

Nutritional Survey

Name _____

Date _____

Point Scale

- 0 Never
- 1 Rarely (1-6x/yr)
- 2 Occasionally (6-12x/yr)
- 3 Frequently (once per week or more)
- 4 Constantly

Section One

- ___ Bloated after eating
- ___ Gas shortly after eating
- ___ Burning stomach relieved by eating
- ___ Indigestion shortly after eating
- ___ Coated tongue
- ___ Indigestion relieved by antacids, milk or carbonated beverages
- ___ TOTAL

Section Four

- ___ Frequent colds/flu
- ___ Allergies
- ___ Red, itchy eyes
- ___ Wounds heal slowly
- ___ Gums bleed easily
- ___ Sinus congestion, post nasal drip
- ___ Excessive hair loss
- ___ TOTAL

Section Two

- ___ Burning or itching feet
- ___ Recurring skin rashes
- ___ Fats and greasy food upset digestion
- ___ Pain between shoulder blades
- ___ Constipation or diarrhea
- ___ Light colored stools
- ___ Nightmares, bad dreams
- ___ TOTAL

Section Five

- ___ Chronic Fatigue
- ___ Weakness, dizziness
- ___ Increased perspiration
- ___ Crave salt
- ___ Arthritic symptoms
- ___ TOTAL

Section Three

- ___ Crave sweets or coffee in afternoon
- ___ Feel shaky or irritable if meals are missed or delayed
- ___ Feel hungry between meals
- ___ Fatigue relieved by eating
- ___ Awaken after a few hours of sleep, difficult to get back to sleep
- ___ Confusion, poor memory, faintness, Dizziness
- ___ TOTAL

Section Six

- ___ Joint pain
- ___ Depression/mood swings
- ___ Reduced sex drive
- ___ Night sweats
- ___ Fatigue easily
- ___ Weight gain
- ___ Women: menstrual symptoms
- ___ Men: prostate problems, difficult or frequent urination, esp. at night
- ___ TOTAL