



# Holistic Naturopathic Center Health Assessment Questionnaire

Glenn B. Gero, N.D., R.N.C., M.H., C.E.S.  
Board Certified Doctor of Naturopathy  
Registered Nutritionist  
Master Herbalist • Certified Exercise Specialist

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

The Holistic Naturopathic Health Assessment Questionnaire is a comprehensive test for nutritional assessment purposes. It is designed to assess bodily signs that may relate to nutritional imbalances and/or deficiencies. Its sole purpose is to educate and to inform. This test is not for everyone. It has been designed for health conscious, intelligent and motivated individuals seeking a complement to conventional medicine and who are also willing to become proactive and responsible for their personal wellness and future. The purpose of this questionnaire is not intended to diagnose disease conditions. If you suspect that you may have a serious medical problem, please seek appropriate medical care.

Degenerative disease takes many years to develop. Nutritional deficiencies manifest themselves by way of symptoms, body signs and signals, long before the disease process gets a foothold. When nutritional deficiencies remain unaddressed, they eventually develop into "full blown" named medical conditions. Nutrition is essential to the preventative, regeneration and healing process. No medical treatment is complete, nor can it achieve its full therapeutic potential without the implementation of proper nutrition. Nutritional therapy is both primary and foundational to every known medical and human condition.

**TO COMPLETE THIS FORM:** If any part of a statement is true for you, place a "1," "2" or "3" in the box beside it. Use "1" for "Sometimes/Mild," "2" for "Often/Moderate," and "3" for "Very Often/Severe." Leave blank/skip all statements that do not apply to you. At the end of each section, total the numbers in the boxes and multiply by the factor indicated. *Do not "agonize" over any statement.* If it is unclear or questionable, ignore it and go to the next statement. **NOTE:** Some questions are repeated in different sections. Rate each to the best of your knowledge. Each section refers to a different body system.

Holistic Naturopathic Center  
256 Colfax Avenue  
Clifton, NJ 07013

Phone: 973-471-5758 • Fax: 973-471-1776

E-mail: [NJnaturaldoc@aol.com](mailto:NJnaturaldoc@aol.com) Web: [www.holisticnaturopath.com](http://www.holisticnaturopath.com)



**INSTRUCTIONS:** Rate ALL symptoms as they pertain to you using a 1, 2 or 3 rating.  
Blank=None; 1= Mild/Sometimes; 2=Moderate/Often; 3=Severe/Very Often. Total each column,  
then multiply by the factor indicated in each section to obtain total for each section.

**SECTION 1**

- ☐ Indigestion or sourness 2 or 3 hours after meals
- ☐ Stomach bloating or swelling
- ☐ Full, stuffed feeling after heavy meat meal
- ☐ Foul smelling stool
- ☐ Excessive gas, belching or burping after meals
- ☐ Heavy, tired feeling after eating
- ☐ Constipation (less than 1x per day)
- ☐ Frequent diarrhea
- ☐ Heartburn or burning sensation in stomach, esophagus (throat) or chest
- ☐ Dry hair or skin

☐ TOTAL x 6 = Sec. 1 Score = \_\_\_\_

**SECTION 4**

- ☐ Excess fluid retention (edema) in hands or feet
- ☐ Nausea or dizziness
- ☐ Poor coordination
- ☐ General, overall weakness
- ☐ Fatigue
- ☐ Cataracts
- ☐ Catch colds, flu, infections easily
- ☐ Cuticles tear easily
- ☐ Loss of muscle
- ☐ Premature aging
- ☐ Mental depression or apathy
- ☐ Hair dull, dry, sparse, loose, falling out
- ☐ Skin lesions

☐ TOTAL x 4 = Sec. 4 Score = \_\_\_\_

**SECTION 2**

- ☐ Consistent gas & bloating from most foods
- ☐ Fats or greasy foods cause nausea, headaches
- ☐ Onions, cabbage, radishes, cucumbers cause bloating, gas, distress
- ☐ Stool appears yellow, clay-colored, foul odor
- ☐ Skin oily on nose and forehead
- ☐ Constipation (less than 1x per day)
- ☐ Bad breath or bad taste in mouth, excess body odor
- ☐ Yellow discoloration of skin or eyes
- ☐ Red blood in stool

☐ TOTAL x 6 = Sec. 2 Score = \_\_\_\_

**SECTION 5**

- ☐ Rough, dry, flaky or scaly skin or eczema
- ☐ Dry, brittle hair
- ☐ Wounds heal poorly
- ☐ Get infections easily
- ☐ High blood pressure
- ☐ Dry eyes
- ☐ Problems losing weight
- ☐ Inflammatory health problems, e.g., arthritis
- ☐ Constipation (less than 1x per day)

☐ TOTAL x 6 = Sec. 5 Score = \_\_\_\_

**SECTION 3**

- ☐ Diarrhea without apparent cause
- ☐ Blood or pus in stools
- ☐ Have less than 2 bowel movements daily
- ☐ Painful, hard bowel movements
- ☐ Thin, pencil-like bowel movements
- ☐ Alternating constipation and diarrhea
- ☐ Hemorrhoids or rectal fissure
- ☐ Severe cramping
- ☐ Bladder & kidney infections

☐ TOTAL x 6 = Sec. 3 Score = \_\_\_\_

**SECTION 6**

- ☐ Brittle fingernails
- ☐ Pain in forearm or biceps
- ☐ Cramps in calf muscle during sleep or exercise
- ☐ Painful cramping of feet or toes
- ☐ Joint pains
- ☐ Teeth crowded, with poor placement in mouth
- ☐ Teeth prone to decay, frequent toothaches
- ☐ Frequent bone fractures
- ☐ Nervous tics or twitches
- ☐ Nervousness or irritability

...continued

**INSTRUCTIONS:** Rate ALL symptoms as they pertain to you using a 1, 2 or 3 rating.  
**Blank=None; 1= Mild/Sometimes; 2=Moderate/Often; 3=Severe/Very Often. Total each column,**  
**then multiply by the factor indicated in each section to obtain total for each section.**

**SECTION 6 continued**

- ☐ Unusual sensitivity to noise
- ☐ Deformed spinal column
- ☐ Poor bone density
- ☐ Insomnia
- ☐ Heart palpitations
- ☐ High blood pressure
- ☐ **FEMALES:** Excessive, lengthy, painful menses

☐  **] TOTAL x 4 = Sec. 6 Score = \_\_\_\_**

**SECTION 7**

- ☐ Pale skin, palms of hands very pale
- ☐ Fingernails very light in color
- ☐ Fingernails flat or concave (spoon-shaped) or lengthwise ridges
- ☐ Thin, fragile, brittle nails
- ☐ Inner side of lower eyelid is pale
- ☐ Lack of endurance or stamina, anemia
- ☐ Cravings for ice, ice eating
- ☐ Fatigue
- ☐ Heart races with exertion

☐  **] TOTAL x 5 = Sec. 7 Score = \_\_\_\_**

**SECTION 8**

- ☐ Irritable nerves or muscles, nervous tics/twitches
- ☐ Muscle spasms, tremors, convulsions or seizures
- ☐ Irregular heartbeat
- ☐ Painful and/or cold hands or feet
- ☐ Excessive body odor
- ☐ Loose or sensitive teeth
- ☐ Anxiety, confusion, disorientation, irritability
- ☐ Nausea, dizziness or lightheadedness
- ☐ Mental depression or apathy
- ☐ Very sensitive to noise
- ☐ Poor coordination
- ☐ Cravings for chocolate
- ☐ Insomnia, restlessness, hyperactivity
- ☐ Bone spurs
- ☐ High blood pressure
- ☐ Asthma or breathing problems
- ☐ Skin problems

☐  **] TOTAL x 3 = Sec. 8 Score = \_\_\_\_**

**SECTION 9**

- ☐ Swelling of ankles or hands
- ☐ Dry skin
- ☐ Slow, rapid or irregular heartbeat, palpitations
- ☐ Constipation (less than 1x per day)
- ☐ Unusual thirst
- ☐ Unusually sore or stiff muscles after exercising
- ☐ High blood pressure
- ☐ Insomnia
- ☐ Apathy or cognitive impairment
- ☐ Irritability
- ☐ Feelings of pins and needles

☐  **] TOTAL x 5 = Sec. 9 Score = \_\_\_\_**

**SECTION 10**

- ☐ Cuts, wounds, sores heal slowly
- ☐ Hair and/or nails grow slowly
- ☐ Excessive hair loss
- ☐ Rashes or skin lesions
- ☐ Loss of sense of smell or taste
- ☐ Catch infections easily
- ☐ Brittle nails
- ☐ White spots on fingernails
- ☐ Acne
- ☐ Stretch marks
- ☐ Sterility or impotence
- ☐ White coating on tongue
- ☐ Loss of appetite, anorexia
- ☐ Sleep disturbances
- ☐ Diarrhea
- ☐ **MALES:** Prostate problems
- ☐ **MALES:** Low sperm count

☐  **] TOTAL x 4 = Sec. 10 Score = \_\_\_\_**

**SECTION 11**

- ☐ Poor night vision, unable to see well in dim light
- ☐ Eyes sensitive to glare, sunlight or bright lights
- ☐ Inability to adjust eyes when entering a dark room
- ☐ Dry eyes – lack of tears
- ☐ Eyelids red, scaly or dry

*...continued*

**INSTRUCTIONS:** Rate ALL symptoms as they pertain to you using a 1, 2 or 3 rating.  
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**then multiply by the factor indicated in each section to obtain total for each section.**

**SECTION 11 continued**

- ☐ Eye inflammations, discharge, eyelids swollen or pus laden
- ☐ Get colds or respiratory infections easily
- ☐ Sinus problems
- ☐ Abscesses in ears, mouth or salivary glands
- ☐ Brittle or dry hair
- ☐ Dry, rough or scaly skin
- ☐ Hard "goose bumps" on back of arms that won't go away
- ☐ Acne, pimples or blackheads
- ☐ Warts
- ☐ Kidney, urinary or bladder infections, burning or itching when urinating

☐ **TOTAL x 3 = Sec. 11 Score = \_\_\_\_**

**SECTION 12**

- ☐ Lemon-yellowish tint to skin, pale complexion
- ☐ Numbness, tingling, soreness or weakness in hands or feet
- ☐ Tremors
- ☐ Loss of balance
- ☐ Skin bruises easily
- ☐ Memory loss
- ☐ Lost incentive in life
- ☐ Depression, irritability or moodiness
- ☐ Fatigue
- ☐ Loss of appetite
- ☐ Back pains
- ☐ Dizziness
- ☐ Vision Problems
- ☐ Tongue red, shiny, smooth and painful
- ☐ Ulcers in mouth
- ☐ Red, swollen or bleeding gums
- ☐ Digestive problems
- ☐ Diarrhea
- ☐ Swelling of ankles
- ☐ Heart palpitations
- ☐ Lightheadedness, faintness
- ☐ Graying hair
- ☐ Excess pigmentation of skin
- ☐ Cracked lips
- ☐ **FEMALES:** Cervical dysplasia
- ☐ **FEMALES:** Menstrual disturbances

☐ **TOTAL x 3 = Sec. 12 Score = \_\_\_\_**

**SECTION 13**

- ☐ Skin bruises easily, "black & blue" marks
- ☐ Hemorrhages or ruptured blood vessels in eye
- ☐ Gums bleed easily, especially when brushing teeth
- ☐ Bluish-red, swollen or inflamed gums
- ☐ Loose teeth, loss of dental fillings
- ☐ "Fleeting" pains in joints or legs, joint tenderness
- ☐ Catch infections, colds, flu or viruses easily
- ☐ Listlessness, lack of endurance, tire easily
- ☐ Cuticles tear easily
- ☐ Cuts, sores or wounds heal slowly
- ☐ Excessive hair loss
- ☐ Restlessness or irritability
- ☐ Nosebleeds
- ☐ Broken capillaries, hemorrhages or little pink spots on skin
- ☐ Bloating or puffiness in face
- ☐ Fatigue
- ☐ Fragile bones

☐ **TOTAL x 3 = Sec. 13 Score = \_\_\_\_**

**SECTION 14**

- ☐ Nausea or vomiting
- ☐ Abdominal pain
- ☐ Diarrhea
- ☐ Excessive hair loss
- ☐ Hyperactivity, irritability or nervousness
- ☐ Depression
- ☐ Skin Problems
- ☐ Allergies

☐ **TOTAL x 7 = Sec. 14 Score = \_\_\_\_**

**SECTION 15**

- ☐ Constipation (less than 1x per day)
- ☐ Cramps or vague abdominal aches or discomfort
- ☐ Dizziness
- ☐ Mental confusion
- ☐ Hostility
- ☐ Anxiety or irritability

*...continued*

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**SECTION 15 continued**

- ☐ Numbness or tingling in extremities
- ☐ Nervousness or restlessness
- ☐ Lack of ambition, apathy or depression
- ☐ Hand tremors
- ☐ Poor coordination
- ☐ Yellow, gray or green complexion
- ☐ Poor bone density
- ☐ Convulsions or seizures
- ☐ Paralysis
- ☐ Catch colds, infections easily
- ☐ Vomiting
- ☐ Hyperactivity
- ☐ Tremors or poor coordination
- ☐ Loss of ability to speak
- ☐ Inflamed gums and/or loss of teeth
- ☐ High blood pressure
- ☐ Kidney problems
- ☐ Poor memory
- ☐ Metallic taste in mouth
- ☐ Allergic tendencies
- ☐ Loss of self-confidence
- ☐ Food cravings
- ☐ Headaches, facial and/or back pain
- ☐ Excessive salivation
- ☐ Loss of appetite

☐ TOTAL x 3 = Sec. 15 Score = \_\_\_\_

**SECTION 16**

- ☐ Eyes sensitive to bright lights, headlights, sunlight
- ☐ Tightness or "lump" in throat, hurts when emotionally disturbed
- ☐ Form gooseflesh easily or "cold sweats"
- ☐ Voice rises to high pitch or is "lost" during stress, arguments, public appearances, etc.
- ☐ Easily shaken up or startled, heart pounds hard from unexpected noise
- ☐ Prefer being alone, uneasy when center of attention
- ☐ Blood pressure fluctuates, sometimes too low
- ☐ Known as a "perfectionist," set high standards
- ☐ Cannot stay asleep
- ☐ Perspire excessively
- ☐ More than usual neck, head, shoulder tension

- ☐ Allergies, such as skin rash, dermatitis, hay fever, severe sneezing attacks, asthma, etc.
- ☐ Inferiority complex
- ☐ Emotional upsets cause complete exhaustion, must go and lie down when under heavy stress
- ☐ Unusual craving for salt
- ☐ Tend to be negative

☐ TOTAL x 3 = Sec. 16 Score = \_\_\_\_

**SECTION 17**

- ☐ Persistent high blood pressure
- ☐ Rapid pulse
- ☐ Fluid retention of facial tissues, puffy face
- ☐ Stronger than average physically
- ☐ Perspire easily
- ☐ Cannot fall asleep
- ☐ Very opinionated
- ☐ Dislike being critized
- ☐ FEMALES: Excess hair on face, arms, legs
- ☐ MALES: Baldness, excess hair on arms and back, muscular "square" build, aggressive in business or sports

☐ TOTAL x 6 = Sec. 17 Score = \_\_\_\_

**SECTION 18**

- ☐ Burning sensation upon urination
- ☐ Swelling in ankles or feet
- ☐ Lower back pains, one or both sides
- ☐ Puffiness around eyes
- ☐ Urinate more than twice per night
- ☐ Legs often feel heavy
- ☐ Unable to control flow of urine, incontinence
- ☐ Joint pains
- ☐ Anemia or weakness
- ☐ Difficulty urinating
- ☐ Urine foamy or bubbly
- ☐ Dark colored urine
- ☐ Blood in urine
- ☐ Pain in pelvic area

☐ TOTAL x 4 = Sec. 18 Score = \_\_\_\_



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### **SECTION 19**

- ☐ Fatigue
- ☐ Pain on inside of left shoulder blade
- ☐ Pain on left side of abdomen
- ☐ Shingles on trunk of body
- ☐ Cold hands and/or feet
- ☐ Feel cold and sweaty
- ☐ Slow healing of wounds, cuts, abrasions
- ☐ Shakiness
- ☐ Constant, intense thirst
- ☐ Frequent or large volume urination (more than 2 quarts a day)
- ☐ Breath smells sweet or of acetone
- ☐ Peculiar sensations in hands or feet, e.g., tingling, burning, sharp jabs, numbness, etc.
- ☐ Vision failing
- ☐ Urine contains sugar
- ☐ Moody with marked ups and downs, elations or depressions, hyperactivity or laziness
- ☐ Vague, unrelated complaints which can be relieved by eating, only to return with a vengeance
- ☐ Cold sweats of the hands even when warm
- ☐ Fainting, blacking out or convulsions
- ☐ Decreased resistance to infection, especially urinary infections
- ☐ Yeast infections of skin, mouth or vagina

☐ TOTAL x 3 = Sec. 19 Score = \_\_\_\_

### **SECTION 20**

- ☐ Extreme lethargy
- ☐ Cold hands or feet, cold all over
- ☐ Infertility or impotence
- ☐ Headaches affecting one side of head
- ☐ Excessive urination
- ☐ Left upper neck pain
- ☐ Left little finger pain
- ☐ Overweight from waist down
- ☐ Overweight from waist up
- ☐ Feelings of inadequacy
- ☐ Changeable temperament, moody
- ☐ Low blood pressure
- ☐ Low blood sugar, weakness
- ☐ Feelings dominate over logic

- ☐ Abdominal "apron" of fat
- ☐ Fluid swelling in ankles, fingers, feet or under eyes
- ☐ **FEMALES:** Loss of menstrual function (if pre-menopausal)

☐ TOTAL x 4 = Sec. 20 Score = \_\_\_\_

### **SECTION 21**

- ☐ Stomach pain 5 or 6 hours after eating, usually at night, relieved by eating or by drinking milk
- ☐ Stomach complaints aggravated by worry or tension
- ☐ History of ulcers
- ☐ Black stool (if not taking iron supplements)

☐ TOTAL x 12 = Sec. 21 Score = \_\_\_\_

### **SECTION 22**

- ☐ Susceptible to flu, infections
- ☐ Swollen glands in armpit, groin, tonsils
- ☐ Feeling of puffiness in throat
- ☐ Soreness on both sides of neck at shoulder level
- ☐ Irregular heartbeat
- ☐ More than usual number of cavities
- ☐ Look older than chronological age

☐ TOTAL x 7 = Sec. 22 Score = \_\_\_\_

### **SECTION 23**

- ☐ Muscles stiff in morning, feel need to limber up
- ☐ Feel "creaky" after sitting still for some time
- ☐ Heart seems to miss beats or turn "flip-flops"
- ☐ These symptoms worse at night: coughing, hoarseness, muscle cramps
- ☐ Nauseated in morning
- ☐ Start slow in morning, gain speed in afternoon
- ☐ Motion sickness when traveling
- ☐ Dizzy in morning or when moving up and down
- ☐ Cold hands or feet

...continued

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**SECTION 23 continued**

- ☐ Sensitivity to cold, prefer warm climate
- ☐ Hair scanty, dry, brittle, dull, lusterless, lifeless
- ☐ Flaky, dry, rough skin
- ☐ Sleeplessness, restlessness
- ☐ Poor short-term memory, forgetfulness
- ☐ Poor response to exercising
- ☐ Hypoglycemia (low blood sugar)
- ☐ High cholesterol
- ☐ Constipation, less than 1 bowel movement daily
- ☐ "Go to pieces" easily, cry easily
- ☐ Dislike working under pressure, being watched
- ☐ Diminished sex drive
- ☐ Gain weight easily, fail to lose on diets
- ☐ Difficulty concentrating, easily distracted
- ☐ Yellowish tint to skin on hands or feet
- ☐ Clogged sinuses
- ☐ Low pulse rate
- ☐ Low body temperature, especially at bed rest
- ☐ Recurrent infections
- ☐ Depression
- ☐ Headaches
- ☐ Puffiness of face or eyes
- ☐ Irritability, mood swings
- ☐ Multiple food allergies/sensitivities
- ☐ **FEMALES:** Menstrual irregularity, excess flow, premenstrual syndrome

☐ **TOTAL x 3 = Sec. 23 Score = \_\_\_\_**

**SECTION 24**

- ☐ Heart beats above 90 beats per minute at rest
- ☐ Heart palpitations
- ☐ Protruding tongue quivers, hands shake or tremble
- ☐ Strong drive followed by exhaustion
- ☐ Good appetite but fail to gain weight
- ☐ Erratic, "flighty" behavior, talk rapidly
- ☐ Protruding eyeballs
- ☐ Warm, fine, moist skin
- ☐ Irritability, nervousness, hyperactivity
- ☐ Insomnia
- ☐ Frequent bowel movements, diarrhea
- ☐ Excessive sweating without exercise

- ☐ Feel warm & flushed at normal room temperature
- ☐ Tremors
- ☐ Itching skin
- ☐ Hair loss

☐ **TOTAL x 4 = Sec. 24 Score = \_\_\_\_**

**SECTION 25**

- ☐ Repeated use of antibiotics or birth control pills
- ☐ Cravings for sugars, bread or alcohol
- ☐ Severe reactions to perfume, tobacco or chemical odors
- ☐ Hypersensitivity to certain foods
- ☐ Diarrhea or constipation
- ☐ Rectal itching
- ☐ Feel bad all over, without apparent cause
- ☐ Bladder infections
- ☐ Coated or sore tongue
- ☐ Hives, psoriasis or skin rash
- ☐ Anxiety or depression
- ☐ Tiredness, feelings of being "drained"
- ☐ Feeling "spacey" or "unreal"
- ☐ **FEMALES:** Premenstrual tension, menstrual problems, cramps
- ☐ **FEMALES:** Vaginal discharge, burning, itching
- ☐ **FEMALES:** Endometriosis, history of uterine fibroids
- ☐ **MALES:** Prostate problems, impotence

☐ **TOTAL x 3 = Sec. 25 Score = \_\_\_\_**

**SECTION 26**

- ☐ Constipation or diarrhea
- ☐ Fingers and/or toes go cold
- ☐ Arms and/or legs "go to sleep"
- ☐ Canker sores
- ☐ Arthritic or joint pain
- ☐ Heartburn
- ☐ Numbness or heaviness in arms or legs
- ☐ Cramps in hand when writing
- ☐ Sharp, diagonal crease in earlobe
- ☐ Tingling sensation in lips or fingers
- ☐ Short walk causes cramping or pains in legs

*...continued*

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**SECTION 26 continued**

- ☐ Memory not as good as it used to be
- ☐ Ankles swell late in the day
- ☐ Persistent, nagging cough
- ☐ Breathlessness on slight exertion or  
lying down
- ☐ Urinate more than twice during the  
night
- ☐ High blood pressure
- ☐ Whitish ring under outer part of cornea  
in the eye
- ☐ Impotent or frigid
- ☐ Chest pain after physical exertion or  
emotional stress
- ☐ Headaches
- ☐ Food & environmental sensitivities
- ☐ Bad breath
- ☐ Clogged sinuses
- ☐ Sore throat or hoarseness

☐ TOTAL x 3 = Sec. 26 Score = \_\_\_\_

- ☐ Fatigue
- ☐ Headaches
- ☐ Backache, cramps
- ☐ Insomnia
- ☐ Weight gain
- ☐ Forgetfulness, confusion, foggy thinking
- ☐ Increased appetite
- ☐ Craving for sweets
- ☐ Swelling of hands, feet, edema
- ☐ Pounding heart
- ☐ Decreased sex drive
- ☐ Dry skin

**FEMALES ONLY**

- ☐ Breast tenderness
- ☐ Cystic breasts

**MALES ONLY**

- ☐ Prostate Problems
- ☐ Urinate more than twice per night

☐ TOTAL x 3 = Sec. 28 Score = \_\_\_\_

**SECTION 27**

- ☐ Dizziness, especially when standing up
- ☐ Fatigue
- ☐ Nervousness, shaky feelings or  
headaches relieved by eating sweets
- ☐ Irritable if late for a meal or miss a meal
- ☐ Irritable before breakfast
- ☐ Sudden, strong cravings for sweets
- ☐ Depend on caffeine for energy
- ☐ Asthmatic attacks
- ☐ Get hungry soon after eating
- ☐ Cold hands or feet
- ☐ Wake up at night feeling hungry
- ☐ Wake up in middle of night and can't go  
back to sleep
- ☐ Feeling of extreme stress

☐ TOTAL x 5 = Sec. 27 Score = \_\_\_\_

**Please Read and Sign the Next Page**

**SECTION 28**

- ☐ Anxiety, nervous tension
- ☐ Irritability, restlessness
- ☐ Depression
- ☐ Mood swings, emotional outbursts,  
crying spells
- ☐ Dizziness, fainting
- ☐ Hair loss or thinning



If you have not already done so, please add up the numbers you have indicated beside each statement. Multiply this total by the factor indicated to determine the score for each section, each of which corresponds to a possible nutritional imbalance. The higher the weighted score for a given section, the more likely it is that its nutritional imbalance may be related to the bodily signs indicated.

Dr. Glenn B. Gero is not a medical doctor. He will not prescribe drugs, diagnose illness, cure any disease or recommend changes to your prescribed medications. He is a trained natural health specialist, nutritionist, herbalist, exercise specialist and educator. He performs wellness consultations regarding diet, nutritional supplementation, botanical medicine, exercise, mind/body imbalances, stress reduction techniques, integrative/complementary healing and can refer to other health professionals when appropriate. Dr. Gero does not participate in any third party insurance plans.

This is a health questionnaire, not a medical questionnaire. All information contained herein will be kept strictly confidential. In some cases, it may be necessary to get approval from your physician prior to Dr. Gero making recommendations regarding changes in diet and lifestyle.

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Signature

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Date