Review the following symptoms and lifestyle activities and rate them based on how you've been feeling over the last 90 days.

Key For Body Systems
Fill in the blanks using the appropriate numbers from the key below:

0 = Never or almost never have the symptom

1 = Occasionally have this symptom BUT its effect is not severe

2 = Occasionally have this symptom AND its effect is severe

3 = Frequently have this symptom BUT its effect is not severe

4 = Frequently have this symptom AND its effect is severe

Gastrointestinal / Digestive Tract

_____ Belching or gas
_____ Nausea or vomiting
_____ Chronic diarrhea
_____ Constipation
_____ Bloating / bloated feeling
_____ Stomach / abdominal pain / discomfort
_____ Less than one bowel movement per day
_____ Loose / unformed stool
_____ Heartburn / acid reflux
_____ Bad breath / halitosis
_____ Undigested foods in stool
_____ Sensitivity / aggravation to certain foods
_____ **TOTAL**

Skin

_____ Acne
_____ Hives, rashes, boils, cysts
_____ Flushing / hot flashes
_____ Dry, flakey skin, dandruff
_____ Dermatitis / itchy skin
_____ Cold sores, fever blisters, herpes lesions
_____ Dull colored skin, yellowish or grayish
_____ Pale complexion
_____ Hair loss
_____ Excessive sweating
_____ **TOTAL**

Nails

_____ Rigid nails
_____ Splitting nails
_____ Black streaks in nails
_____ White spots on nails
_____ Crumbling nails
TOTAL

Nose

_____ Stuffy nose
_____ Sinus congestion / infections
_____ Runny / drippy nose
_____ Excessive mucous formation
_____ Hay fever
_____ Sneezing attacks
_____ Airborne allergies
_____ **TOTAL**

Liver

_____ Sensitive to chemicals (perfume, exhaust, etc.)
_____ Hemorrhoids / varicose veins
_____ Feeling wired / jittery when drinking coffee
_____ Feet have strong odor
_____ Sweat has strong odor
_____ **TOTAL**

Eyes

_____ Watery / itchy eyes
_____ Blurred / tunnel vision
_____ Bags under the eyes
_____ Dark circles around / under the eyes
_____ Puffy / swollen / inflamed / reddened sticky eyelids
_____ **TOTAL**

Ears

_____ Itchy ears
_____ Ringing in the ears
_____ Hearing loss
_____ Ear drainage / discharge
_____ Earaches / infections
_____ **TOTAL**

Head

_____ Tension headaches at base of skull
_____ Splitting type headache / migraine
_____ Dizziness
_____ Faintness
_____ **TOTAL**

Mouth / Throat

_____ Chronic coughing
_____ Difficulty swallowing
_____ Dry mouth
_____ Swollen tongue
_____ Lump in throat
_____ Hoarseness / sore throat / loss of voice
_____ Mouth ulcers / canker sores
_____ Coated tongue or lips / yellow, grayish-white / thick film
_____ Gag easily / need to clear throat often
_____ **TOTAL**

Heart / Lungs

_____ Chest congestion
_____ Chest pain
_____ Asthma / bronchitis
_____ Wheezing / difficulty breathing
_____ Shortness of breath
_____ Rapid / pounding / racing heart beat
_____ Heart skips beat / irregular
_____ Face turns red / flush for no reason
_____ Rapid resting pulse rate
_____ **TOTAL**

Mental / Emotional

_____ Feeling “foggy” / thinking seems slow / fuzzy
_____ Confusion / reduced comprehension
_____ Mood swings
_____ Poor memory
_____ Depressed
_____ Poor attitude
_____ Hard to concentrate
_____ Coordination is poor Difficulty
_____ making decisions Lose
_____ patience easily / agitated
_____ Slurred speech
_____ Stuttering / stammering speech
_____ Lack of / reduced energy / initiative
_____ Anger / irritable / aggressive
_____ Bizarre / vivid / nightmarish dreams
_____ Anxiety / anxious / nervous / worried / fearful / apprehensive
_____ **TOTAL**

Kidney

_____ Urine has strong odor
_____ Urine is frothy
_____ Urinate frequently
_____ Frequent / urgent urination
_____ **TOTAL**

Immune System

_____ Frequent colds / flu
_____ Frequent infections (bladder, skin, ear, chest, sinus, etc.)
_____ **TOTAL**

Musculoskeletal

_____ Muscle aches / pains / swelling
_____ Pain / swelling in joints
_____ Stiffness / limitation of movement
_____ Easily fatigued / weak / tired
_____ Joints painful upon waking
_____ Joint pain following mild exertion
Chronic pain anywhere in the
_____ body
Numbness / tingling in the arms /
_____ hands
Numbness / tingling in the legs /
_____ feet
_____ Lower back pain
Pain between the
_____ shoulder blades
_____ Upper back pain
_____ Neck pain
_____ **TOTAL**

Weight

_____ Crave certain foods
_____ Excessive / overweight
_____ Retain water
_____ Unable to lose weight
_____ Unable to maintain weight loss
_____ Constant hunger
_____ "Heaviness" after eating
_____ **TOTAL**

Energy / Activity Levels

_____ Hyperactivity
_____ Sleeping during the day
_____ Exhausted at the end of the day
_____ Easily fatigued / sluggish
_____ Restlessness
_____ Insomnia / can't fall asleep
Sleep with interruptions / wake
_____ and can't fall back to sleep
Get less than 8 hours of sleep
_____ each night
Tired upon waking up in the
_____ morning
_____ **TOTAL**

Chronic Diseases

If you've been diagnosed with any of the following put a check mark. Each check mark is worth 5 points.

_____ Arthritis
_____ Irritable bowel syndrome
_____ Diabetes / prediabetes
_____ Thyroid condition
_____ Cancer (any type)
_____ High blood pressure
_____ High cholesterol
_____ High triglycerides
Chronic Fatigue Syndrome /
_____ Fibromyalgia
_____ Multiple sclerosis
_____ Celiac disease
_____ Known food allergies
_____ Fatty liver
_____ **TOTAL**

BODY SYSTEMS TOTALS	
Gastrointestinal / Digestive Tract	_____
Skin	_____
Nails	_____
Nose	_____
Liver	_____
Eyes	_____
Ears	_____
Head	_____
Mouth / Throat	_____
Heart / Lungs	_____
Mental / Emotional	_____
Kidney	_____
Immune System	_____
Musculoskeletal	_____
Weight	_____
Energy / Activity Levels	_____
Chronic Diseases	_____
GRAND TOTAL FOR BODY SYSTEMS	

The following "Eating & Health Habits" questions will use the following key:

0 = I NEVER do this

1 = I SELDOM do this

2 = I OFTEN do this

3 = I FREQUENTLY do this

Eating / Health Habits	
Drink soda / cola / diet soft drinks / sugar juices	_____
Drink alcohol	_____
Binge eat	_____
Emotional / stress / bored eating	_____
Impulsive / compulsive eating	_____
Night eating	_____
Skip breakfast	_____
Skip lunch / dinner	_____
Eat red meat	_____
Intake of packaged / ready to eat foods	_____
Eat / drink dairy products	_____
Failed / yo-yo / diet attempts	_____
Eat white starches / white bread / white rice / tortillas / pastas	_____
Eat fried foods	_____
Eat fast foods	_____
Eat desserts high in fat / sugar	_____
Add salt to cooking	_____
Finish meals quicker than 20 minutes	_____
Eat while watching TV / working on computer	_____
Smoke cigarettes / pipe / tobacco (chew)	_____
Exposed to second hand smoke	_____
Take over the counter drugs	_____
Take prescription drugs	_____
Use over the counter sleep aids	_____
TOTAL FOR EATING / HEALTH HABITS	

Total Scoring Results for Lifestyle Assessment

LIFESTYLE ASSESSMENT TOTALS

Body Systems Total _____

Eating / Health Habits Total _____

GRAND TOTAL _____

Your Score	Health Status	Benefits You May Receive *
15 or less	Excellent Health	More energy & vitality, some weight loss, improved mood & outlook, better sleep
16 - 30	Mild Imbalance	All of the above AND possible improved digestion, less congestion, better skin
31 - 50	Mild / Moderate Imbalance	All of the above AND likely more significant weight loss, reduction in swelling & inflammation
51 - 100	Moderate Imbalance	All of the above PLUS it's possible you'll experience accelerated weight loss, relief from joint / muscle pain, headaches and more…
100 - 120	Moderate / Severe Imbalance	All of the above HOWEVER you are getting close to crisis. You may be in the "Recovery Phase" longer
120 +	Severe Imbalance	It is possible that you'll experience much of the above, however, you are in crisis. To address this you may be in the "Recovery Phase" longer. You may also need to see a physician that is trained in Functional Medicine to address your chronic symptoms

*The benefits for each level are cumulative. In other words, the more of a health imbalance you currently have, the more benefits you are likely to receive from the program. For example if you currently have a moderate health imbalance (score of 51-
100) there is a good possibility you will experience the benefits from the earlier categories, as well as the benefits listed in your category.