're current	feinated beverages t foods 16. 0 1 2 3 Refined flour/baked goods t foods 17. 0 1 2 3 Water, distilled cheon meats garine 19. 0 1 2 3 Water, tap garine 19. 0 1 2 3 Water, well 20. 0 1 2 3 Diet often for weight control 12 1 = 1 time a week, 2 = 1 or 2 times a month, 3 = never, less than once a In last 12 months, 2 = within last 6 months, 3 = within last 2 months) last 2 years, 2 = within last year, 3 = within last 6 months) inally, 2 = usually, 3 = always) 15. 0 1 2 3 Refined flour/baked goods Vitamins and minerals Water, distilled 20 1 2 3 Water, well 21 2 3 Water, well 22 3 Water, well 23 2 Water, well 24 3 Water, tap 25 3 Water, well 26 4 5 1 2 3 Water, well 27 5 2 3 Water, well 28 6 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
25. 0 1 Antacids 26. 0 1 Antianxiety medications 27. 0 1 Antibiotics 28. 0 1 Anticonvulsants 29. 0 1 Antidepressants 30. 0 1 Antifungals 31. 0 1 Aspirin/lbuprofen 32. 0 1 Asthma inhalers 33. 0 1 Beta blockers 34. 0 1 Birth control pills/implant contraceptives 35. 0 1 Chemotherapy 36. 0 1 Cholesterol lowering medications 37. 0 1 Cortisone/steroids 38. 0 1 Diabetic medications/insulin	 39. 0 1 Diuretics 40. 0 1 Estrogen or progesterone (pharmaceutical, prescription) 41. 0 1 Estrogen or progesterone (natural) 42. 0 1 Heart medications 43. 0 1 High blood pressure medications 44. 0 1 Laxatives 45. 0 1 Recreational drugs 46. 0 1 Relaxants/Sleeping pills 47. 0 1 Testosterone (natural or prescription) 48. 0 1 Thyroid medication 49. 0 1 Acetaminophen (Tylenol) 50. 0 1 Ulcer medications 51. 0 1 Sildenafal citrate (Viagra)
PART II (See key at bottom of page) Section 1 – Upper Gastrointestinal System 52. 0 1 2 3 Belching or gas within one hour after eating 53. 0 1 2 3 Heartburn or acid reflux 54. 0 1 2 3 Bloating within one hour after eating 55. 0 1 Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes) 56. 0 1 2 3 Bad breath (halitosis) 57. 0 1 2 3 Loss of taste for meat 58. 0 1 2 3 Sweat has a strong odor 59. 0 1 2 3 Stomach upset by taking vitamins 60. 0 1 2 3 Sense of excess fullness after meals	61. 0 1 2 3 Feel like skipping breakfast 62. 0 1 2 3 Feel better if you don't eat 63. 0 1 2 3 Sleepy after meals 64. 0 1 2 3 Fingernails chip, peel or break easily 65. 0 1 2 3 Anemia unresponsive to iron 66. 0 1 2 3 Stomach pains or cramps 67. 0 1 2 3 Diarrhea, chronic 68. 0 1 2 3 Diarrhea shortly after meals 69. 0 1 2 3 Black or tarry colored stools 70. 0 1 2 3 Undigested food in stool
KEY: 0=No, symptom does not occur 1=Yes, minor or mild symptom, rarely occurs (monthly)	2=Moderate symptom, occurs occasionally (weekly) 3=Severe symptom, occurs frequently (daily)

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7.2. 0 1 2 3 Stomach upset by greasy foods 86. 0 1 2 3 Alcohol per week (0=<3, 1=<7, 2 =<14, 3 Alcohol per week (0=<2, 1=<2, 14, 3 Alcohol per week (0=<2	ctic	on 2 –	Liver and Gallbladder					6
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147. 0 1 2 3 Joints pop or click 163. 0 1 2 3 Cuts heal slowly and/or scar easily			Joints pop or click					
148. 0 1 2 3 Pain or swelling in joints 164. 0 1 2 3 Decreased sense of taste or smell			Pain or swelling in joints					
149. 0 1 2 3 Bursitis or tendonitis	. 0	0 1 2 3	Bursitis or tendonitis					

KEY:	0=No, symptom does not occur
	1=Yes, minor or mild symptom, rarely occurs (monthly)

³⁼Severe symptom, occurs frequently (daily)

		Essential Fatty Acids				22
	0 1	Experience pain relief with aspirin (0=no, 1=yes)			Headaches when out in the hot sun	
		Crave fatty or greasy foods			Sunburn easily or suffer sun poisoning	
67.	0 1 2 3	Low- or reduced-fat diet (0=never, 1=years ago,		0 1 2 3	Muscles easily fatigued	
68.	0 1 2 3	2=within past year, 3=currently) Tension headaches at base of skull	172.	0 1 2 3	Dry flaky skin or dandruff	
Sect	tion 7 – 3	Sugar Handling				3
73.	0 1 2 3	Awaken a few hours after falling asleep, hard to	180.	0 1 2 3	Headache if meals are skipped or delayed	
		get back to sleep			Irritable before meals	
		Crave sweets	182.	0 1 2 3	Shaky if meals delayed	
		Binge or uncontrolled eating	183.	0 1 2 3	Family members with diabetes (0=none, 1=1 o	r
		Excessive appetite			2, 2=3 or 4, 3=more than 4)	
		Crave coffee or sugar in the afternoon			Frequent thirst	
		Sleepy in afternoon	185.	0 1 2 3	Frequent urination	
		Fatigue that is relieved by eating				
		Vitamin Need				8
		Muscles become easily fatigued			Can hear heart beat on pillow at night	
		Feel exhausted or sore after moderate exercise Vulnerable to insect bites		0 1 2 3	, ,	
		Loss of muscle tone, heaviness in arms/legs		0 1 2 3 0 1 2 3	•	
		Enlarged heart or congestive heart failure			Cracks at corner of mouth (Cheilosis)	
		Pulse below 65 per minute (0=no, 1=yes)		0 1 2 3		
		Ringing in the ears (Tinnitus)		0 1 2 3		
	0 1 2 3	Numbness, tingling or itching in hands and feet		0 1 2 3		
		Depressed			Wake up without remembering dreams	
95.	0 1 2 3	Fear of impending doom			Small bumps on back of arms	
96.		Worrier, apprehensive, anxious		0 1 2 3		
					Nose bleeds and/or tend to bruise easily	
		Feelings of insecurity	212.	0 1 2 3	Bleeding gums especially when brushing teeth	J
		Heart races				
	tion 9 – <i>i</i>					7
		Tend to be a "night person"			Arthritic tendencies	
		Difficulty falling asleep			Crave salty foods	
		Slow starter in the morning			Salt foods before tasting	
		Tend to be keyed up, trouble calming down			Perspire easily	
		Blood pressure above 120/80 Headache after exercising			Chronic fatigue, or get drowsy often Afternoon yawning	
		Feeling wired or jittery after drinking coffee			Afternoon headache	
		Clench or grind teeth			Asthma, wheezing or difficulty breathing	
		Calm on the outside, troubled on the inside			Pain on the medial or inner side of the knee	
		Chronic low back pain, worse with fatigue			Tendency to sprain ankles or "shin splints"	
23.		Become dizzy when standing up suddenly			Tendency to need sunglasses	
		Difficulty maintaining manipulative correction			Allergies and/or hives	
25.		Pain after manipulative correction		0 1 2 3		
Sect	tion 10 -	- Pituitary				2
39.	0 1	Height over 6' 6" (0=no, 1=yes)	245.	0 1	Height under 4' 10" (0=no, 1=yes)	
	0 1	Early sexual development (before age 10) (0=no,		0 1 2 3		
		1=yes)		0 1 2 3		
41.	0 1 2 3	Increased libido	248.	0 1 2 3	Weight gain around hips or waist	
	0 1 2 3	Splitting type headache	249.	0 1 2 3	Menstrual disorders	
43.	0 1 2 3		250.	0 1	Delayed sexual development (after age 13)	
		Tolerate sugar, feel fine when eating sugar			(0=no, 1=yes)	
244.	0 1	(0=no, 1=yes)	_	0 1 2 3	Tendency to ulcers or colitis	

KEY:	0=No, symptom does not occur	2=Moderate symptom, occurs occasionally (weekly)
	1=Yes minor or mild symptom, rarely occurs (monthly)	3=Severe symptom, occurs frequently (daily)

Section 11	– Thyroid				48
	Sensitive/allergic to iodine	260.	0 1 2 3	Mentally sluggish, reduced initiative	10
	Difficulty gaining weight, even with large	261.	0 1 2 3		
	appetite	262.	0 1 2 3		
254. 0 1 2 3	Nervous, emotional, can't work under pressure			and feet)	
255. 0 1 2 3		263.	0 1 2 3	Constipation, chronic	
256. 0 1 2 3		264.	0 1 2 3		
257. 0 1 2 3		265.		Morning headaches, wear off during the day	
258. 0 1 2 3		266.		Loss of lateral 1/3 of eyebrow	
	Difficulty losing weight	267.	0 1 2 3	Seasonal sadness	
Section 12	_				27
	Prostate problems	272.		Waking to urinate at night	
	Difficulty with urination, dribbling	273.	0 1 2 3		
	Difficult to start and stop urine stream	274.		Pain on inside of legs or heels	
271. 0 1 2 3	Pain or burning with urination	275.		Feeling of incomplete bowel evacuation	
		276.	0 1 2 3	Decreased sexual function	
Section 13	– Women Only				60
277. 0 1 2 3	Depression during periods	287.	0 1 2 3	Breast fibroids, benign masses	
278. 0 1 2 3	Mood swings associated with periods (PMS)	288.	0 1 2 3	Painful intercourse (dysparenia)	
	Crave chocolate around periods	289.	0 1 2 3		
	Breast tenderness associated with cycle	290.		Vaginal dryness	
	Excessive menstrual flow	291.		Vaginal itchiness	
	Scanty blood flow during periods	292.		Gain weight around hips, thighs and buttocks	
	Occasional skipped periods	293.	0 1 2 3		
284. 0 1 2 3	,	294.		Hot flashes	
285. 0 1 2 3		295.	0 1 2 3	· ' '	
200. 0 1 2 3	Uterine fibroids	296.	0 1 2 3	Thinning skin	
Section 14	– Cardiovascular				30
297 . 0 1 2 3	Aware of heavy and/or irregular breathing	302.	0 1 2 3	Ankles swell, especially at end of day	
	Discomfort at high altitudes	303.	0 1 2 3		
299. 0 1 2 3		304.	0 1 2 3		
	Compelled to open windows in a closed room	305.	0 1 2 3		
301. 0 1 2 3				into right arm, worse with exertion	
		306.	0 1 2 3		
Section 15	- Kidney and Bladder				13
307 0 1 2 3	Pain in mid-back region	310.	0 1 2 3	Cloudy, bloody or darkened urine	
	Puffy around the eyes, dark circles under eyes	311.		Urine has a strong odor	
309. 0 1	History of kidney stones (0=no, 1=yes)	• • • • • • • • • • • • • • • • • • • •	0 12 0	Office has a salong saci	
Section 16	– Immune system				30
312. 0 1 2 3	•	317.	0 1 0 0	Never get sick (0 = sick only 1 or 2 times in la	
313. 0 1 2 3		317.	0 1 2 3	2 years, 1 = not sick in last 2 years, 2 = not	Sι
314. 0 1 2 3	5 5			sick in last 4 years, 3 = not sick in last 7 years	:)
315. 0 1 2 3		318.	0 1 2 3		' /
010. 0123	to 3 times per year, 2=4 to 5 times per year, 3=6	319.	0 1 2 3	,	
	or more times per year, 2-4 to 5 times per year, 5-6	320.		Cysts, boils, rashes	
316. 0 1 2 3	• • •	321.	0 1 2 3		
2.2. 0 , 2 0	kidney, etc.) (0=1 or less per year, 1=2 to 3	··	J U	Shingles, Chronic Fatigue Syndrome, Hepatiti	is
	times per year, 2=4 to 5 times per year, 3=6 or			or other chronic viral condition ($0 = no, 1 = ye$	
	more times per year)			in the past, 2 = currently mild condition, 3 =	
				severe)	
				,	

1=Yes, minor or mild symptom, rarely occurs (monthly)

3=Severe symptom, occurs frequently (daily)