## **Nutritional Assessment Questionnaire 1.5**

Name:	Date://
Birth Date:	
Please list your five major health concerns in order of 1 2 3 4 5	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 Fast sugar 10. 0 1 2 3 Fried 1	einated beverages 15. 0 1 2 3 Refined flour/baked goods 16. 0 1 2 3 Vitamins and minerals 17. 0 1 2 3 Water, distilled 18. 0 1 2 3 Water, tap 19. 0 1 2 3 Water, well 19. 0 1 2 3 Diet often for weight control  12  13  14  15  16  17  18  19  19  19  10  10  11  12  11  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18
36. 0 1 Cholesterol lowering medications 37. 0 1 Cortisone/steroids 38. 0 1 Diabetic medications/insulin  PART II (See key at bottom of page)	49. 0 1 Acetaminophen (Tylenol) 50. 0 1 Ulcer medications 51. 0 1 Sildenafal citrate (Viagra)
Section 1  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)

Sec	tion 2				68
	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	86.	0 1 2 3	
74.	0 1 2 3	Nausea	87.	0 1	Recovering alcoholic (0=no, 1=yes)
75.	0 1 2 3	Sea, car, airplane or motion sickness	88.	0 1	History of drug or alcohol abuse (0=no, 1=yes)
76.	0 1	History of morning sickness (0 = no, 1 = yes)	89.	0 1	History of hepatitis (0=no, 1=yes)
77.	0 1 2 3	Light or clay colored stools	90.	0 1	Long term use of prescription/recreational drugs
78.	0 1 2 3				(0=no, 1=yes)
		Headache over eyes	91.	0 1 2 3	Sensitive to chemicals (perfume, cleaning
80.	0 1 2 3				agents, etc.)
		2=within last year, 3=within past 3 months)			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,			Hemorrhoids or varicose veins
0.4		1=yes)			Nutrasweet (aspartame) consumption
84.	0 1	Easily intoxicated if you were to drink wine			Sensitive to Nutrasweet (aspartame)
		(0=no, 1=yes)	98.	0 1 2 3	Chronic fatigue or Fibromyalgia
Sec	tion 3				47
99.	0 1 2 3	Food allergies	108.	0 1 2 3	Crohn's disease (0 =no, 1=yes in the past,
	0 1 2 3	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
		1=yes)	110.	0 1 2 3	
		Pulse speeds after eating	111.	0 1	Are there foods you could not give up (0=no,
		Airborne allergies			1=yes)
		Experience hives			Asthma, sinus infections, stuffy nose
	0 1 2 3	Sinus congestion, "stuffy head"			Bizarre vivid dreams, nightmares
		Crave bread or noodles			Use over-the-counter pain medications
107.	0 1 2 3	Alternating constipation and diarrhea	115.	0 1 2 3	Feel spacey or unreal
Sec	tion 4				58
116.	0 1 2 3	Anus itches	126.	0 1 2 3	Stools have corners or edges, are flat or ribbon
	0 1 2 3	Coated tongue			shaped
	0 1 2 3	Feel worse in moldy or musty place	127.	0 1 2 3	<u> </u>
	0 1 2 3	Taken antibiotic for a total accumulated time of		0 1 2 3	
		(0=never, 1= <1 month, 2= <3 months, 3= >3	129.	0 1 2 3	Blood in stool
		months)	130.	0 1 2 3	Mucus in stool
120.	0 1 2 3	Fungus or yeast infections	131.	0 1 2 3	Excessive foul smelling lower bowel gas
121.	0 1 2 3	Ring worm, "jock itch", "athletes foot", nail fungus	132.	0 1 2 3	Bad breath or strong body odors
122.	0 1 2 3	Yeast symptoms increase with sugar, starch or	133.	0 1 2 3	Painful to press along outer sides of thighs
		alcohol			(Iliotibial Band)
123.	0 1 2 3	Stools hard or difficult to pass	134.	0 1 2 3	Cramping in lower abdominal region
	0 1	History of parasites (0=no, 1=yes)	135.	0 1 2 3	Dark circles under eyes
125.	0 1 2 3	Less than one bowel movement per day			
Sec	tion 5				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		0 1 2 3	
_		ileocecal valve problems (0=no, 1=yes)		0 1 2 3	•
138.	0 1	History of stress fracture (0=no, 1=yes)			Crave chocolate
139.	0 1 2 3	Bone loss (reduced density on bone scan)			Feet have a strong odor
140.	0 1	Are you shorter than you used to be? (0=no,			History of anemia
		1=yes)		0 1 2 3	
141.	0 1 2 3	Calf, foot or toe cramps at rest	157.	0 1 2 3	Hoarseness
	0 1 2 3	Cold sores, fever blisters or herpes lesions	158.	0 1 2 3	Difficulty swallowing
143.	0 1 2 3	Frequent fevers	159.	0 1 2 3	Lump in throat
144	0 1 2 3	Frequent skin rashes and/or hives	160.	0 1 2 3	· ·
1-7-7-	0 1	Herniated disc (0=no, 1=yes)		0 1 2 3	
145.		Evenesively flevible injute II devible injuted!	162	0 1 2 2	White spots on fingernails
145.	0 1 2 3	Excessively flexible joints, "double jointed"			
145. 146.	0 1 2 3 0 1 2 3	Joints pop or click	163.	0 1 2 3	Cuts heal slowly and/or scar easily
145. 146. 147. 148.		Joints pop or click Pain or swelling in joints	163.		Cuts heal slowly and/or scar easily

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 6				22
<b>167.</b> 0 1 2 3	Experience pain relief with aspirin (0=no, 1=yes) Crave fatty or greasy foods Low- or reduced-fat diet (0=never, 1=years ago, 2=within past year, 3=currently) Tension headaches at base of skull	170. 171.	0 1 2 3	Headaches when out in the hot sun Sunburn easily or suffer sun poisoning Muscles easily fatigued Dry flaky skin or dandruff
Section 7				39
173. 0 1 2 3 174. 0 1 2 3 175. 0 1 2 3 176. 0 1 2 3 177. 0 1 2 3 178. 0 1 2 3	Awaken a few hours after falling asleep, hard to get back to sleep Crave sweets Binge or uncontrolled eating Excessive appetite Crave coffee or sugar in the afternoon Sleepy in afternoon Fatigue that is relieved by eating	181. 182. 183. 184.	0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3	Headache if meals are skipped or delayed Irritable before meals Shaky if meals delayed Family members with diabetes (0=none, 1=1 or 2, 2=3 or 4, 3=more than 4) Frequent thirst Frequent urination
Section 8				81
186.       0 1 2 3         187.       0 1 2 3         188.       0 1 2 3         189.       0 1 2 3         190.       0 1 2 3         191.       0 1 2 3         192.       0 1 2 3         193.       0 1 2 3         194.       0 1 2 3	Feel exhausted or sore after moderate exercise Vulnerable to insect bites Loss of muscle tone, heaviness in arms/legs Enlarged heart or congestive heart failure Pulse below 65 per minute (0=no, 1=yes) Ringing in the ears (Tinnitus) Numbness, tingling or itching in hands and feet Depressed Fear of impending doom Worrier, apprehensive, anxious Nervous or agitated Feelings of insecurity	201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211.	0 1 2 3 0 1 2 3	Can hear heart beat on pillow at night Whole body or limb jerk as falling asleep Night sweats Restless leg syndrome Cracks at corner of mouth (Cheilosis) Fragile skin, easily chaffed, as in shaving Polyps or warts MSG sensitivity Wake up without remembering dreams Small bumps on back of arms Strong light at night irritates eyes Nose bleeds and/or tend to bruise easily
Section 9				78
213. 0 1 2 3 214. 0 1 2 3 215. 0 1 2 3 216. 0 1 2 3 217. 0 1 2 3 218. 0 1 2 3 220. 0 1 2 3 221. 0 1 2 3 222. 0 1 2 3 223. 0 1 2 3	Tend to be a "night person" Difficulty falling asleep Slow starter in the morning Tend to be keyed up, trouble calming down Blood pressure above 120/80 Headache after exercising Feeling wired or jittery after drinking coffee Clench or grind teeth Calm on the outside, troubled on the inside Chronic low back pain, worse with fatigue Become dizzy when standing up suddenly Difficulty maintaining manipulative correction Pain after manipulative correction	227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237.	0 1 2 3 0 1 2 3	Arthritic tendencies Crave salty foods Salt foods before tasting Perspire easily Chronic fatigue, or get drowsy often Afternoon yawning Afternoon headache Asthma, wheezing or difficulty breathing Pain on the medial or inner side of the knee Tendency to sprain ankles or "shin splints" Tendency to need sunglasses Allergies and/or hives Weakness, dizziness
Section 10				29
239. 0 1 240. 0 1 241. 0 1 2 3 242. 0 1 2 3 243. 0 1 2 3 244. 0 1	Splitting type headache	246. 247. 248. 249. 250.	0 1 2 3 0 1	Excessive thirst Weight gain around hips or waist Menstrual disorders Delayed sexual development (after age 13) (0=no, 1=yes)

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					
<b>232.</b> 0 1 / 3	Sensitive/allergic to iodine	260.	0 1 2 3	Mentally sluggish, reduced initiative	48
<b>253.</b> 0 1 2 3		261.		Easily fatigued, sleepy during the day	
	appetite	262.	0 1 2 3		
<b>254.</b> 0 1 2 3	Nervous, emotional, can't work under pressure			and feet)	
<b>255.</b> 0 1 2 3	Inward trembling	263.	0 1 2 3	Constipation, chronic	
<b>256.</b> 0 1 2 3		264.	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		266.	0 1 2 3	Loss of lateral 1/3 of eyebrow	
<b>259.</b> 0 1 2 3	Difficulty losing weight	267.	0 1 2 3	Seasonal sadness	
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	
	Difficult to start and stop urine stream	274.		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
<b>277.</b> 0 1 2 3	Depression during periods	287.	0 1 2 3	Breast fibroids, benign masses	
	Mood swings associated with periods (PMS)	288.		Painful intercourse (dysparenia)	
	Crave chocolate around periods	289.		Vaginal discharge	
	Breast tenderness associated with cycle	290.		Vaginal dryness	
<b>281.</b> 0 1 2 3	Excessive menstrual flow	291.		Vaginal itchiness	
<b>282.</b> 0 1 2 3	Scanty blood flow during periods	292.	0 1 2 3	Gain weight around hips, thighs and buttocks	
	Occasional skipped periods	293.	0 1 2 3	Excess facial or body hair	
<b>284.</b> 0 1 2 3	Variations in menstrual cycles	294.	0 1 2 3	Hot flashes	
<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					20
					30
<b>297.</b> 0 1 2 3	Aware of heavy and/or irregular breathing	302.		Ankles swell, especially at end of day	
	Discomfort at high altitudes	303.		Cough at night	
<b>299.</b> 0 1 2 3		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	206	0 4 0 0	into right arm, worse with exertion	
		306.	0 1 2 3	Muscle cramps with exertion	
Section 15					13
	Pain in mid-back region	310.		Cloudy, bloody or darkened urine	
<b>308.</b> 0 1 2 3	Puffy around the eyes, dark circles under eyes	311.	0 1 2 3	Urine has a strong odor	
<b>309.</b> 0 1	History of kidney stones (0=no, 1=yes)				
Section 16					30
<b>312.</b> 0 1 2 3	Runny or drippy nose	317.	0 1 2 3	Never get sick (0 = sick only 1 or 2 times in las	st
<b>313.</b> 0 1 2 3	Catch colds at the beginning of winter		3	2 years, 1 = not sick in last 2 years, 2 = not	-
<b>314.</b> 0 1 2 3				sick in last 4 years, 3 = not sick in last 7 years	)
<b>315.</b> 0 1 2 3	, , ,	318.	0 1 2 3	Acne (adult)	,
	to 3 times per year, 2=4 to 5 times per year, 3=6	319.	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.		History of Epstein Bar, Mono, Herpes,	
	kidney, etc.) (0=1 or less per year, 1=2 to 3		_	Shingles, Chronic Fatigue Syndrome, Hepatiti	s
	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 =	
	more umos per year,				