## **Nutritional Assessment Questionnaire 1.5**

Name:	/Date:// Gender:
Birth Date: Please list your five major health concerns in order of in	nportance:
1	
PART I Read the following questions and circle the n KEY: 0 = Do not consume or use	umber that applies: 2 = Consume or use weekly
1 = Consume or use 2 to 3 times monthly	3 = Consume or use daily
DIET         1. 0 1 2 3 Alcohol       7. 0 1 2 3 Cigars/         2. 0 1 2 3 Artificial sweeteners       8. 0 1 2 3 Caffein         3. 0 1 2 3 Candy, desserts, refined sugar       9. 0 1 2 3 Fast fo         10. 0 1 2 3 Fried for	nated beverages  15. 0 1 2 3 Refined flour/baked goods  16. 0 1 2 3 Vitamins and minerals
4.       0 1 2 3       Carbonated beverages         5.       0 1 2 3       Chewing tobacco         6.       0 1 2 3       Cigarettes             11.       0 1 2 3       Lunche         12.       0 1 2 3       Margar         13.       0 1 2 3       Milk pressure	eon meats 18. 0 1 2 3 Water, tap rine 19. 0 1 2 3 Water, well
LIFESTYLE	12
month)  22. 0 1 2 3 Changed jobs (0 = over 12 months ago, 1 = within las  23. 0 1 2 3 Divorced (0 = never, over 2 years ago, 1 = within las  24. 0 1 2 3 Work over 60 hours/week (0 = never, 1 = occasional  MEDICATIONS Indicate any medications you're currently  25. 0 1 Antacids	st 2 years, 2 = within last year, 3 = within last 6 months) lly, 2 = usually, 3 = always)  y taking or have taken in the last month (0=no, 1=yes):  39. 0 1 Diuretics
<ul> <li>26. 0 1 Antianxiety medications</li> <li>27. 0 1 Antibiotics</li> <li>28. 0 1 Anticonvulsants</li> <li>29. 0 1 Antidepressants</li> <li>30. 0 1 Aspirin/lbuprofen</li> <li>31. 0 1 Aspirin/lbuprofen</li> <li>32. 0 1 Asthma inhalers</li> <li>33. 0 1 Beta blockers</li> <li>34. 0 1 Birth control pills/implant contraceptives</li> <li>35. 0 1 Chemotherapy</li> <li>36. 0 1 Cortisone/steroids</li> <li>37. 0 1 Cortisone/steroids</li> <li>38. 0 1 Diabetic medications/insulin</li> </ul>	<ul> <li>40. 0 1 Estrogen or progesterone (pharmaceutical, prescription)</li> <li>41. 0 1 Estrogen or progesterone (natural)</li> <li>42. 0 1 Heart medications</li> <li>43. 0 1 High blood pressure medications</li> <li>44. 0 1 Laxatives</li> <li>45. 0 1 Recreational drugs</li> <li>46. 0 1 Relaxants/Sleeping pills</li> <li>47. 0 1 Testosterone (natural or prescription)</li> <li>48. 0 1 Thyroid medication</li> <li>49. 0 1 Acetaminophen (Tylenol)</li> <li>50. 0 1 Sildenafal citrate (Viagra)</li> </ul>
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)

Sect	tion 2 –	Liver and Gallbladder					68
71.	0 1 2 3	Pain between shoulder blades	85.	0	1		Easily hung over if you were to drink wine (0=no,
72.	0 1 2 3	Stomach upset by greasy foods					1=yes)
73.	0 1 2 3	Greasy or shiny stools			1 2 3	3	Alcohol per week (0=<3, 1=<7, 2 =<14, 3=>14)
74.	0 1 2 3	Nausea	87.				Recovering alcoholic (0=no, 1=yes)
		Sea, car, airplane or motion sickness	88.				History of drug or alcohol abuse (0=no, 1=yes)
76.	0 1	History of morning sickness (0 = no, 1 = yes)					History of hepatitis (0=no, 1=yes)
77. 78.	0 1 2 3	Light or clay colored stools  Dry skin, itchy feet or skin peels on feet	90.	0	1		Long term use of prescription/recreational drugs
	0 1 2 3	Headache over eyes	<b>Q1</b>	٥	12;	2	(0=no, 1=yes) Sensitive to chemicals (perfume, cleaning
80.	0 1 2 3	Gallbladder attacks (0=never, 1=years ago,	31.	U	12,	3	agents, etc.)
00.	0 1 2 0	2=within last year, 3=within past 3 months)	92.	0	1 2 3	3	Sensitive to tobacco smoke
81.	0 1	Gallbladder removed (0=no, 1=yes)					Exposure to diesel fumes
82.	0 1 2 3	Bitter taste in mouth, especially after meals					Pain under right side of rib cage
83.	0 1	Become sick if you were to drink wine (0=no,	95.	0	1 2 3	3	Hemorrhoids or varicose veins
		1=yes)					Nutrasweet (aspartame) consumption
84.	0 1	Easily intoxicated if you were to drink wine			1 2 3		` · · /
		(0=no, 1=yes)	98.	0	12;	3	Chronic fatigue or Fibromyalgia
		Small Intestine					47
		Food allergies	108.	0	1 2 3	3	Crohn's disease (0 =no, 1=yes in the past,
		Abdominal bloating 1 to 2 hours after eating					2=currently mild condition, 3=severe)
101.	0 1	Specific foods make you tired or bloated (0=no,					Wheat or grain sensitivity
102	0 1 2 3	1=yes)	110. 111.			3	Dairy sensitivity
	0 1 2 3	Pulse speeds after eating Airborne allergies	111.	U	ı		Are there foods you could not give up (0=no, 1=yes)
		Experience hives	112.	0	1 2 :	3	Asthma, sinus infections, stuffy nose
		Sinus congestion, "stuffy head"					Bizarre vivid dreams, nightmares
	0 1 2 3	Crave bread or noodles					Use over-the-counter pain medications
107.	0 1 2 3	Alternating constipation and diarrhea					Feel spacey or unreal
Sect	tion 4 –	Large Intestine					58
116.	0 1 2 3	Anus itches	126.	0	1 2 3	3	Stools have corners or edges, are flat or ribbon
117.	0 1 2 3	Coated tongue					shaped
	0 1 2 3	Feel worse in moldy or musty place	127.				Stools are not well formed (loose)
119.	0 1 2 3	Taken antibiotic for a total accumulated time of	128.				Irritable bowel or mucus colitis
		(0=never, 1= <1 month, 2= <3 months, 3= >3	129.				Blood in stool
120	0 1 0 0	months) Fungus or yeast infections	130. 131.				Mucus in stool
	0 1 2 3 0 1 2 3	Ring worm, "jock itch", "athletes foot", nail fungus	131.				Excessive foul smelling lower bowel gas Bad breath or strong body odors
	0 1 2 3	Yeast symptoms increase with sugar, starch or	133.				Painful to press along outer sides of thighs
122.	0 1 2 3	alcohol	100.	U	1 2 .	J	(Iliotibial Band)
123.	0 1 2 3	Stools hard or difficult to pass	134.	0	1 2 3	3	Cramping in lower abdominal region
124.		History of parasites (0=no, 1=yes)					Dark circles under eyes
125.	0 1 2 3	Less than one bowel movement per day					
Sect	tion 5 –	Mineral Needs					75
136.	0 1	History of carpal tunnel syndrome (0=no, 1=yes)	150.	0	1		History of bone spurs (0=no, 1=yes)
137.		History of lower right abdominal pains or	151.	0	1 2 3		Morning stiffness
		ileocecal valve problems (0=no, 1=yes)	152.				Nausea with vomiting
138.		History of stress fracture (0=no, 1=yes)	153.				
139.		Bone loss (reduced density on bone scan)	154.				
140.	0 1	Are you shorter than you used to be? (0=no,	155. 156.				History of anemia Whites of eyes (sclera) blue tinted
1/1	0 1 2 3	1=yes) Calf, foot or toe cramps at rest	156.				Hoarseness
	0 1 2 3	Cold sores, fever blisters or herpes lesions	157.				Difficulty swallowing
	0 1 2 3	Frequent fevers	159.				
		Frequent skin rashes and/or hives	160.				Dry mouth, eyes and/or nose
145.		Herniated disc (0=no, 1=yes)	161.				Gag easily
	0 1 2 3	Excessively flexible joints, "double jointed"	162.				White spots on fingernails
	0 1 2 3	Joints pop or click	163.	0	1 2 3	3	Cuts heal slowly and/or scar easily
	0 1 2 3	• •	164.	0	1 2 3	3	Decreased sense of taste or smell
149.	0 1 2 3	Bursitis or tendonitis					

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		Essential Fatty Acids	4.5-		
	0 1	Experience pain relief with aspirin (0=no, 1=yes)			Headaches when out in the hot sun
		Crave fatty or greasy foods  Low- or reduced-fat diet (0=never, 1=years ago,			Sunburn easily or suffer sun poisoning Muscles easily fatigued
ο/.	0 1 2 3	2=within past year, 3=currently)		0 1 2 3	
68.	0 1 2 3	Tension headaches at base of skull	172.	0 1 2 3	bry havy skin or dandrun
Sect	ion 7 – :	Sugar Handling			
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	181.	0 1 2 3	Irritable before meals
74.	0 1 2 3	Crave sweets			Shaky if meals delayed
		Binge or uncontrolled eating	183.	0 1 2 3	Family members with diabetes (0=none, 1=1 o
		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
79.	0 1 2 3	Fatigue that is relieved by eating			
		Vitamin Need			
		Muscles become easily fatigued			Can hear heart beat on pillow at night
		Feel exhausted or sore after moderate exercise		0 1 2 3	
		Vulnerable to insect bites		0 1 2 3	0
		Loss of muscle tone, heaviness in arms/legs		0 1 2 3	
		Enlarged heart or congestive heart failure		0 1 2 3	
		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	
	0 1 2 3	Depressed Fear of impending doom			Wake up without remembering dreams Small bumps on back of arms
		Worrier, apprehensive, anxious		0 1 2 3	
	0 1 2 3	Nervous or agitated			Nose bleeds and/or tend to bruise easily
		Feelings of insecurity		0 1 2 3	
		Heart races	212.	0 1 2 3	bleeding guins especially when brushing teeth
ect	ion 9 –	Adrenal			
13	0 1 2 3	Tend to be a "night person"	226	0 1 2 3	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			Chronic fatigue, or get drowsy often
		Headache after exercising			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
	0 1 2 3	Chronic low back pain, worse with fatigue			Tendency to sprain ankles or "shin splints"
23.		Become dizzy when standing up suddenly	236.	0 1 2 3	Tendency to need sunglasses
24.		Difficulty maintaining manipulative correction			Allergies and/or hives
25.	0 1 2 3	Pain after manipulative correction	238.	0 1 2 3	Weakness, dizziness
ect	ion 10 -	- Pituitary			
39.	0 1	Height over 6' 6" (0=no, 1=yes)	245.		Height under 4' 10" (0=no, 1=yes)
40.	0 1	Early sexual development (before age 10) (0=no,	246.	0 1 2 3	Decreased libido
		1=yes)	247.	0 1 2 3	Excessive thirst
41.	0 1 2 3	Increased libido			Weight gain around hips or waist
	0 1 2 3	Splitting type headache			Menstrual disorders
	0 1 2 3		250.	0 1	Delayed sexual development (after age 13)
44.	0 1	Tolerate sugar, feel fine when eating sugar			(0=no, 1=yes)
		(0=no, 1=yes)		0 1 2 3	Tendency to ulcers or colitis

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Section 11 – Thyroid				48
<ul><li>252. 0 1 2 3 Sensitive/allergic to iodine</li><li>253. 0 1 2 3 Difficulty gaining weight, even with large</li></ul>	260. 261.	0 1 2 3 0 1 2 3	Easily fatigued, sleepy during the day	
appetite  254. 0 1 2 3 Nervous, emotional, can't work under pressure  255. 0 1 2 3 Inward trembling	262.	0 1 2 3	and feet)	
<b>255.</b> 0 1 2 3 Inward trembling <b>256.</b> 0 1 2 3 Flush easily	263. 264.	0 1 2 3 0 1 2 3	• '	
<b>257.</b> 0 1 2 3 Fast pulse at rest	265.	0 1 2 3		
<b>258.</b> 0 1 2 3 Intolerance to high temperatures	266.		Loss of lateral 1/3 of eyebrow	
<b>259.</b> 0 1 2 3 Difficulty losing weight	267.	0 1 2 3		
Section 12 – Men Only				27
<b>268.</b> 0 1 2 3 Prostate problems	272.	0 1 2 3	Waking to urinate at night	
<b>269.</b> 0 1 2 3 Difficulty with urination, dribbling	273.	0 1 2 3	Interruption of stream during urination	
<b>270.</b> 0 1 2 3 Difficult to start and stop urine stream	274.	0 1 2 3	Pain on inside of legs or heels	
<b>271.</b> 0 1 2 3 Pain or burning with urination	275.	0 1 2 3	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	
<b>278.</b> 0 1 2 3 Mood swings associated with periods (PMS)	288.	0 1 2 3	Painful intercourse (dysparenia)	
<b>279.</b> 0 1 2 3 Crave chocolate around periods	289.	0 1 2 3		
<b>280.</b> 0 1 2 3 Breast tenderness associated with cycle	290.	0 1 2 3		
<b>281.</b> 0 1 2 3 Excessive menstrual flow	291.		Vaginal itchiness	
282. 0 1 2 3 Scanty blood flow during periods	292.	0 1 2 3	1	
283. 0 1 2 3 Occasional skipped periods	293.	0 1 2 3		
284. 0 1 2 3 Variations in menstrual cycles	294.	0 1 2 3		
<b>285.</b> 0 1 2 3 Endometriosis	295.	0 1 2 3	Night sweats (in menopausal females)	
<b>286.</b> 0 1 2 3 Uterine fibroids	296.	0 1 2 3	Thinning skin	
Section 14 – Cardiovascular				30
<b>297.</b> 0 1 2 3 Aware of heavy and/or irregular breathing	302.	0123	Ankles swell, especially at end of day	
<b>298.</b> 0 1 2 3 Discomfort at high altitudes	303.		Cough at night	
299. 0 1 2 3 "Air hunger" or sigh frequently	304.	0 1 2 3		
<b>300.</b> 0 1 2 3 Compelled to open windows in a closed room	305.	0 1 2 3		
<b>301.</b> 0 1 2 3 Shortness of breath with moderate exertion		0 . 2 0	into right arm, worse with exertion	
	306.	0 1 2 3	Muscle cramps with exertion	
Section 15 – Kidney and Bladder				13
<b>307.</b> 0 1 2 3 Pain in mid-back region	310.	0 1 2 3	Cloudy, bloody or darkened urine	
<b>308.</b> 0 1 2 3 Puffy around the eyes, dark circles under eyes			Urine has a strong odor	
<b>309.</b> 0 1 History of kidney stones (0=no, 1=yes)	• • • • • • • • • • • • • • • • • • • •	0 . 2 0		
Section 16 – Immune system				30
312. 0 1 2 3 Runny or drippy nose	317.	0 1 2 3	Never get sick (0 = sick only 1 or 2 times in last	st
<b>313.</b> 0 1 2 3 Catch colds at the beginning of winter		5.20	2 years, 1 = not sick in last 2 years, 2 = not	
314. 0 1 2 3 Mucus producing cough			sick in last 4 years, 3 = not sick in last 7 years	;)
<b>315.</b> 0 1 2 3 Frequent colds or flu (0=1 or less per year, 1=2	318.	0 1 2 3	Acne (adult)	,
to 3 times per year, 2=4 to 5 times per year, 3=6		0 1 2 3	•	
or more times per year)	320.		Cysts, boils, rashes	
<b>316.</b> 0 1 2 3 Other infections (sinus, ear, lung, skin, bladder,	321.	0 1 2 3	•	
kidney, etc.) (0=1 or less per year, 1=2 to 3		•	Shingles, Chronic Fatigue Syndrome, Hepatiti	is
times per year, 2=4 to 5 times per year, 3=6 or			or other chronic viral condition ( $0 = no, 1 = yes$	
more times per year)			in the past, 2 = currently mild condition, 3 =	
			severe)	
			•	

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