

Nutrition Consulting And Health Maximization

Susan E. Brown, Ph.D, CNN

Medical Anthropologist and NY State Certified Clinical Nutritionist

Nutrition Education and Consulting Service
(315) 437-9384

The Integrative Medicine Center
(607) 275-9692

Name: _____ Sex: _____ Age: _____ Date: _____

Please list your five major health CONCERNS in order of importance

1 _____

2 _____

3 _____

4 _____

5 _____

Please list your five major health GOALS in order of importance

1 _____

2 _____

3 _____

4 _____

5 _____

Directions:
Please review the following symptom descriptions. Circle the numbers 0- 1- 2- or 3 depending on the frequency you experience each symptom (0 = never; 1 = at times; 2= often; 3- very frequently)

CATEGORY I

Section A:

1 Bad breath, halitosis..... 0 1 2 3

2 Loss of taste for high protein foods (meat, etc.).... 0 1 2 3

3 Burning "acid" or nervous stomach..... 0 1 2 3

4 Gas shortly after eating..... 0 1 2 3

5 Indigestion ½ to 1 hour after eating, may last 3-4 hours..... 0 1 2 3

6 Undigested foods found in stools..... 0 1 2 3

7 Acid or spicy foods upset stomach..... 0 1 2 3

Section B:

8 Lower bowel gas and or bloating after eating..... 0 1 2 3

9 Feet burn..... 0 1 2 3

10 "Whites" of eyes (sclera) yellow..... 0 1 2 3

11 Dry skin, itchy feet and/or skin peels on feet..... 0 1 2 3

12 Brown spots or bronzing of skin..... 0 1 2 3

13 Bitter metallic taste in mouth..... 0 1 2 3

14 Blurred vision..... 0 1 2 3

15 Headache over eyes..... 0 1 2 3

16 Feel nauseous, queasy or gag easily..... 0 1 2 3

17 Color of stools light brown or yellow..... 0 1 2 3

18 Greasy or high fat foods cause distress..... 0 1 2 3

19 Pain between shoulder blades..... 0 1 2 3

20 Dark circles under eyes..... 0 1 2 3

21 "Acid" breath..... 0 1 2 3

22 History of gallbladder attacks or gall stones 0 1 2 3
OR gallbadder removed..... Y OR N

23 Appetite reduced..... 0 1 2 3

Section C:

24 Coated tongue or "fuzzy" debris on tongue..... 0 1 2 3

25 Pass large amounts of foul smelling gas..... 0 1 2 3

26 Irritable bowel or mucous colitis..... 0 1 2 3

27 Constipation, diarrhea alternating or stools alternate from soft to watery..... 0 1 2 3

28 Bowel movements painful or difficult, constipation, and/or laxatives used..... 0 1 2 3

29 Burning or itching anus..... 0 1 2 3

CATEGORY II

30 Head congestion/"sinus fullness"..... 0 1 2 3

31 Sneezing attacks..... 0 1 2 3

32 Dreaming, nightmare-like bad dreams..... 0 1 2 3

33 Milk products and/or wheat products cause distress..... 0 1 2 3

34 Eyes and nose watery..... 0 1 2 3

35 Eyes swollen and puffy..... 0 1 2 3

36 Pulse speeds after meals and/or heart pounds after retiring..... 0 1 2 3

CATEGORY III

Section A:

37 Crave sweets or coffee in afternoon or mid-morning..... 0 1 2 3

38 Hungry between meals or excessive appetite..... 0 1 2 3

39 Overeating sweets upsets..... 0 1 2 3

40 Eat when nervous..... 0 1 2 3

41 Irritable before meals..... 0 1 2 3

42 Get "shaky" or light-headed if meals delay 0 1 2 3

43 Fatigue, eating relieves..... 0 1 2 3

44 Heart palpitates if meals messed or delayed..... 0 1 2 3

45 Awaken a few hours after sleep, hard to get back to sleep..... 0 1 2 3

Section B:

46 Muscle soreness after moderate exercise..... 0 1 2 3

47 Vulnerability to insect bites..... 0 1 2 3

48 Loss of muscle tone or "heaviness" in arms or legs..... 0 1 2 3

49 Enlarged heart and/or heart failure..... 0 1 2 3

50 Worrier, feel insecure and/or highly emotional... 0 1 2 3

51 Pulse slow/below 65 or irregular pulse..... 0 1 2 3

CATEGORY IV

Section A:

52 Sex drive increased..... 0 1 2 3

53 "Splitting" type headaches..... 0 1 2 3

54 Memory failing..... 0 1 2 3

55 Tolerance for sugar reduced..... 0 1 2 3

CATEGORY IV**Section B:**

56	Sex drive reduced or absent.....	0	1	2	3
57	Abnormal thirst.....	0	1	2	3
58	Weight gain around hips or waist.....	0	1	2	3
59	Tendency to ulcers or colitis.....	0	1	2	3
60	Increased ability to eat sugar without symptoms.....	0	1	2	3
61	Menstrual disorders (women).....	0	1	2	3
62	Lack of menstruation (young girls).....	0	1	2	3

Section C:

63	Difficulty gaining weight, even if large appetite.....	0	1	2	3
64	Heart palpitations.....	0	1	2	3
65	Nervous, emotional, and/or can't work under pressure.....	0	1	2	3
66	Insomnia.....	0	1	2	3
67	Inward trembling.....	0	1	2	3
68	Night sweats.....	0	1	2	3
69	Fast pulse at rest.....	0	1	2	3
70	Intolerant to high temperatures.....	0	1	2	3
71	Easily flushed.....	0	1	2	3

Section D:

72	Difficulty losing weight.....	0	1	2	3
73	Reduced initiative and/or mental sluggishness.....	0	1	2	3
74	Easily fatigued, sleepy during the day.....	0	1	2	3
75	Sensitive to cold, poor circulation (cold hands and feet).....	0	1	2	3
76	Dry or scaly skin.....	0	1	2	3
77	"Ringing" in ears/noises in head.....	0	1	2	3
78	Hearing impaired.....	0	1	2	3
79	Constipation.....	0	1	2	3
80	Excessive falling hair and/or coarse hair.....	0	1	2	3
81	Headaches when awoken/wear off during day.....	0	1	2	3

Section E:

82	Blood pressure increased.....	0	1	2	3
83	Headaches.....	0	1	2	3
84	Hot flashes.....	0	1	2	3
85	Hair growth on face or body (Question to females)....	0	1	2	3
86	Masculine tendencies (Question to females).....	0	1	2	3

Section F:

87	Blood pressure low.....	0	1	2	3
88	Crave salt.....	0	1	2	3
89	Chronic fatigue/get drowsy.....	0	1	2	3
90	Afternoon yawning.....	0	1	2	3
91	Weakness/dizziness.....	0	1	2	3
92	Weakness after colds/slow recovery.....	0	1	2	3
93	Circulation poor.....	0	1	2	3
94	Muscular and nervous exhaustion.....	0	1	2	3
95	Subject to colds, asthma, bronchitis (respiratory disorders).....	0	1	2	3
96	Allergies and/or hives.....	0	1	2	3
97	Difficulty maintaining manipulative correction.....	0	1	2	3
98	Arthritic tendencies.....	0	1	2	3
99	Nails weak, ridged.....	0	1	2	3
100	Perspire easily.....	0	1	2	3
101	Slow starter in morning.....	0	1	2	3
102	Afternoon headaches.....	0	1	2	3

CATEGORY V**Section A:**

103	Frequent skin rashes and/or hives.....	0	1	2	3
104	Muscle-leg-toe cramping at rest and/or while sleeping.....	0	1	2	3
105	Fever easily raised/fever common.....	0	1	2	3

106	Crave Chocolate.....	0	1	2	3
107	Feet have bad odor.....	0	1	2	3
108	Hoarseness frequent.....	0	1	2	3
109	Difficulty swallowing.....	0	1	2	3
110	Joint stiffness after rising.....	0	1	2	3
111	Vomiting, frequent.....	0	1	2	3
112	Tendency to anemia.....	0	1	2	3
113	"Whites" of eyes (sclera) blue.....	0	1	2	3
114	"Lump" in throat.....	0	1	2	3
115	Dry mouth-eyes-nose.....	0	1	2	3
116	White spots on finger nails.....	0	1	2	3
117	Cuts heal slowly and/or scar easily.....	0	1	2	3
118	Reduced or "lost" sense of taste and/or smell.....	0	1	2	3
119	Susceptible to colds, fevers, and/or infections.....	0	1	2	3
120	Strong light irritates eyes.....	0	1	2	3
121	Noises in head or ringing in ears.....	0	1	2	3
122	Burning sensations in mouth.....	0	1	2	3
123	Numbness in hands and feet (extremities "go to sleep").....	0	1	2	3
124	Intolerant to monosodium glutamate (MSG).....	Y	OR	N	
125	Cannot recall dreams.....	0	1	2	3
126	Nose bleeds frequent.....	0	1	2	3
127	Bruise easily, "black and blue" spots.....	0	1	2	3
128	Muscle cramps, worse with exercise ("charley horses").....	0	1	2	3

CATEGORY VI

129	Aware of heavy and/or irregular breathing.....	0	1	2	3
130	Discomfort in high altitudes.....	0	1	2	3
131	"Air hunger"/sigh frequently.....	0	1	2	3
132	Swollen ankles/worse at night.....	0	1	2	3
133	Shortness of breath with exertion.....	0	1	2	3
134	Dull pain in chest and/or pain radiating into left arm, worse on exertion.....	0	1	2	3

CATEGORY VII**Female Only**

135	Premenstrual tension.....	0	1	2	3
136	Painful menses (cramping, etc).....	0	1	2	3
137	Menstruation excessive or prolonged.....	0	1	2	3
138	Painful/tender breasts.....	0	1	2	3
139	Menstruate to frequently.....	0	1	2	3
140	Acne, worse at menses.....	0	1	2	3
141	Depressed feelings before menstruation.....	0	1	2	3
142	Vaginal discharge.....	0	1	2	3
143	Menses scanty or missed.....	0	1	2	3
144	Hysterectomy/ovaries removed.....	Y	OR	N	
145	Menopausal hot flashes.....	0	1	2	3
146	Depression.....	0	1	2	3

CATEGORY VII**Males Only**

147	Prostate trouble.....	0	1	2	3
148	Urination difficult or dribbling.....	0	1	2	3
149	Night urination frequent.....	0	1	2	3
150	Pain on inside of legs or heels.....	0	1	2	3
151	Feeling of incomplete bowel evacuation.....	0	1	2	3
152	Leg nervousness at night.....	0	1	2	3
153	Tire easily/avoid activity.....	0	1	2	3
154	Reduced sex drive.....	0	1	2	3
155	Depression.....	0	1	2	3
156	Migrating aches and pains.....	0	1	2	3