

QUICK NUTRITIONAL ASSESSMENT QUESTIONNAIRE

Please use the following key to indicate your response to the following questions.

1=Never 2=Rarely 3=Sometimes 4=Frequently 5=Daily

Please mark one answer for each question.

Client Name: _____ Date: _____

		RATING
Immune	Are you susceptible to infections, allergies or sensitive to pollution or work environment?	
SP	Do you experience chronic fatigue, recurring infections, lowered immune response, etc.?	
AL	Do you react to pollen, molds, foods, seasonal irritants, perfumes, animal dander, etc.?	
TW	Do you have mood swings, problems sleeping, are you always cold, have chemical imbalances, etc.?	
Metabolism	Do you have slow metabolism, are you always hungry, have low energy at specific times of the day?	
LY	Do you experience recurrent infections, sinusitis, postnasal drip, or swollen lymph nodes, etc.?	
CI	Do you have cold fingers or toes, blood pressure problems, varicose veins, arteriosclerosis, etc.?	
KI	Do you experience edema, gout, pain in the lower back, burning urination, kidney stones, etc.?	
UB	Do you have recurring infections, itching or yeast problems, painful urination, "leaking", etc.?	
LV	Do you experience jaundice, high cholesterol, discomfort in the liver region, blood disorder, etc.?	
GB	Do you have a history of gallstones, discomfort after eating rich foods, low fat metabolism, etc.	
PA	Do you have diabetes, hypoglycemia, irritability, shaking if you skip a meal, etc.?	
ST	Do you experience digestive disturbances, acid reflux, burping or upper digestive bloating after meals, etc.?	
SI	Do you have recurrent yeast infections, frequent antibiotic use, poor diet, gas, bloating, etc.?	
LI	Do you experience bouts of diarrhea or constipation, gas, bloating, etc.?	
HT	Do you experience palpitations, arrhythmia, impairments from prior infections, weak valves, etc.?	
LU	Do you experience recurrent respiratory infections, coughs, bronchitis, pneumonia, asthma, etc.?	
JO	Do you have arthritis, back pain, discomfort when moving, weather triggered ailments, etc.?	
NE	Do you experience irritability, nervousness, trembling, anxiety, or memory problems?	
SK	Do you have rashes, dryness or cracking, scaly patches, eczema, acne, psoriasis, etc.?	
Stress	Do you experience stress from work, finances, society or relationships that you feel cause physical ailments?	
Energy	Do you lack motivation, drive, perseverance, stamina, or endurance?	
Well-Being	Do you lack sense of happiness, joy, feelings of fulfillment, a positive outlook on life?	