# Nutritional Assessment Questionnaire 1.5

**Name**: _____ **Date:** _____/____/_____

**Birth Date:** _____ **Gender:** _____

**Please list your five major health concerns in order of importance:**

**1.** _____
**2.** _____
**3.** _____
**4.** _____
**5.** _____

**Notes:**

## PART I

**Read the following questions and circle the number that applies:**

**KEY:** **0 = Do not consume or use** **2 = Consume or use weekly**
**1 = Consume or use 2 to 3 times monthly** **3 = Consume or use daily**

### DIET

58

**1.** 0 1 2 3 Alcohol
**2.** 0 1 2 3 Artificial sweeteners
**3.** 0 1 2 3 Candy, desserts, refined sugar
**4.** 0 1 2 3 Carbonated beverages
**5.** 0 1 2 3 Chewing tobacco
**6.** 0 1 2 3 Cigarettes
**7.** 0 1 2 3 Cigars/pipes
**8.** 0 1 2 3 Caffeinated beverages
**9.** 0 1 2 3 Fast foods
**10.** 0 1 2 3 Fried foods
**11.** 0 1 2 3 Luncheon meats
**12.** 0 1 2 3 Margarine
**13.** 0 1 2 3 Milk products
**14.** 0 1 Radiation exposure (0=no, 1=yes)
**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
**20.** 0 1 2 3 Diet often for weight control

### LIFESTYLE

12

**21.** 0 1 2 3 Exercise per week (0 = 2 or more times a week, 1 = 1 time a week, 2 = 1 or 2 times a month, 3 = never, less than once a month)
**22.** 0 1 2 3 Changed jobs (0 = over 12 months ago, 1 = within last 12 months, 2 = within last 6 months, 3 = within last 2 months)
**23.** 0 1 2 3 Divorced (0 = never, over 2 years ago, 1 = within last 2 years, 2 = within last year, 3 = within last 6 months)
**24.** 0 1 2 3 Work over 60 hours/week (0 = never, 1 = occasionally, 2 = usually, 3 = always)

### MEDICATIONS

**Indicate any medications you're currently taking or have taken in the last month (0=no, 1=yes):** 54

**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/Ibuprofen
**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

55

**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 2=Moderate symptom, occurs occasionally (weekly)
1=Yes, minor or mild symptom, rarely occurs (monthly) 3=Severe symptom, occurs frequently (daily)

©2003 Nutritional Therapy Association, Inc.® All Rights Reserved.

## Section 2 – Liver and Gallbladder

68

**71.** 0 1 2 3 Pain between shoulder blades
**72.** 0 1 2 3 Stomach upset by greasy foods
**73.** 0 1 2 3 Greasy or shiny stools
**74.** 0 1 2 3 Nausea
**75.** 0 1 2 3 Sea, car, airplane or motion sickness
**76.** 0 1 History of morning sickness (0 = no, 1 = yes)
**77.** 0 1 2 3 Light or clay colored stools
**78.** 0 1 2 3 Dry skin, itchy feet or skin peels on feet
**79.** 0 1 2 3 Headache over eyes
**80.** 0 1 2 3 Gallbladder attacks (0=never, 1=years ago, 2=within last year, 3=within past 3 months)
**81.** 0 1 Gallbladder removed (0=no, 1=yes)
**82.** 0 1 2 3 Bitter taste in mouth, especially after meals
**83.** 0 1 Become sick if you were to drink wine (0=no, 1=yes)
**84.** 0 1 Easily intoxicated if you were to drink wine (0=no, 1=yes)
**85.** 0 1 Easily hung over if you were to drink wine (0=no, 1=yes)
**86.** 0 1 2 3 Alcohol per week (0=<3, 1=<7, 2 =<14, 3=>14)
**87.** 0 1 Recovering alcoholic (0=no, 1=yes)
**88.** 0 1 History of drug or alcohol abuse (0=no, 1=yes)
**89.** 0 1 History of hepatitis (0=no, 1=yes)
**90.** 0 1 Long term use of prescription/recreational drugs (0=no, 1=yes)
**91.** 0 1 2 3 Sensitive to chemicals (perfume, cleaning agents, etc.)
**92.** 0 1 2 3 Sensitive to tobacco smoke
**93.** 0 1 2 3 Exposure to diesel fumes
**94.** 0 1 2 3 Pain under right side of rib cage
**95.** 0 1 2 3 Hemorrhoids or varicose veins
**96.** 0 1 2 3 Nutrasweet (aspartame) consumption
**97.** 0 1 2 3 Sensitive to Nutrasweet (aspartame)
**98.** 0 1 2 3 Chronic fatigue or Fibromyalgia

## Section 3 – Small Intestine

47

**99.** 0 1 2 3 Food allergies
**100.** 0 1 2 3 Abdominal bloating 1 to 2 hours after eating
**101.** 0 1 Specific foods make you tired or bloated (0=no, 1=yes)
**102.** 0 1 2 3 Pulse speeds after eating
**103.** 0 1 2 3 Airborne allergies
**104.** 0 1 2 3 Experience hives
**105.** 0 1 2 3 Sinus congestion, "stuffy head"
**106.** 0 1 2 3 Crave bread or noodles
**107.** 0 1 2 3 Alternating constipation and diarrhea
**108.** 0 1 2 3 Crohn's disease (0 =no, 1=yes in the past, 2=currently mild condition, 3=severe)
**109.** 0 1 2 3 Wheat or grain sensitivity
**110.** 0 1 2 3 Dairy sensitivity
**111.** 0 1 Are there foods you could not give up (0=no, 1=yes)
**112.** 0 1 2 3 Asthma, sinus infections, stuffy nose
**113.** 0 1 2 3 Bizarre vivid dreams, nightmares
**114.** 0 1 2 3 Use over-the-counter pain medications
**115.** 0 1 2 3 Feel spacey or unreal

## Section 4 – Large Intestine

58

**116.** 0 1 2 3 Anus itches
**117.** 0 1 2 3 Coated tongue
**118.** 0 1 2 3 Feel worse in moldy or musty place
**119.** 0 1 2 3 Taken antibiotic for a total accumulated time of (0=never, 1= <1 month, 2= <3 months, 3= >3 months)
**120.** 0 1 2 3 Fungus or yeast infections
**121.** 0 1 2 3 Ring worm, "jock itch", "athletes foot", nail fungus
**122.** 0 1 2 3 Yeast symptoms increase with sugar, starch or alcohol
**123.** 0 1 2 3 Stools hard or difficult to pass
**124.** 0 1 History of parasites (0=no, 1=yes)
**125.** 0 1 2 3 Less than one bowel movement per day
**126.** 0 1 2 3 Stools have corners or edges, are flat or ribbon shaped
**127.** 0 1 2 3 Stools are not well formed (loose)
**128.** 0 1 2 3 Irritable bowel or mucus colitis
**129.** 0 1 2 3 Blood in stool
**130.** 0 1 2 3 Mucus in stool
**131.** 0 1 2 3 Excessive foul smelling lower bowel gas
**132.** 0 1 2 3 Bad breath or strong body odors
**133.** 0 1 2 3 Painful to press along outer sides of thighs (Iliotibial Band)
**134.** 0 1 2 3 Cramping in lower abdominal region
**135.** 0 1 2 3 Dark circles under eyes

## Section 5 – Mineral Needs

75

**136.** 0 1 History of carpal tunnel syndrome (0=no, 1=yes)
**137.** 0 1 History of lower right abdominal pains or ileocecal valve problems (0=no, 1=yes)
**138.** 0 1 History of stress fracture (0=no, 1=yes)
**139.** 0 1 2 3 Bone loss (reduced density on bone scan)
**140.** 0 1 Are you shorter than you used to be? (0=no, 1=yes)
**141.** 0 1 2 3 Calf, foot or toe cramps at rest
**142.** 0 1 2 3 Cold sores, fever blisters or herpes lesions
**143.** 0 1 2 3 Frequent fevers
**144.** 0 1 2 3 Frequent skin rashes and/or hives
**145.** 0 1 Herniated disc (0=no, 1=yes)
**146.** 0 1 2 3 Excessively flexible joints, "double jointed"
**147.** 0 1 2 3 Joints pop or click
**148.** 0 1 2 3 Pain or swelling in joints
**149.** 0 1 2 3 Bursitis or tendonitis
**150.** 0 1 History of bone spurs (0=no, 1=yes)
**151.** 0 1 2 3 Morning stiffness
**152.** 0 1 2 3 Nausea with vomiting
**153.** 0 1 2 3 Crave chocolate
**154.** 0 1 2 3 Feet have a strong odor
**155.** 0 1 2 3 History of anemia
**156.** 0 1 2 3 Whites of eyes (sclera) blue tinted
**157.** 0 1 2 3 Hoarseness
**158.** 0 1 2 3 Difficulty swallowing
**159.** 0 1 2 3 Lump in throat
**160.** 0 1 2 3 Dry mouth, eyes and/or nose
**161.** 0 1 2 3 Gag easily
**162.** 0 1 2 3 White spots on fingernails
**163.** 0 1 2 3 Cuts heal slowly and/or scar easily
**164.** 0 1 2 3 Decreased sense of taste or smell

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)

©2003 Nutritional Therapy Association, Inc.® All Rights Reserved.

## Section 6 – Essential Fatty Acids

22

**165.** 0 1 Experience pain relief with aspirin (0=no, 1=yes)
**166.** 0 1 2 3 Crave fatty or greasy foods
**167.** 0 1 2 3 Low- or reduced-fat diet (0=never, 1=years ago, 2=within past year, 3=currently)
**168.** 0 1 2 3 Tension headaches at base of skull
**169.** 0 1 2 3 Headaches when out in the hot sun
**170.** 0 1 2 3 Sunburn easily or suffer sun poisoning
**171.** 0 1 2 3 Muscles easily fatigued
**172.** 0 1 2 3 Dry flaky skin or dandruff

## Section 7 – Sugar Handling

39

**173.** 0 1 2 3 Awaken a few hours after falling asleep, hard to get back to sleep
**174.** 0 1 2 3 Crave sweets
**175.** 0 1 2 3 Binge or uncontrolled eating
**176.** 0 1 2 3 Excessive appetite
**177.** 0 1 2 3 Crave coffee or sugar in the afternoon
**178.** 0 1 2 3 Sleepy in afternoon
**179.** 0 1 2 3 Fatigue that is relieved by eating
**180.** 0 1 2 3 Headache if meals are skipped or delayed
**181.** 0 1 2 3 Irritable before meals
**182.** 0 1 2 3 Shaky if meals delayed
**183.** 0 1 2 3 Family members with diabetes (0=none, 1=1 or 2, 2=3 or 4, 3=more than 4)
**184.** 0 1 2 3 Frequent thirst
**185.** 0 1 2 3 Frequent urination

## Section 8 – Vitamin Need

81

**186.** 0 1 2 3 Muscles become easily fatigued
**187.** 0 1 2 3 Feel exhausted or sore after moderate exercise
**188.** 0 1 2 3 Vulnerable to insect bites
**189.** 0 1 2 3 Loss of muscle tone, heaviness in arms/legs
**190.** 0 1 2 3 Enlarged heart or congestive heart failure
**191.** 0 1 2 3 Pulse below 65 per minute (0=no, 1=yes)
**192.** 0 1 2 3 Ringing in the ears (Tinnitus)
**193.** 0 1 2 3 Numbness, tingling or itching in hands and feet
**194.** 0 1 2 3 Depressed
**195.** 0 1 2 3 Fear of impending doom
**196.** 0 1 2 3 Worrier, apprehensive, anxious
**197.** 0 1 2 3 Nervous or agitated
**198.** 0 1 2 3 Feelings of insecurity
**199.** 0 1 2 3 Heart races
**200.** 0 1 2 3 Can hear heart beat on pillow at night
**201.** 0 1 2 3 Whole body or limb jerk as falling asleep
**202.** 0 1 2 3 Night sweats
**203.** 0 1 2 3 Restless leg syndrome
**204.** 0 1 2 3 Cracks at corner of mouth (Cheilosis)
**205.** 0 1 2 3 Fragile skin, easily chaffed, as in shaving
**206.** 0 1 2 3 Polyps or warts
**207.** 0 1 2 3 MSG sensitivity
**208.** 0 1 2 3 Wake up without remembering dreams
**209.** 0 1 2 3 Small bumps on back of arms
**210.** 0 1 2 3 Strong light at night irritates eyes
**211.** 0 1 2 3 Nose bleeds and/or tend to bruise easily
**212.** 0 1 2 3 Bleeding gums especially when brushing teeth

## Section 9 – Adrenal

78

**213.** 0 1 2 3 Tend to be a "night person"
**214.** 0 1 2 3 Difficulty falling asleep
**215.** 0 1 2 3 Slow starter in the morning
**216.** 0 1 2 3 Tend to be keyed up, trouble calming down
**217.** 0 1 2 3 Blood pressure above 120/80
**218.** 0 1 2 3 Headache after exercising
**219.** 0 1 2 3 Feeling wired or jittery after drinking coffee
**220.** 0 1 2 3 Clench or grind teeth
**221.** 0 1 2 3 Calm on the outside, troubled on the inside
**222.** 0 1 2 3 Chronic low back pain, worse with fatigue
**223.** 0 1 2 3 Become dizzy when standing up suddenly
**224.** 0 1 2 3 Difficulty maintaining manipulative correction
**225.** 0 1 2 3 Pain after manipulative correction
**226.** 0 1 2 3 Arthritic tendencies
**227.** 0 1 2 3 Crave salty foods
**228.** 0 1 2 3 Salt foods before tasting
**229.** 0 1 2 3 Perspire easily
**230.** 0 1 2 3 Chronic fatigue, or get drowsy often
**231.** 0 1 2 3 Afternoon yawning
**232.** 0 1 2 3 Afternoon headache
**233.** 0 1 2 3 Asthma, wheezing or difficulty breathing
**234.** 0 1 2 3 Pain on the medial or inner side of the knee
**235.** 0 1 2 3 Tendency to sprain ankles or "shin splints"
**236.** 0 1 2 3 Tendency to need sunglasses
**237.** 0 1 2 3 Allergies and/or hives
**238.** 0 1 2 3 Weakness, dizziness

## Section 10 – Pituitary

29

**239.** 0 1 Height over 6' 6" (0=no, 1=yes)
**240.** 0 1 Early sexual development (before age 10) (0=no, 1=yes)
**241.** 0 1 2 3 Increased libido
**242.** 0 1 2 3 Splitting type headache
**243.** 0 1 2 3 Memory failing
**244.** 0 1 Tolerate sugar, feel fine when eating sugar (0=no, 1=yes)
**245.** 0 1 Height under 4' 10" (0=no, 1=yes)
**246.** 0 1 2 3 Decreased libido
**247.** 0 1 2 3 Excessive thirst
**248.** 0 1 2 3 Weight gain around hips or waist
**249.** 0 1 2 3 Menstrual disorders
**250.** 0 1 Delayed sexual development (after age 13) (0=no, 1=yes)
**251.** 0 1 2 3 Tendency to ulcers or colitis

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)

©2003 Nutritional Therapy Association, Inc.® All Rights Reserved.

## Section 11 – Thyroid

48

**252.** 0 1 2 3 Sensitive/allergic to iodine
**253.** 0 1 2 3 Difficulty gaining weight, even with large appetite
**254.** 0 1 2 3 Nervous, emotional, can't work under pressure
**255.** 0 1 2 3 Inward trembling
**256.** 0 1 2 3 Flush easily
**257.** 0 1 2 3 Fast pulse at rest
**258.** 0 1 2 3 Intolerance to high temperatures
**259.** 0 1 2 3 Difficulty losing weight
**260.** 0 1 2 3 Mentally sluggish, reduced initiative
**261.** 0 1 2 3 Easily fatigued, sleepy during the day
**262.** 0 1 2 3 Sensitive to cold, poor circulation (cold hands and feet)
**263.** 0 1 2 3 Constipation, chronic
**264.** 0 1 2 3 Excessive hair loss and/or coarse hair
**265.** 0 1 2 3 Morning headaches, wear off during the day
**266.** 0 1 2 3 Loss of lateral 1/3 of eyebrow
**267.** 0 1 2 3 Seasonal sadness

## Section 12 – Men Only

27

**268.** 0 1 2 3 Prostate problems
**269.** 0 1 2 3 Difficulty with urination, dribbling
**270.** 0 1 2 3 Difficult to start and stop urine stream
**271.** 0 1 2 3 Pain or burning with urination
**272.** 0 1 2 3 Waking to urinate at night
**273.** 0 1 2 3 Interruption of stream during urination
**274.** 0 1 2 3 Pain on inside of legs or heels
**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
**278.** 0 1 2 3 Mood swings associated with periods (PMS)
**279.** 0 1 2 3 Crave chocolate around periods
**280.** 0 1 2 3 Breast tenderness associated with cycle
**281.** 0 1 2 3 Excessive menstrual flow
**282.** 0 1 2 3 Scanty blood flow during periods
**283.** 0 1 2 3 Occasional skipped periods
**284.** 0 1 2 3 Variations in menstrual cycles
**285.** 0 1 2 3 Endometriosis
**286.** 0 1 2 3 Uterine fibroids
**287.** 0 1 2 3 Breast fibroids, benign masses
**288.** 0 1 2 3 Painful intercourse (dysparenia)
**289.** 0 1 2 3 Vaginal discharge
**290.** 0 1 2 3 Vaginal dryness
**291.** 0 1 2 3 Vaginal itchiness
**292.** 0 1 2 3 Gain weight around hips, thighs and buttocks
**293.** 0 1 2 3 Excess facial or body hair
**294.** 0 1 2 3 Hot flashes
**295.** 0 1 2 3 Night sweats (in menopausal females)
**296.** 0 1 2 3 Thinning skin

## Section 14 – Cardiovascular

30

**297.** 0 1 2 3 Aware of heavy and/or irregular breathing
**298.** 0 1 2 3 Discomfort at high altitudes
**299.** 0 1 2 3 "Air hunger" or sigh frequently
**300.** 0 1 2 3 Compelled to open windows in a closed room
**301.** 0 1 2 3 Shortness of breath with moderate exertion
**302.** 0 1 2 3 Ankles swell, especially at end of day
**303.** 0 1 2 3 Cough at night
**304.** 0 1 2 3 Blush or face turns red for no reason
**305.** 0 1 2 3 Dull pain or tightness in chest and/or radiate into right arm, worse with exertion
**306.** 0 1 2 3 Muscle cramps with exertion

## Section 15 – Kidney and Bladder

13

**307.** 0 1 2 3 Pain in mid-back region
**308.** 0 1 2 3 Puffy around the eyes, dark circles under eyes
**309.** 0 1 History of kidney stones (0=no, 1=yes)
**310.** 0 1 2 3 Cloudy, bloody or darkened urine
**311.** 0 1 2 3 Urine has a strong odor

## Section 16 – Immune system

30

**312.** 0 1 2 3 Runny or drippy nose
**313.** 0 1 2 3 Catch colds at the beginning of winter
**314.** 0 1 2 3 Mucus producing cough
**315.** 0 1 2 3 Frequent colds or flu (0=1 or less per year, 1=2 to 3 times per year, 2=4 to 5 times per year, 3=6 or more times per year)
**316.** 0 1 2 3 Other infections (sinus, ear, lung, skin, bladder, kidney, etc.) (0=1 or less per year, 1=2 to 3 times per year, 2=4 to 5 times per year, 3=6 or more times per year)
**317.** 0 1 2 3 Never get sick (0 = sick only 1 or 2 times in last 2 years, 1 = not sick in last 2 years, 2 = not sick in last 4 years, 3 = not sick in last 7 years)
**318.** 0 1 2 3 Acne (adult)
**319.** 0 1 2 3 Itchy skin (Dermatitis)
**320.** 0 1 2 3 Cysts, boils, rashes
**321.** 0 1 2 3 History of Epstein Bar, Mono, Herpes, Shingles, Chronic Fatigue Syndrome, Hepatitis or other chronic viral condition (0 = no, 1 = yes in the past, 2 = currently mild condition, 3 = severe)

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)

©2003 Nutritional Therapy Association, Inc.® All Rights Reserved.