

# Nutricheck



## Questionnaire

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### Nutritional Evaluation

*Questionnaire provided by:  
Australian College of Holistic Medicine  
961 Blunder Road, Doolandella, Brisbane, QLD 4077  
Tel:(07)3879 6555 Fax: (07)3278 9776*

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Note: Medical information provided for this nutritional assessment will be kept strictly confidential. NB: The *Nutricheck QUESTIONNAIRE* should only be used during a professional health consultation. It should not be used as a prescription for self-medication of nutritional supplements. It does not guarantee that the patient will necessarily benefit from such supplementation. All parties involved in the development of *Nutricheck* only recommend the use of this product to identify nutritional problems and requirements in conjunction with a consultation with a professional health practitioner.

**QUESTIONS:**

*(Please refer to the key below and then circle the appropriate score(0,1,2, or 3) for each question)*

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Does your hair tend to fall out or break easily?  | 0 | 1 | 2 | 3 |
| 2. Have you been on a strict weight loss diet in the last 2 years?                                 | 0 | 1 | 2 | 3 |
| 3. Is your vision at dusk or at nighttime poorer now than before?                                  | 0 | 1 | 2 | 3 |
| 4. Is the skin on the back of your arms rough, thickened or scaly?                                 | 0 | 1 | 2 | 3 |
| 5. Do you suffer from flatulence?  | 0 | 1 | 2 | 3 |
| 6. Do you suffer from abdominal bloating especially after eating?                                  | 0 | 1 | 2 | 3 |
| 7. Do you have bad breath or a bad taste in the mouth especially on wakening?                      | 0 | 1 | 2 | 3 |
| 8. Do you suffer from frequent coughs or colds?  | 0 | 1 | 2 | 3 |
| 9. Do you have chronic or recurrent sinus congestion or catarrh?                                   | 0 | 1 | 2 | 3 |
| 10. Do you get sore red gums or gums that bleed easily on brushing your teeth?                     | 0 | 1 | 2 | 3 |
| 11. Do you find that you bruise easily?  | 0 | 1 | 2 | 3 |
| 12. Do you suffer from excessive dental plaque and/or caries?                                      | 0 | 1 | 2 | 3 |
| 13. Do you get muscle tenderness or weakness in your legs?   | 0 | 1 | 2 | 3 |
| 14. Do you get a burning feeling in your tongue or lips?   | 0 | 1 | 2 | 3 |
| 15. Do you get palpitations, racing heartbeat or irregular heartbeat?                              | 0 | 1 | 2 | 3 |
| 16. Do you get numbness or tingling sensations in your hands or feet?                              | 0 | 1 | 2 | 3 |
| 17. Is your tongue sensitive to hot drinks or sore?  | 0 | 1 | 2 | 3 |
| 18. Do you get cracks or soreness in the corner of your mouth?                                     | 0 | 1 | 2 | 3 |
| 19. Do you get soreness, burning or gritty feelings in your eyes?                                  | 0 | 1 | 2 | 3 |
| 20. Are you sensitive to bright lights?  | 0 | 1 | 2 | 3 |
| 21. Do you have a tendency to dandruff or excessively oily skin?                                   | 0 | 1 | 2 | 3 |
| 22. Do you get a reddish coloration around your nose and ears?                                     | 0 | 1 | 2 | 3 |
| 23. Do you drink more than 2 glasses of alcohol per day average?                                   | 0 | 1 | 2 | 3 |
| 24. Do you have a tendency towards eczema or other skin rashes?                                    | 0 | 1 | 2 | 3 |
| 25. Do you get dizzy or lightheaded on standing up?  | 0 | 1 | 2 | 3 |
| 26. Do you get swollen feet or do your shoes feel tight when you are on your feet for a long time? | 0 | 1 | 2 | 3 |
| 27. Do you tend to have cold fingers or toes especially at night?                                  | 0 | 1 | 2 | 3 |
| 28. Do your finger joints or toes feel stiff or sore on awakening?                                 | 0 | 1 | 2 | 3 |
| 29. Do you find you don't dream or dream infrequently?   | 0 | 1 | 2 | 3 |
| 30. Do you find it difficult to remember your dreams?  | 0 | 1 | 2 | 3 |
| 31. Do you crave sweet or sugary foods?  | 0 | 1 | 2 | 3 |
| 32. Do you eat white bread, pasta, sugar or white rice almost daily?                               | 0 | 1 | 2 | 3 |
| 33. Do you sunburn easily?   | 0 | 1 | 2 | 3 |

**Key**

**0 - Never, 1 - Mild/Occasionally,  
 2 - Moderate/Frequently, 3 - Severe/Very Severely.**

**QUESTIONS:**

*(Please refer to the key below and then circle the appropriate score(0,1,2, or 3) for each question)*

|  |   |   |   |   |
|--|---|---|---|---|
| 34. Do you react to Monosodium Glutamate - that is, do you react to Chinese food?  | 0 | 1 | 2 | 3 |
| 35. Do you tend to be easily excited or irritated?                                 | 0 | 1 | 2 | 3 |
| 36. Do you have trouble getting to sleep or suffer from restless sleep?            | 0 | 1 | 2 | 3 |
| 37. Do you find that your ability to concentrate is impaired?                      | 0 | 1 | 2 | 3 |
| 38. Do you have trouble making decisions?  | 0 | 1 | 2 | 3 |
| 39. Do you often feel stressed or under strain?                                    | 0 | 1 | 2 | 3 |
| 40. Do you have a tendency to be moody or easily depressed?                        | 0 | 1 | 2 | 3 |
| 41. Do you tend to suffer from episodic anxiety or panic attacks?                  | 0 | 1 | 2 | 3 |
| 42. Do you feel tired on wakening in the morning?                                  | 0 | 1 | 2 | 3 |
| 43. Do you frequently feel excessively tired or exhausted?                         | 0 | 1 | 2 | 3 |
| 44. Do you tend to get a dull ache in the small of the back?                       | 0 | 1 | 2 | 3 |
| 45. Do you suffer from a burning sensations in the feet?                           | 0 | 1 | 2 | 3 |
| 46. Do you suffer from constipation?   | 0 | 1 | 2 | 3 |
| 47. Do you find that your co-ordination has diminished?                            | 0 | 1 | 2 | 3 |
| 48. Do you get a low back ache especially on getting up in the morning?            | 0 | 1 | 2 | 3 |
| 49. Do you get an 'electric shock' type of sensation on bending your neck quickly? | 0 | 1 | 2 | 3 |
| 50. Has your memory deteriorated?  | 0 | 1 | 2 | 3 |
| 51. Do you suffer from muscle twitching or cramping?                               | 0 | 1 | 2 | 3 |
| 52. Are you sensitive to loud sounds?  | 0 | 1 | 2 | 3 |
| 53. Do you find that your food tends to be tasteless?                              | 0 | 1 | 2 | 3 |
| 54. Do you find that your cuts and sores tend to heal slowly?                      | 0 | 1 | 2 | 3 |
| 55. Do you have white spots or streaks in your fingernails?                        | 0 | 1 | 2 | 3 |
| 56. Do you have horizontal grooves in your fingernails?                            | 0 | 1 | 2 | 3 |
| 57. Are your nails brittle or breaking easily?                                     | 0 | 1 | 2 | 3 |
| 58. Are your nails soft and papery?  | 0 | 1 | 2 | 3 |
| 59. Do you have stretch marks on your hips, stomach or buttocks?                   | 0 | 1 | 2 | 3 |
| 60. Did you suffer from growing pains in the legs during your early teenage years? | 0 | 1 | 2 | 3 |
| 61. Did you suffer from acne during your adolescence?                              | 0 | 1 | 2 | 3 |
| 62. Did you suffer from acne after adolescence?                                    | 0 | 1 | 2 | 3 |
| 63. Do you suffer from dry or flakey skin?   | 0 | 1 | 2 | 3 |
| 64. Do your nails easily split or peel back?                                       | 0 | 1 | 2 | 3 |
| 65. Do you get irritation or itching inside your ears?                             | 0 | 1 | 2 | 3 |
| 66. Does the skin on your face or upper chest feel dry or lumpy?                   | 0 | 1 | 2 | 3 |

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**QUESTIONS:**

*(Please refer to the key below and then circle the appropriate score(0,1,2, or 3) for each question)*

- |  |   |   |   |   |
|--|---|---|---|---|
| 67. Is your hair dull or lustreless?   | 0 | 1 | 2 | 3 |
| 68. Is the skin on your heels thickened?   | 0 | 1 | 2 | 3 |
| 69. Is the skin on your heels cracked and/or painful?                                  | 0 | 1 | 2 | 3 |
| 70. Do you find that you cannot fully straighten the 4th and 5th fingers of your hand? | 0 | 1 | 2 | 3 |
| 71. Do you get pain or soreness in the muscles with walking?                           | 0 | 1 | 2 | 3 |
| 72. Is the skin of your feet or toes pale and cold?                                    | 0 | 1 | 2 | 3 |
| 73. Are the nails of your toes thickened or deformed?                                  | 0 | 1 | 2 | 3 |
| 74. Do you find that you tire easily?  | 0 | 1 | 2 | 3 |
| 75. Do you get hungry between meals or at night?                                       | 0 | 1 | 2 | 3 |
| 76. Do you wake after a few hours sleep?   | 0 | 1 | 2 | 3 |
| 77. Do you feel scared for no obvious reason?  | 0 | 1 | 2 | 3 |
| 78. Do you frequently worry about things?  | 0 | 1 | 2 | 3 |
| 79. Do you get bouts of feeling insecure?  | 0 | 1 | 2 | 3 |
| 80. Do your feelings fluctuate quickly?  | 0 | 1 | 2 | 3 |
| 81. Do you tend to cry or feel like crying easily?                                     | 0 | 1 | 2 | 3 |
| 82. Do you have bouts of unreasonable anger or behaviour?                              | 0 | 1 | 2 | 3 |
| 83. Do you tend to magnify insignificant events?                                       | 0 | 1 | 2 | 3 |
| 84. Do you drink more than two cups of coffee or cola drinks per day?                  | 0 | 1 | 2 | 3 |
| 85. Do you crave candy soft drinks or coffee between meals, or during the afternoon?   | 0 | 1 | 2 | 3 |
| 86. Do you find yourself unable to perform well under pressure?                        | 0 | 1 | 2 | 3 |
| 87. Do you suffer from headaches?  | 0 | 1 | 2 | 3 |
| 88. Do you feel sleepy during the day?   | 0 | 1 | 2 | 3 |
| 89. Do you feel drowsy or sleepy after meals?  | 0 | 1 | 2 | 3 |
| 90. Do you have periods of low energy?   | 0 | 1 | 2 | 3 |
| 91. Do you have to push yourself to get things done?                                   | 0 | 1 | 2 | 3 |
| 92. Do you eat when nervous or tired?  | 0 | 1 | 2 | 3 |
| 93. Do you get stomach cramps or nervous stomach?                                      | 0 | 1 | 2 | 3 |
| 94. Do you find that eating gives you relief from tiredness?                           | 0 | 1 | 2 | 3 |
| 95. Do you have suicidal thoughts or feelings?   | 0 | 1 | 2 | 3 |
| 96. Do you have feelings of hopelessness?  | 0 | 1 | 2 | 3 |
| 97. Do you get bad dreams nightmares or restless sleep?                                | 0 | 1 | 2 | 3 |
| 98. Do you get irritable before meals?   | 0 | 1 | 2 | 3 |
| 99. Do you get shakey inside when hungry or after meals?                               | 0 | 1 | 2 | 3 |

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- |   |   |   |   |   |
|---|---|---|---|---|
| 100. Do you feel faint or lightheaded if meals are delayed or missed? | 0 | 1 | 2 | 3 |
| 101. Do you get generalised muscle aches and pains?                   | 0 | 1 | 2 | 3 |
| 102. Do you suffer from pain in the neck and shoulder muscles?        | 0 | 1 | 2 | 3 |
| 103. Do you get blurred vision especially if tired or hungry?         | 0 | 1 | 2 | 3 |
| 104. Do you get short of breathe on exertion?                         | 0 | 1 | 2 | 3 |
| 105. Do you have a reduced sex drive?                                 | 0 | 1 | 2 | 3 |
| 106. Do you sweat excessively?  | 0 | 1 | 2 | 3 |
| 107. Do you find it difficult to maintain an ideal weight?            | 0 | 1 | 2 | 3 |
| 108. Do you have an excessive thirst or frequent urination?           | 0 | 1 | 2 | 3 |
| 109. Do you get sore aching eyes with intensive use?                  | 0 | 1 | 2 | 3 |
| 110. Do you tend to get episodes of fluid retention?                  | 0 | 1 | 2 | 3 |

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