

# 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**

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|-------------|--------------------------------|-------------|----------------------------------|
| <b>DIET</b> |                                |             | 58                               |
| 1. 0 1 2 3  | Alcohol                        | 7. 0 1 2 3  | Cigars/pipes                     |
| 2. 0 1 2 3  | Artificial sweeteners          | 8. 0 1 2 3  | Caffeinated beverages            |
| 3. 0 1 2 3  | Candy, desserts, refined sugar | 9. 0 1 2 3  | Fast foods                       |
| 4. 0 1 2 3  | Carbonated beverages           | 10. 0 1 2 3 | Fried foods                      |
| 5. 0 1 2 3  | Chewing tobacco                | 11. 0 1 2 3 | Luncheon meats                   |
| 6. 0 1 2 3  | Cigarettes                     | 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    |

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|------------------|--|--|----|
| <b>LIFESTYLE</b> |  |  | 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)   |  |    |

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|--|--|---------|---|
| <b>MEDICATIONS</b> Indicate any medications you're currently taking or have taken in the last month (0=no, 1=yes): |  |         | 54  |
| 25. 0 1  | Antacids                                   | 39. 0 1 | Diuretics   |
| 26. 0 1  | Antianxiety medications                    | 40. 0 1 | Estrogen or progesterone (pharmaceutical, prescription) |
| 27. 0 1  | Antibiotics                                | 41. 0 1 | Estrogen or progesterone (natural)                      |
| 28. 0 1  | Anticonvulsants                            | 42. 0 1 | Heart medications                                       |
| 29. 0 1  | Antidepressants                            | 43. 0 1 | High blood pressure medications                         |
| 30. 0 1  | Antifungals                                | 44. 0 1 | Laxatives   |
| 31. 0 1  | Aspirin/Ibuprofen                          | 45. 0 1 | Recreational drugs                                      |
| 32. 0 1  | Asthma inhalers                            | 46. 0 1 | Relaxants/Sleeping pills                                |
| 33. 0 1  | Beta blockers                              | 47. 0 1 | Testosterone (natural or prescription)                  |
| 34. 0 1  | Birth control pills/implant contraceptives | 48. 0 1 | Thyroid medication                                      |
| 35. 0 1  | Chemotherapy                               | 49. 0 1 | Acetaminophen (Tylenol)                                 |
| 36. 0 1  | Cholesterol lowering medications           | 50. 0 1 | Ulcer medications                                       |
| 37. 0 1  | Cortisone/steroids                         | 51. 0 1 | Sildenafil citrate (Viagra)                             |
| 38. 0 1  | Diabetic medications/insulin               |         |   |

## PART II (See key at bottom of page)

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|--|---|-------------|--|
| <b>Section 1 – Upper Gastrointestinal System</b> |   |             | 55                                     |
| 52. 0 1 2 3                                      | Belching or gas within one hour after eating            | 61. 0 1 2 3 | Feel like skipping breakfast           |
| 53. 0 1 2 3                                      | Heartburn or acid reflux                                | 62. 0 1 2 3 | Feel better if you don't eat           |
| 54. 0 1 2 3                                      | Bloating within one hour after eating                   | 63. 0 1 2 3 | Sleepy after meals                     |
| 55. 0 1  | Vegan diet (no dairy, meat, fish or eggs) (0=no, 1=yes) | 64. 0 1 2 3 | Fingernails chip, peel or break easily |
| 56. 0 1 2 3                                      | Bad breath (halitosis)                                  | 65. 0 1 2 3 | Anemia unresponsive to iron            |
| 57. 0 1 2 3                                      | Loss of taste for meat                                  | 66. 0 1 2 3 | Stomach pains or cramps                |
| 58. 0 1 2 3                                      | Sweat has a strong odor                                 | 67. 0 1 2 3 | Diarrhea, chronic                      |
| 59. 0 1 2 3                                      | Stomach upset by taking vitamins                        | 68. 0 1 2 3 | Diarrhea shortly after meals           |
| 60. 0 1 2 3                                      | Sense of excess fullness 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)





**Section 11 – Thyroid**

48

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

**Section 12 – Men Only**

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|------|---------|--|------|---------|---|
| 268. | 0 1 2 3 | Prostate problems                        | 272. | 0 1 2 3 | Waking to urinate at night              |
| 269. | 0 1 2 3 | Difficulty with urination, dribbling     | 273. | 0 1 2 3 | Interruption of stream during urination |
| 270. | 0 1 2 3 | Difficult to start and stop urine stream | 274. | 0 1 2 3 | Pain on inside of legs or heels         |
| 271. | 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**

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|------|---------|---|------|---------|--|
| 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)             |
| 279. | 0 1 2 3 | Crave chocolate around periods            | 289. | 0 1 2 3 | Vaginal discharge                            |
| 280. | 0 1 2 3 | Breast tenderness associated with cycle   | 290. | 0 1 2 3 | Vaginal dryness                              |
| 281. | 0 1 2 3 | Excessive menstrual flow                  | 291. | 0 1 2 3 | Vaginal itchiness                            |
| 282. | 0 1 2 3 | Scanty blood flow during periods          | 292. | 0 1 2 3 | Gain weight around hips, thighs and buttocks |
| 283. | 0 1 2 3 | Occasional skipped periods                | 293. | 0 1 2 3 | Excess facial or body hair                   |
| 284. | 0 1 2 3 | Variations in menstrual cycles            | 294. | 0 1 2 3 | Hot flashes                                  |
| 285. | 0 1 2 3 | Endometriosis                             | 295. | 0 1 2 3 | Night sweats (in menopausal females)         |
| 286. | 0 1 2 3 | Uterine fibroids                          | 296. | 0 1 2 3 | Thinning skin                                |

**Section 14 – Cardiovascular**

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

**Section 15 – Kidney and Bladder**

13

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

**Section 16 – Immune system**

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|------|---------|---|------|---------|--|
| 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 2 years, 1 = not sick in last 2 years, 2 = not sick in last 4 years, 3 = not sick in last 7 years)  |
| 313. | 0 1 2 3 | Catch colds at the beginning of winter  | 318. | 0 1 2 3 | Acne (adult)   |
| 314. | 0 1 2 3 | Mucus producing cough   | 319. | 0 1 2 3 | Itchy skin (Dermatitis)  |
| 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)  | 320. | 0 1 2 3 | Cysts, boils, rashes   |
| 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) | 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  
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 3=Severe symptom, occurs frequently (daily)