# NUTRITION SYSTEM PROFILE (NSP) CLIENT ASSESSMENT FORM

**NAME**:_____ **AGE**:_____ **DATE**:_____

**COMPLETE LEFT SIDE OF FORM ONLY**: If any of the following symptoms or activities have occurred within the past three months( unless otherwise specified), please indicate by checking: 1 for mild or rarely, 2 for moderate or regularly occurring, 3 for severe or often occurring, or leave blank if the symptom/statement does not apply.

| | Please Complete this Section | Use this column only. | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | General Fatigue or Weakness | | | | | | | | | | | | |
| 2 | Difficulty losing weight | | | | | | | | | | | | |
| 3 | Frequent Illness or Infection | | | | | | | | | | | | |
| 4 | High Stress Lifestyle | | | | | | | | | | | | |
| 5 | Smoking | | | | | | | | | | | | |
| 6 | Drink more than 2 cups coffee per day | | | | | | | | | | | | |
| 7 | Bad Breath/Body odour | | | | | | | | | | | | |
| 8 | Constipation | | | | | | | | | | | | |
| 9 | Bags under eyes | | | | | | | | | | | | |
| 10 | Crave Sugars, bread, alcohol | | | | | | | | | | | | |
| 11 | Difficulty digesting certain foods. | | | | | | | | | | | | |
| 12 | Have used antibiotics in past 10 years. | | | | | | | | | | | | |
| 13 | Allergies | | | | | | | | | | | | |
| 14 | Poor concentration or memory | | | | | | | | | | | | |
| 15 | Belching/Burping after meals | | | | | | | | | | | | |
| 16 | Skin/complexion problem | | | | | | | | | | | | |
| 17 | Frequent consumption of red meat | | | | | | | | | | | | |
| 18 | Regular use of dairy products | | | | | | | | | | | | |
| 19 | Heavy alcohol Consumption | | | | | | | | | | | | |
| 20 | Exposure to Toxins/chemicals | | | | | | | | | | | | |
| 21 | Frequent Mood Swings | | | | | | | | | | | | |
| 22 | Depressed or Irritable | | | | | | | | | | | | |
| 23 | Brittle fingernails | | | | | | | | | | | | |
| 24 | Dry, Brittle Hair | | | | | | | | | | | | |
| 25 | High Fat Diet | | | | | | | | | | | | |
| 26 | Nervous or Anxious | | | | | | | | | | | | |
| 27 | Insomnia or Restless sleep | | | | | | | | | | | | |
| 28 | Low Fibre Diet | | | | | | | | | | | | |
| 29 | Muscle Cramps | | | | | | | | | | | | |
| 30 | Sleepy when sitting up | | | | | | | | | | | | |
| | SUB TOTAL | | | | | | | | | | | | |

| | SUB TOTAL PAGE 1 | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31 | Female: menstrual cramps | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | |
| 32 | Bronchitis/Asthma/Pneumonia | | | ■ | ■ | ■ | ■ | ■ | | ■ | ■ | ■ | ■ |
| 33 | Cellulite | | | | ■ | ■ | ■ | | ■ | ■ | ■ | ■ | ■ |
| 34 | Cold hands and feet | | | ■ | ■ | | ■ | ■ | ■ | ■ | | ■ | ■ |
| 35 | Varicose veins | | | ■ | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| 36 | Feeling out of control | | | ■ | ■ | ■ | | ■ | ■ | ■ | | ■ | ■ |
| 37 | Food/ chemical sensitivities | | | | | ■ | ■ | | | ■ | ■ | ■ | ■ |
| 38 | Frequent yeast/ fungus problems | | | ■ | | ■ | ■ | | ■ | ■ | ■ | ■ | |
| 39 | Bones break easily, osteoporosis | | | | ■ | ■ | ■ | ■ | ■ | | ■ | | ■ |
| 40 | Too little exercise | | | ■ | ■ | | | | | ■ | | | ■ |
| 41 | Excessive mucous | | | ■ | | ■ | ■ | ■ | | ■ | ■ | ■ | ■ |
| 42 | Short of breathe climbing stairs | | | ■ | ■ | | ■ | ■ | | ■ | ■ | ■ | ■ |
| 43 | Tingling in lips, fingers, arms, legs | | | ■ | ■ | | | ■ | ■ | ■ | ■ | | ■ |
| 44 | Chest pains | | | ■ | ■ | | ■ | ■ | | ■ | ■ | ■ | ■ |
| 45 | Very rapid or slow heart beat | | | ■ | ■ | | | ■ | ■ | ■ | | ■ | ■ |
| 46 | Painful, hard or thin bowel movements | | | ■ | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| 47 | Alternating constipation/ diarrhea | | | ■ | | ■ | ■ | ■ | ■ | | ■ | ■ | ■ |
| 48 | Recurrent bladder infections | | | ■ | ■ | ■ | ■ | | ■ | | ■ | ■ | ■ |
| 49 | Female: Menopause, hot flashes | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | | |
| 50 | Female: PMS | | | ■ | ■ | ■ | | ■ | ■ | | | ■ | |
| 51 | Difficult urination | | | ■ | ■ | ■ | ■ | ■ | ■ | | ■ | ■ | |
| 52 | Swollen glands, puffy throat | | | ■ | ■ | ■ | ■ | | | ■ | ■ | ■ | ■ |
| 53 | Lower abdominal pain | | | ■ | ■ | ■ | ■ | ■ | ■ | | ■ | ■ | |
| 54 | Frequent need to urinate | | | ■ | ■ | ■ | ■ | ■ | ■ | | ■ | ■ | ■ |
| 55 | Joint pain | | | ■ | ■ | ■ | ■ | | ■ | | ■ | | ■ |
| 56 | Sinus inflamation/ discharge | | | ■ | ■ | ■ | ■ | | | ■ | ■ | ■ | ■ |
| 57 | Arthritis | | | ■ | ■ | ■ | ■ | | ■ | ■ | ■ | | ■ |
| 58 | Sudden weight gain/ loss | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | | ■ | |
| 59 | Headaches/ Migraines | | | ■ | ■ | ■ | | | ■ | ■ | | | |
| 60 | Female: Taking birth control pills | | | ■ | ■ | ■ | | ■ | ■ | ■ | ■ | ■ | |
| 61 | Lower back pains | | | ■ | | ■ | | ■ | ■ | | ■ | | ■ |
| 62 | Dry, flaky skin | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| 63 | Drink less than 6 glasses of fluids/ day | | | | | | ■ | ■ | ■ | | ■ | ■ | ■ |
| 64 | Water retention | | | ■ | ■ | | ■ | | ■ | | ■ | ■ | ■ |
| 65 | Low sex drive | | | ■ | ■ | ■ | | ■ | ■ | ■ | ■ | ■ | |
| 66 | Feeling heavy/ bloated after meals | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| 67 | Chronic cough | | | ■ | ■ | ■ | ■ | ■ | | ■ | ■ | ■ | ■ |
| | | | | | | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | TOTAL SCORES | | | | | | | | | | | | |