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FUNCTIONAL NUTRITIONAL ASSESSMENT QUESTIONNAIRE

Name: **Sex:** ☐ Male ☐ Female **Age:** **Today's Date:**

Medications Currently Using	Supplements Currently Taking	Five Most Significant Health Problems

Check next to any of the following items you consume:

- ☐ Alcohol
- ☐ Candy or other sweets
- ☐ Chewing tobacco
- ☐ Cigarettes
- ☐ Cigars
- ☐ Coffee
- ☐ Dairy products
- ☐ Deep fried foods
- ☐ Distilled water
- ☐ Fast food
- ☐ Fluoridated/chlorinated water
- ☐ Luncheon meats
- ☐ Margarine
- ☐ Non-herbal tea
- ☐ Refined (white) flour products
- ☐ Refined Sugar
- ☐ Soft drinks

Instructions: Read the following symptoms and fill in the number that applies:

0 = Do not have the symptom, the symptom does not apply
1 = It is a minor symptom or it rarely occurs
2 = It is a moderate symptom or it occasionally occurs
3 = It is a significant symptom or it frequently occurs
4 = It is a severe symptom or you are aware of it almost constantly

Rate the severity or frequency of the symptom from 0 to 4. How significant is the symptom?
How true is the statement—0 means not at all, 4 means extremely true.
Where the question is answered by yes or no, check the box for "Yes" and leave blank for "No."

1. ____ Fingernails chip, peel or break easily
2. ____ Belching or gas within 1 hr. of a meal
3. ____ Distaste for meat (not a vegetarian for moral other or other reasons)
4. ____ Fewer than one bowel movement per day
5. ____ Stools hard or difficult to pass
6. ____ Bloating after eating
7. ____ Only specific foods cause bloating
8. ____ Sleepy after eating
9. ____ Sensitive to smoke
10. ____ Feeling "wired" or jittery if drinking coffee
11. ____ Pain between the shoulder blades
12. ____ Bizarre, vivid or nightmarish dreams
13. ____ Metallic taste in the mouth
14. ____ Bitter taste in mouth, especially after meals
15. ____ Become sick after drinking wine (as opposed to other alcoholic beverages)
16. ____ Wake up without remembering dreams
17. ____ Bothered if eating food with monosodium glutamate (MSG)

18. ____ Become intoxicated easily if drinking alcohol
19. ____ Severe hangovers after drinking alcohol
20. ____ Trouble tolerating greasy foods
21. ____ Trouble tolerating aspartame (Nutrasweet)
22. ____ Frequent fevers
23. ____ Trouble tolerating garlic or onions
24. ____ Gallbladder attacks (past or present)
25. ____ Urine has a strong odor
26. ____ Dry flaky skin or dandruff
27. ____ Sensitive to chemicals (perfume, insecticides, exhaust fumes)
28. ____ Hemorrhoids or varicose veins
29. ____ Take over the counter pain medication
30. ☐ Aspirin is an effective pain reliever
31. ____ Sweat a lot
32. ____ Sweat at night
33. ____ Feet have a strong odor or sweat easily
34. ____ Lower bowel gas
35. ____ Alternating constipation/diarrhea
36. ____ Nausea
37. ____ Epigastric (top of stomach) burning or gastric reflux
38. ____ Patches of dry skin, eczema or psoriasis
39. ____ Hair breaks or falls out easily
40. ____ Anus itches
41. ____ Coated tongue
42. ____ Lactose intolerant
43. ____ Colitis, irritable bowel or Crohn's disease
44. ____ Crave sugar
45. ____ Eat a dessert with sugar, donut, soft drink, ice cream etc. (1 = 1x/week; 2 = 2-3x/week; 3 = daily or almost daily; 4 = more than 1x/day)
46. ____ Crave bread or noodles
47. ____ Eat refined white flour products (French, Italian or other white bread, bagels, pasta etc.) [1= 1x/week; 2 = 2-3x/week; 3 = daily or almost daily; 4 = more than 1x/day]
48. ____ Are there any foods that you feel that you would not want to give up? (Think of foods that you eat every day like bread, cheese etc.)
49. ____ Have you taken tetracyclines (Sumycin, Panmycin Vibramycin, Minocin) for acne? [1 = 1 mo.; 2 = 2 mo.; 3 = 3 mo.; 4 = 4 mo. or longer]
50. ____ Have you taken broad-spectrum antibiotics for urinary, respiratory or other infection? (1 = 1 course < 2 mo.; 2 = 1 course 2 mo. or longer; 3 = 2x in a single year; 4 = more than 2x in a single year)
51. ____ Hay fever or seasonal allergies
52. ____ Feel worse when in a moldy or musty place
53. ____ Sinusitis (nose stuffy, sinus headaches or sinus infections)
54. ____ Runny or drippy nose
55. ____ Catch colds at the beginning of winter

56. ____ Migraine headaches
57. ____ Binge eating or uncontrolled eating
58. ____ Asthma, wheezing or difficulty breathing
59. ____ Crave coffee or sugar in the afternoon
60. ____ Afternoon headaches
61. ____ Fatigue that is relieved by eating
62. ____ Shaky, headachy, or tired when meals are delayed
63. ____ Family history of diabetes (1 = distant relative; 2 = 1 or 2 direct relatives; 3 = 3 or 4 direct relatives; 4 = more than 4 direct relatives)
64. ____ Frequent thirst
65. ____ Cuts take a long time to heal
66. ____ Frequent urination
67. ____ Frequent infections
68. ____ Numbness or tingling in the extremities
69. ____ Fatigue
70. ____ Cry, become teary or sad for no reason
71. ____ Ankles swell
72. ____ Become cold easily or when others are not
73. ____ Depression
74. ____ If #73 is a symptom of yours, can you characterize your depression as feeling "low" with a strong desire to sleep, sleeping a lot and having trouble getting out of bed
75. ____ If #73 is a symptom, can you characterize your depression as feeling agitated, anxious or having difficulty falling and staying asleep
76. ____ Lack of motivation (function from day to day but lacking initiative)
77. ____ Brittle, coarse hair
78. ____ Difficulty losing weight
79. ____ Frequent colds or the flu
80. ____ Frequent diets (reducing food intake) (1=1 or 2; 2=3 or 4; 3 = 5 or 6; 4 = 7 or more)
81. ____ Crave salt or salty foods
82. ____ Crave greasy or fatty foods
83. ____ Pain on the inside (medial) knee or on one side of the low back
84. ____ Become dizzy when standing up suddenly
85. ____ Trouble getting out of bed in the morning
86. ____ Tend to be a "night" person
87. ____ Tendency to worry
88. ____ Tend to be calm on the outside, troubled inside
89. ____ Changed marital status (1=w/in 2 years; 2= w/in 1 year; 3= w/in 6 mos.; 4 = w/in 3 mos.)
90. ____ Death of a loved one. (1=w/in 2 years; 2= w/in 1 year; 3= w/in 6 mos.; 4 = w/in 3 mos.)
91. ____ Changed jobs, lost a job or started a new job. (1=w/in 2 years; 2= w/in 1 year; 3= w/in 6 mos.; 4 = w/in 3 mos.)
92. ____ How many hours do your work each week? (1= 45 or less; 2= 45-50; 3= 50-55; 4=more than 55)
93. ____ Keyed up, trouble calming down.
94. ____ Fall asleep only to wake up after a few hours and have trouble falling back to sleep
95. ____ Difficulty falling asleep

96. ____ Feelings of insecurity
97. ____ Heart races or palpitates
98. ____ Clench or grind teeth
99. ____ Jaw clicks, pops, locks or makes noise
100. ____ Tension headaches (base of skull)
101. ____ Headaches when hot or out in the sun
102. ____ Get up at night to urinate
103. ____ Decreased ability to taste or smell
104. ____ Get hives
105. ____ Acne
106. ____ Undigested food in stool
107. ____ Taken birth control pills (1= 6 mos. or less ; 2= 1 yr. or less; 3= 1-2 yrs.; 4= more than 2 yrs.)
108. ____ Feel spacey or unreal
109. ____ Rehabilitated or done construction in a house built before 1970 (1= yes, but didn't live there during work; 2= lived there when the work was done; 3= rehabbed more than 1; 4= lived in more than 1 house that's been rehabbed)
110. ____ Fungus or yeast infections
111. ____ Exposure to diesel fumes
112. ____ Do you smoke , how many pack-years (number of years times the number of packs per day)? [1=2 or less; 2=3-5; 3=7-10 and 4= more than 10 pack-years]
113. ____ Did you quit smoking (1= more than 10 yrs ago; 2= 5-10 yrs.; 3=1-5 yrs.; 4= less than 1yr)
114. ____ How many alcoholic beverages each week? (1= 1-7; 2= 8-14; 3= 14-21; 4= more than 21 alcoholic beverages per week)
115. ☐ Are you a recovering alcoholic?
116. ☐ History of anorexia or bulimia
117. ____ How many mercury (silver) fillings (1= 1-2; 2= 3-5; 3= 6-7; 4= more than 7 fillings)
118. ____ Have you taken shark cartilage? (mark 1 point for every 3 months on the supplement)
119. ☐ Diagnosed with chronic fatigue syndrome or fibromyalgia
120. ____ Pain or swelling in the joints
121. ____ Muscles become easily fatigued
122. ____ Anemia that is unresponsive to iron
123. ____ Greasy or shiny stools
124. ____ Clay-colored stools
125. ____ Stomach upset by taking vitamins
126. ____ Hands tremble
127. ____ Calves cramp at night
128. ____ Legs cramp after walking, better after rest
129. ____ Undigested fat in stool
130. ____ (Women) Anxiety, irritability, emotional instability related to menstrual cycle
131. ____ (Women) Depression during period
132. ____ (Women) Weight gain greater than 3 pounds and/or abdominal bloating associated with cycle
133. ____ (Women) Breast tenderness, soreness or swelling associated with cycle
134. ____ (Women) Excess menstrual flow
135. ____ (Women) Sugar, chocolate, or carbohydrate craving associated with cycle

136.____ Dark circles under the eyes
137.____ Sense of fullness after meals
138.____ Do not feel like eating breakfast
139.____ Feel better if you don't eat
140.____ Black or tarry stools
141.____ Pain under right side of ribcage
142.____ Itchy skin (maybe worse at night)
143.____ Cold sores, fever blisters or Herpes lesions
144.____ Sunburn easily or get "sun poisoning"
145.____ Cough that produces mucus
146.____ Bruise easily
147.____ Frequent infections (ear, bladder, lung etc.)
148.____ Eyes sensitive to bright light
149.____ Exercise makes you feel worse
150.____ Blush or face turns red for no reason
151.____ Pain in chest, left arm or left side of neck
152.____ Sigh frequently, air hunger or trouble catching breath
153.____ Fluid retention
154.____ (Men) Dribble after voiding urine
155.____ (Men) Frequent urination or urgency to urinate
156.____ (Men) Interruption of the stream during urination
157.____ Pain or burning when urinating
158.____ Bloody, cloudy and/or darkened urine
159.____ Decreased libido
160.____ Decreased scalp hair (not pattern baldness)
161.____ Increased body hair
162. ☐ Under 4' 10" tall
163. ☐ Over 6' 6" tall
164. ☐ Early sexual development
165.____ Brittle hair that breaks easily
166.____ Exercise (1= daily; 2= 4x/week or more; 3= 1-3x/week; 4= 1x/week or less)
167. ☐ (Women) Irregular (non-cancerous) cells found on a PAP smear
168. ☐ Have you ever had polyps?
169. ☐ Use of antidepressant medication?
170. ☐ Have the drugs (in #169) helped?
171.____ Anxiety
172. ☐ Use of anti-anxiety medication
173. ☐ Has anti-anxiety medication helped?
174.____ Tightness across the shoulder
175.____ Stiff in the morning
176.____ Joints are stiff and swollen
177.____ Bursitis or tendonitis
178. ☐ Have you ever had a herniated disc

179.____ Flexible joints or “double jointed”
180.____ Joints click or pop
181. ☐ History of stress fractures
182.____ Bone loss (reduced density on bone scan, loss of height, etc.)
183. ☐ Are you shorter than you used to be?
184. ☐ History of kidney stones (or family tendency for kidney stones)
185. ☐ Yellow in the whites of the eyes
186.____ (Women) Occasionally skip periods
187.____ (Women) Excess facial hair
188.____ (Women) Painful to have sexual intercourse
189.____ (Women) Bleeding between periods
190.____ (Women over 35) Irregular menstrual cycle
191.____ (Women over 35) Hot flashes
192.____ (Women over 35) Decrease in libido as getting older
193.____ (Women) Vaginal discharge
194.____ (Women) Poor concentration associated with certain times of menstrual cycle
195.____ (Women) Vaginal itching or dryness
196. ☐ (Women) Are you taking hormone replacement
197. ☐ **(**Women) Have you had a partial hysterectomy
198. ☐ (Women) Have you had a total hysterectomy
199.____ (Women) Cysts in breasts
200.____ (Women) Ovarian cysts
201.____ (Women) Scanty blood flow during period
202. ☐ Take synthroid or other thyroid hormone
203. ☐ Are you a vegan (no dairy, meat, or fish)
204.____ Nutrasweet (aspartame) consumption (1= 1x/wk or less; 2= 2-3x/week; 3= 4-7x/week; 4= more than 1x daily)
205.____ Sweat has strong odor
206. ☐ Do you have tinnitus (ringing in your ears)
207. ☐ Do you consume margarine? (1= 1x/wk or less; 2= 2-3x/week; 3= 4-7x/week; 4= more than 1x daily)
208.____ Small bumps on the back of the arm
209.____ Trouble seeing at night
210. ☐ Lateral 1/3 of eyebrows doesn’t grow hair
211.____ Eyes itch during hay fever season
212.____ Rapid heart beat
213.____ Anxious, nervous or jittery
214.____ Bad breath