

Body System's Questionnaire

Name: _____

Date: _____

Directions: If you have problems with any of the symptoms listed on the left hand side of the table, then circle all the numbers on the row to the right of that symptom. When you have finished reviewing the list of symptoms, total all the numbers you have circled in each column. There are spaces provided at the bottom of each page to total the columns on that page and a space on page two for the Grand Totals. The higher the number, the more likely it is that the body system associated with that column needs nutritional support.

Abdominal pain or discomfort	1	1	1								
Absent-mindedness or forgetfulness						2	2	1			
Acid indigestion or heartburn	2										
Anxiety, nervousness or tension	1						2	1			
Asthma	1	1		2							
Bad breath or body odor			1		1						
Brittle fingernails									2		1
Burning or painful urination					2						
Cold hands and feet						1		1			
Colitis or other bowel irritations		1	2							1	
Congested air passages			1	2						1	
Constipation or dry stools			2				1				
Cravings for fat or high fat diet		1				2					
Cravings for sugar	1							2			
Dark circles or puffiness under eyes		1			1			1			
Difficulty getting to sleep		1					2	1			
Dizziness or light headedness						1		1			
Dry Skin								1	1		
Excess mucus production			1	2							
Family history of heart disease						2					
Fatigue in the afternoons								1			
Fatigue or low energy levels		1	1			1	1	1		2	
Food Allergies	1	1								2	
Food sits heavy on stomach after eating	2										
Frequent backache					2				2		
Frequent cough				2						1	
Frequent infections				1						2	
Frequent urinary tract infections					2						
General weakness or chronic illness	2									2	1
Hay fever		1	1	2						2	
Heart problems						2					
High blood pressure					1	2	2				
High cholesterol		1				2					
Impotency (males only)											2
Totals for side one											
Body Systems	Digestive	Hepatic	Intestinal	Respiratory	Urinary	Circulatory	Nervous	Glandular	Structural	Immune	Reproductive

Infertility											2
Intestinal gas or bloating	2	1	1								
Itchy nose and ears				1						1	
Joint pain, arthritis or gout					1				2		
Leg cramps or pains					1				2		
Less than 1 bowel elimination per day		1	2								
Loose stool or diarrhea		1	2								
Loss of appetite or poor appetite	2						1	1			
Loss of sexual desire											2
Menopause problems (females only)											3
Menstrual problems (females only)							1				3
Mental/emotional stress							2	2			1
Migraine headaches		2				1	2				
Muddled thinking, confusion, brain fog			1				1	2			1
Osteoporosis					1				2		2
Pale complexion and/or anemia	1					1				1	
Prostate problems (male only)											3
Restless dreams or nightmares			1				1	1			1
Scant or excessive urination					2						
Sinus congestion			1	2						1	
Sinus headaches			1	2							
Skin problems (acne, rashes, etc...)		2			1				2	1	2
Stiff, aching or painful muscles		1	1		1				2	1	
Swollen lymph glands		1		2						2	
Ulcers	2										
Underweight or unable to gain weight	2							1			
Urinating at night					1		1	1			
Varicose veins		1				2			1		
Waking up frequently at night							1	1			
Water retention or edema					2						
Weak legs, knees or ankles					1				2		1
Wheezing or shortness of breath				2							
Wounds won't heal in extremities						1			2		
Totals for side two											
Totals for side one											
Grand Totals											
Body Systems	Digestive	Hepatic	Intestinal	Respiratory	Urinary	Circulatory	Nervous	Glandular	Structural	Immune	Reproductive