

Nutritional Assessment Questionnaire- Symptom Burden Analysis

NAME: _____ DATE: _____

Immune System	11+	.	9	.	8	.	6	.	4	.	3	.	2
Kidney & Bladder	5	.	.	.	4	.	.	.	3	.	.	.	2
Cardiovascular	11+	.	9	.	8	.	6	.	4	.	3	.	2
Women Only	21+	.	18	.	15	.	12	.	9	.	6	.	4
Men Only	10+	.	8	.	7	.	6	.	5	.	4	.	2
Thyroid	17+	.	15	.	12	.	10	.	7	.	5	.	3
Pituitary	10+	.	9	.	8	.	6	.	4	.	3	.	2
Adrenal	28+	.	24	.	20	.	16	.	12	.	8	.	4
Vitamin Need	28+	.	24	.	20	.	16	.	12	.	8	.	4
Sugar Handling	14+	.	12	.	10	.	8	.	6	.	5	.	3
Essential Fatty Acids	8+	.	7	.	6	.	5	.	4	.	3	.	2
Mineral Needs	25+	.	23	.	19	.	15	.	12	.	8	.	5
Large Intestine	20+	.	18	.	15	.	12	.	9	.	6	.	3
Small Intestine	16+	.	14	.	12	.	10	.	7	.	5	.	2
Liver & GB	22+	.	19	.	17	.	14	.	11	.	7	.	4
Upper GI	19+	.	17	.	14	.	11	.	9	.	6	.	3

**HIGH
PRIORITY**

**MODERATE
PRIORITY**

**LOW
PRIORITY**

Score