

# NUTRIENT DEFICIENCY TEST

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Age \_\_\_\_\_ Phone \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse Rate \_\_\_\_\_ Sex \_\_\_\_\_

## INSTRUCTIONS

This questionnaire is designed to translate body language into nutritional principles. It is an instant picture of your body's nutritional needs. As such, it will take into consideration any dietary regime or supplementation that you are presently taking.

The Nutrient Deficiency Test is neither a diagnostic test nor tool. It does not determine disease or bodily conditions or how to treat them. It is used to suggest nutrients which should lead to the best possible state of nutritional health and that is its sole purpose.

In completing this form, place a check mark in the box  of those questions for which you can answer yes. Do not mark if question does not apply.

### YES

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Do you catch cold easily?   | <input type="checkbox"/> 21. Does your blood clot slowly if you should cut yourself?                                    |
| <input type="checkbox"/> 2. Do you have a predisposition to infections of the throat and lungs?   |   |
| <input type="checkbox"/> 3. Do you have frequent infections of the bladder or urinary tract?      | <input type="checkbox"/> 22. Do you have little pink spots on your skin?  |
| <input type="checkbox"/> 4. Do you suffer from sinusitis?   | <input type="checkbox"/> 23. Do you have ruptured blood vessels in either eye?  |
| <input type="checkbox"/> 5. Do you often have abscesses in the ears?                              | <input type="checkbox"/> 24. Do you have inflamed gums?   |
| <input type="checkbox"/> 6. Do you see poorly in dim light?                                       | <input type="checkbox"/> 25. Do you have "fleeting" joint pains?  |
| <input type="checkbox"/> 7. Do you have rough, dry, scaly skin?                                   | <input type="checkbox"/> 26. Is your hair falling out abnormally?   |
| <input type="checkbox"/> 8. Do your eyelids become swollen and pus laden?                         | <input type="checkbox"/> 27. Do your gums bleed when you brush your teeth?  |
| <input type="checkbox"/> 9. Female: Do you have difficulty getting pregnant?                      | <input type="checkbox"/> 28. Do you have cartilage problems?  |
| <input type="checkbox"/> 10. Female: Have you had a spontaneous abortion?                         | <input type="checkbox"/> 29. Do you have a lot of colds?  |
|   | <input type="checkbox"/> 30. Do you smoke more than 3 cigarettes per day?   |
| <input type="checkbox"/> 11. Do you have poor bone development?                                   | <input type="checkbox"/> 31. Do you have heart palpitations?  |
| <input type="checkbox"/> 12. Have you had rickets (bowlegs, knock-knees, bone enlargement)?       | <input type="checkbox"/> 32. Do you have an enlarged heart?   |
| <input type="checkbox"/> 13. Has your doctor diagnosed osteomalacia (softening of bones)?         | <input type="checkbox"/> 33. Do you have a diastolic blood pressure over 90 (bottom number of blood pressure fraction)? |
| <input type="checkbox"/> 14. Has your doctor diagnosed arthritis?                                 | <input type="checkbox"/> 34. Do you hurt all over, but can't pinpoint an area?  |
| <input type="checkbox"/> 15. Do you or did you have an abnormal number of cavities?               | <input type="checkbox"/> 35. Do you consider yourself to be "weak-muscled"?   |
|   | <input type="checkbox"/> 36. Do you suffer from forgetfulness?  |
| <input type="checkbox"/> 16. Female: Do you have menstrual discomfort?                            | <input type="checkbox"/> 37. Do you have vague fears about many things?   |
| <input type="checkbox"/> 17. Male: Have you lost your sex drive?                                  | <input type="checkbox"/> 38. Do you feel that others are against you?   |
| <input type="checkbox"/> 18. Do you have muscular type problems such as swelling or wasting away? | <input type="checkbox"/> 39. Are you abnormally tired?  |
| <input type="checkbox"/> 19. Do you suffer from angina pains?                                     | <input type="checkbox"/> 40. Are you often confused about life and your purpose in it?                                  |
| <input type="checkbox"/> 20. Have you had a heart attack?   |   |
|   | <input type="checkbox"/> 41. Do you feel depressed?   |
|   | <input type="checkbox"/> 42. Do you have cracks or sores in the corner of your mouth?                                   |

- 43. Does your tongue have a red-purple color?
- 44. Is your tongue very shiny?
- 45. Do you often have a sensation of sand in your eyelids?
- 46. Are your eyes sensitive to light?
- 47. Do your eyes get tired easily?
- 48. Do your eyes burn and itch often?
- 49. Do you have a lot of red lines in the whites of your eyes?
- 50. Do you have or have you had cataracts?
- 51. Do you have an abnormal amount of oil in the skin near the corner of your nose?

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- 52. Do you suffer from chronic inflammation of the skin?
  - 53. Have you lost your appetite?
  - 54. Do you have frequent indigestion and/or diarrhea?
  - 55. Do you have canker sores in the mouth?
  - 56. Do your hands and/or feet often feel like they are hot?
  - 57. Have you ever been diagnosed as a schizophrenic?
  - 58. Do you feel like your hands and/or feet go numb?

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- 59. Do you often suffer from dizziness?
  - 60. Do you often suffer from nausea?
  - 61. Do you feel confused often?
  - 62. Do you have or have you had kidney stones?

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- 63. Do you have edema (swelling of hands, feet, and/or ankles)?
  - 64. Have you ever observed a greenish tint to your urine?

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- 65. Is your tongue sore?
  - 66. Have you noticed your hands and/or feet tingle?
  - 67. Do you feel you have lost your incentive in life?
  - 68. Do you occasionally stammer?
  - 69. Do you have jerking of the limbs?

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- 70. Do you have chronic headaches?
  - 71. Do you feel abnormally tired?
  - 72. Do you suddenly feel dizzy?
  - 73. Do you feel lightheaded when getting up out of a lying or sitting position?
  - 74. Does your heart beat fast upon exertion?
  - 75. Has your doctor diagnosed you as arthritic?
  - 76. Has your doctor diagnosed you as hypoglycemic?
  - 77. Do you occasionally have a burning sensation of the hands and/or feet?
  - 78. Do you suffer from allergies?
  - 79. Are you chronically constipated?
  - 80. Do you have periods of deep depression?

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- 81. Is your tongue often sore?
  - 82. Do you have skin inflammations often?
  - 83. Do you suffer from insomnia?
  - 84. Do you have a poor appetite?
  - 85. Are you frequently nauseated?

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- 86. Do you suffer from eczema?
  - 87. Have you been diagnosed as having atherosclerosis?
  - 88. Has your doctor told you that your cholesterol is high?
  - 89. Do you have high blood pressure?
  - 90. Do you have a problem losing weight?
  - 91. Have you been diagnosed as myasthenia gravis or weak muscles?

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- 92. Have you ever had macrocytic anemia?
  - 93. Are you chronically fatigued?
  - 94. Do you have a history of cleft palate?

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- 95. Do you have indigestion 2-3 hours after eating?
  - 96. Do you have a heavy, full, sluggish feeling after eating a heavy meal?
  - 97. Do you have more than usual upper and lower intestinal gas?
  - 98. Do you have periods of constipation alternating with diarrhea?
  - 99. Have you lost your taste or craving for meat?
  - 100. Have you been treated for long periods of time for anemia without making much progress?
  - 101. Do you have a sour stomach?

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- 102. Do you often have leg cramps?
  - 103. Female: Do you have excessive or lengthy menstruation with pain?
  - 104. Are you hyperirritable and nervous?
  - 105. Are your teeth prone to decay?
  - 106. Are your teeth crowded with poor placement in the mouth?
  - 107. Do you have pyorrhea (pus filled inflammation of the teeth sockets)?
  - 108. Do you often feel both mentally and physically fatigued?
  - 109. Do you often feel as if your breathing is irregular?

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- 110. Do you have swelling of the ankles and hands?
  - 111. Do you suffer from rapid heart rate off and on?
  - 112. Do you often feel as if your muscles are just "too weak"?
  - 113. Do you have an irregular heartbeat?
  - 114. Do you have diabetic tendencies?

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- 115. Do you suffer from dehydration (dry tongue and shrunken, loose skin)?
  - 116. Do you feel exhausted?

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- 117. Do you feel as if your nerves and muscles are irritable?
  - 118. Do you have periods of irregular heartbeat?
  - 119. Do you suffer from convulsions or seizures?
  - 120. Do you have "nervous tics or twitches"?
  - 121. Do you have dimmed vision?
  - 122. Are your teeth sensitive?
  - 123. Do you have loose teeth?
  - 124. Are you constantly cold?

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- 125. Do you have chronically pale skin?
  - 126. Do you have shortness of breath?
  - 127. Do you have a poor appetite?
  - 128. Do you have sensation of spots before your eyes?
  - 129. Do you have difficulty in breathing?
  - 130. Do you have a rapid heart rate?
  - 131. Are the palms of your hands very pale?
  - 132. Are you very tired most of the time?
  - 133. Do you get tired very easily?
  - 134. Do your fingernails appear very light in color?
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- 135. Are you prone to athletic-type injuries and/or strained knees?
  - 136. Is your muscle coordination poor?
  - 137. Have you been diagnosed as myasthenia gravis or multiple sclerosis?
  - 138. Have you been diagnosed as a diabetic?
  - 139. Do you have allergies?
  - 140. Do you have bone deformities?
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- 141. Do you have dry hair?
  - 142. Do you have brittle nails?
  - 143. Do you feel your mental reaction time is slow?
  - 144. Do you have a goiter, or have you had one?
  - 145. Do you have a stuffy nose?
  - 146. Are your eyes sensitive to light?
  - 147. Do you have recurrent sties?
  - 148. Have you been diagnosed to have high cholesterol in the blood?
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- 149. Do wounds heal very slowly?
  - 150. Have you lost part of your sense of smell?
  - 151. Have you lost part of your sense of taste?
  - 152. Have you been diagnosed as being diabetic?
  - 153. Do you feel more tired than normal?
  - 154. Male: Do you suffer from prostatitis?
  - 155. Do you have acne?
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- 156. Do you accumulate fluids in the extremities?
  - 157. Do you have cataracts?
  - 158. Do you think, or know, that you have low hormone levels?
  - 159. Do you have low resistance to disease?
  - 160. Do you feel overall weakness?
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- 161. Do you have weak hair and nails?
  - 162. Do you have fungus infection of the nails?
  - 163. Are your eyes sensitive to light?
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- 164. Do you have indigestion?
  - 165. Do you have excessive belching and intestinal gas?
  - 166. Do you suffer from the heat?
  - 167. Do you overbreathe (hyperventilate)?
  - 168. Are you nervous without obvious cause?
  - 169. Do you have diabetes or tendency thereto?
  - 170. Are you on a low salt diet?
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- 171. Do you suffer from cancer?
  - 172. Do you or your children have birth defects?
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- 173. Do you have high cholesterol in the blood?
  - 174. Do you have diabetes?
  - 175. Do you have alcohol intolerance?
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- 176. Do you have stunted body growth?
  - 177. Do you have an abdominal "apron" of fat?
  - 178. Do you have feelings of inadequacy?
  - 179. Do you have headaches inside the middle of your head?
  - 180. Do you have eye problems?
  - 181. Are you fatigued without obvious cause?
  - 182. Are you tall and very thin?
  - 183. Do you have high blood sugar (diabetes)?
  - 184. Do you have problems mobilizing energy to start a project?
  - 185. Do you have an easily changeable temperament?
  - 186. Are you moody and sentimental?
  - 187. Do you have long hands and feet?
  - 188. Do your feelings dominate over logic?
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- 189. Do you gain weight easily?
  - 190. Do you tend to have cold hands and feet?
  - 191. Do you prefer warm to cool climate?
  - 192. Is your hair scanty, dry, brittle and lusterless?
  - 193. Are you constipated?
  - 194. Are your bowel movements usually less than once daily?
  - 195. Female: Are your periods regular, profuse and painless?
  - 196. Do you have diminished libido (sex drive)?
  - 197. Does your heart beat rapidly on slight exertion?
  - 198. Do you have an irregular heart rhythm?
  - 199. Do you tolerate heat poorly?
  - 200. Are you nervous?
  - 201. When holding your hands out with fingers straight, do your fingers tremble?
  - 202. Are your muscles weak?
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- 203. Do you have a short, heavy-muscled physique?
- 204. Do you have much body hair?
- 205. Do you have high blood pressure?
- 206. Do you tend to have a rapid pulse?
- 207. Do you have more than usual neck, head, and shoulders distress?
- 208. Do you have low blood pressure?
- 209. Do you suffer from low blood sugar or hypoglycemia?
- 210. Do you have rapid, shallow breathing?
- 211. Have you ever had convulsions, blackouts, or coma?
- 212. Do you have an inferiority complex?
- 213. Do you have allergic tendencies?
- 214. Do you tend to be negative?

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- 215. Do you have a big appetite?
  - 216. Do you have constant, intense thirst?
  - 217. Do you urinate large amounts, more than 2 quarts, daily?
  - 218. Does your breath sometimes smell sweet or like acetone?
  - 219. Do you sometimes have peculiar, unaccountable sensations in hands or feet (tingling, burning, sharp jabs, numbness, etc.)?
  - 220. Is your vision failing rather rapidly?
  - 221. Does your urine contain sugar?
  - 222. Do your cuts and abrasions heal slowly?
  - 223. Are you excessively fatigued?
  - 224. Does even the thought of walking across the room make you tired?
  - 225. Have you ever fainted, blacked out, or had a convulsion?
  - 226. Are you moody with marked ups or downs, elations or depressions, hyperactivity or laziness?
  - 227. Do you have vague, unrelated complaints which can be temporarily improved by eating only to return with vengeance in a short time?
  - 228. Do you have cold sweats of the hands even when warm or excited?
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- 229. Do you have more than the usual number of cavities?
  - 230. Are you easily fatigued?
  - 231. Do you have catarrhal or allergic tendencies?
  - 232. Are you subject to muscular weakness?
  - 233. Do you look older than you are?
  - 234. Is your heart irregular?
  - 235. Do you tend to be nervous?
  - 236. Are you susceptible to infections?
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- 237. Are you taller than most people of your sex?
  - 238. Is your fifth finger particularly short?
  - 239. Do you have sparse hair (especially pubic)?
  - 240. Do you have tapered fingers?
  - 241. Female: Are you thin-breasted? or Male: Do you have small external genitals?
  - 242. Do you have soft fingernails?
  - 243. Do you have a voice quality of the opposite sex?
  - 244. Do you have reduced physical and emotional stamina?
  - 245. Are you depressive?
  - 246. Do you perspire easily?
  - 247. Are your actions quicker than others?
  - 248. Did your sex characteristics develop early?
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- 249. Do you have tremor of hands or head?
  - 250. Do you see double?
  - 251. Do you have slurred speech?
  - 252. Are you irritable and impatient?
  - 253. Do you have loss of stamina while working physically?
  - 254. Do you fall asleep easily during the day?

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- 255. Are you emotionally stable? Lose your temper easily?
  - 256. Do you have an irregular heartbeat?
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- 257. Do you have breathlessness on slight exertion?
  - 258. Do you have breathlessness on lying down?
  - 259. Do you have a nagging cough?
  - 260. Do your ankles swell later in the day?
  - 261. Do you urinate more than twice during the night?
  - 262. Does your heartbeat seem irregular?
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- 263. Do you have a chronic cough?
  - 264. Have you had several chest colds in the past year?
  - 265. Do you become short of breath easily?
  - 266. Do you find it difficult to be satisfied with a deep breath?
  - 267. Do you smoke?
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- 268. Do you eat breakfast?
  - 269. Do you eat a substantial breakfast?
  - 270. Do you eat a light breakfast?
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- 271. Do you drink more than one cup of coffee per day?
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- 272. Do you eat one or more cups of fiber cereal daily?
  - 273. Do you eat more than one cup of raw vegetables daily?
  - 274. Do you consume more than 2 slices of whole grain bread daily?
  - 275. Do you consume more than one cup of raw fruit daily?
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- 276. Do you combine eggs, meat, fish, or cheese with fruit, fruit juices, and/or desserts at the same meal?
  - 277. Do you drink milk shakes made at convenience or quick food restaurants?
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- 278. Do you eat more than 2 servings of meat, fish, eggs, or cheese daily?
  - 279. Do you consume at least 1 1/2 cupfuls of varied seeds and nuts per day?
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- 280. Do you eat one or more candy bars per day?
  - 281. Do you eat ice cream, pie, cookies, cakes, or pastries at least once a day?
  - 282. Do you add sugar to coffee, tea, etc.?
  - 283. Do you consume soda pop (artificially sweetened does not count) on a daily basis?
  - 284. Do you consume a lot of "Junk" food?
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