



Nutrient Supplement Questionnaire

Name: _____ Date: _____

Please Save Form To Your Computer For Re-Evaluation. Print & Complete As Instructed Below.

USER'S NAME: ur-nsq PASSWORD: evalnutrient

INSTRUCTIONS FOR COMPLETING

1. Using Scores to the right, write in the number that best represents your answer for each question.
2. Add Numbers or Total Scores for each Section.
3. Add Totals of each Section and put in the space for the Subtotal for each Part.
4. On last page of form, write in and add each Part Sub-Total for the Grand Total space.

SCORES

Use the number **0 (for No Symptom or Does Not Apply)**, **1 (for Mild)**, **2 (for Moderate)**, and **3 (for Severe)** to indicate degree of severity of the symptoms or conditions listed below. Answer each question; otherwise, we may think you overlooked answering a question. Where several symptoms are listed on one line, answer the question, even if only one of the symptoms or conditions listed applies to you.

PART 1 - DIET AND DIGESTION SECTION A

1. _____ Distress from fats or greasy foods (nausea, dizziness, headaches, etc.).
2. _____ Distress from onions, cabbage, radishes, cucumbers bloating, gas, etc.
3. _____ Stool appears yellow or clay-colored, is foul-odor or has undigested foods.
4. _____ Skin is grayish, pasty, oily on nose and forehead.
5. _____ Have had jaundice, hepatitis.
6. _____ Bad breath, bad taste in mouth, body odor (including feet).
7. _____ Unusual redness on palms of hands.
8. _____ Unaccountable burning on soles of feet.
9. _____ Varicose veins, hemorrhoids (piles), phlebitis, veins show on chest or stomach (blush areas).
10. _____ Able to go all day without urinating, diminished urination.



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11. _____ History of constipation.
12. _____ “Flabby” flesh, underarm or stomach hangs.

_____ **Total Score Part 1 - Section A**

PART 1 - SECTION B

1. _____ Indigestion 2 to 3 hours after each meals (fullness, bloating, sourness, etc.).
2. _____ Heavy, full, loggy feeling after eating a meat meal.
3. _____ Loss of former taste or craving for meat.
4. _____ Excessive lower bowel gas (flatulence, failing).
5. _____ History of being anemic, treatment for anemia.
6. _____ History of constipation alternating with diarrhea bowels “too loose or too tight”.\

_____ **Total Score Part 1 - Section B**

PART 1 - SECTION C

1. _____ Stomach pain after eating, especially at night, which is relieved by drinking milk or cream..
2. _____ Above symptoms flare up in Spring and Fall of the year (seasonal occurrence).
3. _____ Have been told you have stomach “ulcers.”
4. _____ Above symptoms aggravated by worry and tension, relieved by vacationing.

_____ **Total Score Part 1 - Section C**



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PART 1 - SECTION D

1. _____ Diarrhea Occurs frequently or is resistant to treatment.
2. _____ Roughage in diet aggravates diarrhea.
3. _____ Mucous shreds appear in stool.
4. _____ Have more than three bowel movements per day.
5. _____ Have been told you have ulcerative or mucous colitis.
6. _____ Indigestion occurs soon after eating.
7. _____ Indigestion is acute, comes on suddenly.
8. _____ Indigestion is relieved by soft drinks.
9. _____ Belching, stomach cramps, colicky, or “butterfly” sensations in stomach.
10. _____ Above symptoms aggravated by stress.

_____ Total Score Part 1 - Section D

_____ SubTotal Score Part 1 – Sections A to D

PART 2 - HEART, LUNGS, NERVES, AND BLOOD VESSELS

PART 2 - SECTION A

1. _____ Eyes are sensitive to bright lights, need to wear sunglasses for comfort.
2. _____ Tightness in throat, painful ‘lump’ occasionally.



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3. _____ Form gooseflesh easily, sweat without temperature rise, “cold sweats?”
4. _____ Voice rises to high pitch or is lost during stressful moments.
5. _____ Easily shaken up, easily startled, heart pounds hard from unexpected noise.
6. _____ Prefer being alone, uneasy when “center of attention.”
7. _____ Blood pressure fluctuates, has been “too high” on occasion.
8. _____ Asthma or wheezes (from).
9. _____ Have always had low or normal blood pressure.
10. _____ Known as “perfectionist” or come from “high-strung family.”
11. ._____ Tend to work off worries, something left undone causes unusual concern.
12. ._____ Tend to avoid complaints, try to ignore discomforts and inconveniences.
13. _____ Have had frequent or severe attacks of pneumonia, bronchitis, flu, sinusitis, or colds.
14. ._____ Allergic responses, e.g., skin rash, dermatitis, hay fever, severe sneezing attacks, asthma.
15. ._____ Emotional storms cause exhaustion (must go lie down under heavy stress).
16. ._____ Perspire excessively.
17. ._____ Skin takes on a brownish color, brown spots on skin (“liver spots”).
18. ._____ Painful finger joints, rheumatoid arthritis, or morning stiffness.

_____ **Total Score Part 2 - Section A**



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PART 2 – SECTION B

1. _____ Persistent high blood pressure.
2. _____ Stronger than average physically.
3. _____ Strong feelings, tendency to “blow up,” dislike of being crossed.
4. _____ FEMALE: Excessive hair (face, arms, and legs), appearance “masculine.”
5. _____ MALE: Baldness, excessive hair (arms and back), muscular “square” build, aggressive in business and sports.

_____ **Total Score Part 2 - Section B**

PART 2 - SECTION C

1. _____ Unable to hold your breath for 20 seconds (timed by watch).
2. _____ Sigh and yawn frequently.
3. _____ Have a feeling of suffocation, open windows in closed rooms.
4. _____ Feel short of breath at times, even tough not exercising.
5. _____ Feel breathless when under stress.
6. _____ Breathe loudly (people notice), heard breathing in quiet rooms.

_____ **Total Score Part 2 - Section C**

_____ **SubTotal Score Part 2 – Sections A to C**



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PART 3 - METABOLISM SECTION A

1. _____ Muscles stiff in the morning, feel “creaky” after sitting still for some time.
2. _____ Feel dizzy or nauseated in the morning.
3. _____ Motion sickness when traveling or dizziness when changing positions.
4. _____ Heart occasionally seems to miss beats or “turn flip-flops.”
5. _____ Coughing, hoarseness, muscle cramps are worse at night.
6. _____ Insomnia, restlessness, failing memory, forgetfulness.
7. _____ Feel better in afternoon, worse in morning.
8. _____ Have an unusual craving for salt.

_____ **Total Score Part 3 - Section A**

PART 3 - SECTION B

1. _____ “Go to pieces” easily, dislike pressure or being watched, cry easily.
2. _____ Gain weight, fail to lose on diets, tend to “retain water” easily.
3. _____ Long history of chronic constipation.
4. _____ Feel better mornings, worse afternoons.
5. _____ Difficulty concentrating, easily distracted.



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6. _____ Outer third of eyebrow hair unusually thin or missing.

_____ Total Score Part 3 - Section B

PART 3 – SECTION C

1. _____ Heart beats above 90 beats per minute when at complete rest.

2. _____ Protruding tongue quivers (**check in mirror**), hands shake/tremor (**hold paper to check**).

3. _____ Energy spurts followed by exhaustion (repeated in cycles).

4. _____ Have strong, healthy teeth.

5. _____ Have a good appetite, but fail to gain weight in spite of food increase.

6. _____ Have fine features, thin skin, thin hair.

7. _____ Erratic behavior, “flightily.”

8. _____ Poor balance (**close your eyes and stand on one leg**).

_____ Total Score Part 3 - Section C

_____ SubTotal Score Part 3 – Sections A to C

PART 4 - HORMONE, ENDOCRINE, AND ENZYME INDICATIONS SECTION A - FEMALE

1. _____ Irregular or uncomfortable menstrual periods.

2. _____ Menopause symptoms (hot flashes, etc.).



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3. _____ Had a “female operation?”
4. _____ Before periods feel nervous, depressed, “bloated.”
5. _____ Unable to have children because of sterility (not age or operation).

_____ **Total Score Part 4 – Section A - Female**

PART 4 – SECTION B - MALE

1. _____ Difficulty urinating (slow starting, burning during, need to get up nights).
2. _____ Associate the above with back or leg pains, constipation.
3. _____ Have/had prostate trouble or surgery.
4. _____ Have/had painful, green, or mucous discharge from the penis.

_____ **Total Score Part 4 – Section B - Male**

PART 4 – SECTION C - MALE AND FEMALE

1. _____ Muscle weakness, weak grip, weak legs, objects feel unusually heavy.
2. _____ Muscles wasting.
3. _____ Sharp pains in chest after exercising.
4. _____ Numbness or loss of sensation.
5. _____ Night sweats, wake up frightened.
6. _____ Objects fall from hands, reach in the wrong places for things.



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7. _____ Blurred vision, bloodshot eyes, feeling of sand or grit in eyes.

8. _____ Redness, irritation of nostrils; corners of mouth cracked, irritated

9. _____ Lost or diminished sex drive.

_____ Total Score Part 4 – Section C - Male and Female

_____ SubTotal Score Part 4 – Section A (Female) OR Section B (Male) Plus Section C (Male and Female)

PART 5 - FLUID BALANCE

1. _____ Feel drowsy, chronic fatigue.

2. _____ Cold hands and feet; wear extra clothing, bed clothing; use heating pads.

3. _____ Short of breath climbing stairs.

4. _____ Require extra sleep.

5. _____ Feel better when resting; lowered endurance, low exercise tolerance.

6. _____ Treated for heat prostration; uncomfortable in or dislike hot weather.

7. _____ Ankles swell in hot weather.

8. _____ Ankles swell in afternoon, improve in morning.

9. _____ Perspire excessively in hot weather (more than others).

10. _____ Use very little salt, restricting salt in diet.

_____ Total / SubTotal Score Part 5



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PART 6 - SKIN AND IMMUNE DEFENSES

1. _____ Bruise easily, "black and blue spots."
2. _____ Have or had protein or albumin in urine; kidney trouble.
3. _____ Irritated skin, chapped lips, cracked skin on hands.
4. _____ Fungus under nails of hand or feet.
5. _____ Skin is rough, dry, scaly, "lumpy."
6. _____ Discharge from eyes; "sand" on lids in the morning.
7. _____ Burning or itching when urinating.
8. _____ Swelling of glands in neck (salivary).
9. _____ Swelling of lymph glands.
10. _____ Inability to adjust eyes when entering dark room or theater.
11. _____ Night Sweats.

_____ Total / SubTotal Score Part 6

PART 7 - ENVIRONMENT AND ADAPTATION

SECTION A

1. _____ Nervousness, shaky feeling, or headaches are relieved by eating sweets.
2. _____ Irritable if late for a meal or miss a meal; irritable before breakfast.



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3. _____ Experience sudden strong craving for sweets or alcohol.

4. _____ Get hungry “five minutes after eating.”

5. _____ Often wake up at night feeling hungry.

_____ **Total Score Part 7 – Section A**

PART 7 – SECTION B

1. _____ Night sweats, increased thirst.

2. _____ Chronic fatigue, lowered resistance.

3. _____ History of boils, leg sores, or lesions taking a long time to heal.

4. _____ Overweight; trouble losing weight.

5. _____ Experience “pickup” from exercising.

6. _____ Have/had sugar in urine, diabetes.

7. _____ Member of family has diabetes.

8. _____ Crave sweets, but eating them does not relieve symptoms.

_____ **Total Score Part 7 – Section B**

_____ **SubTotal Score Part 7 – Section A and B**



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PART 8 - LIFE EXPERIENCES

Now we will modify your score based on a few life experiences, which has its own scores;

1. _____ Do you have your tonsils? **(If yes, subtract 3 points; if no, add 3 points)** Why? Tonsils help protect you, if you have them and reduce your need for supplementation. .
2. _____ Add **one point** for each minor surgery.
3. _____ Add **two points** for each major surgery.

_____ **Total/SubTotal Score Part 8 – Life Experiences**

CALCULATING GRAND TOTAL

Part 1 – Subtotal (all sections) _____

Part 2 – Subtotal (all sections) _____

Part 3 – Subtotal (all sections) _____

Part 4 – Subtotal (all sections) _____

Part 5 – Subtotal _____

Part 6 – Subtotal _____

Part 7 – Subtotal (all sections) _____

Part 8 – Subtotal _____

Grand Total (All Parts) _____

With your passcodes on page 1 of this questionnaire form and your Grand Total, go to the “**Evaluations – Answers**” in **Table of Contents** of our website (address below). Click on “**Evaluation – Supplements**” in the pop-up web pages, then read the webpage **Instructions** and scroll down the webpage to find the section with **your Grand Total Number (Score)**. Lastly, read and follow-through on the Evaluation that applies to your Grand Total.