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**Nutritional Assessment Questionnaire**

Name:	Age:
Address:	Occupation:
E-mail address:	Weight:
Home Phone:	Height:
Cell Phone:	Birth date:

Health Concerns	Duration
1)	
2)	
3)	
4)	
5)	

List Medications & Reason	List Supplement & Reason
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	

**Briefly explain your lifestyle.** Include children, spouse, work hours, leisure time.

**Digestion**

Belching or gas immediately after meals	
Gas a few hours after meals	
Heart burn or reflux	
Bloating or pain shortly after meals	

Bloating or pain a while after meals	
Bad breath	
Stomach upset with vitamin supplement	
Excess fullness after meals	

Anemia unresponsive to iron	
Feel better if don't eat	
Sleepy after meals	
Fingernails chips, peel or break easily	
Stomach cramps	
Use of indigestion tablets	
Undigested food in stool	
Diarrhea after meals	

### Intestinal System

Known or suspected food allergies	
Specific foods make you bloated	
Pulse speeds after eating	
Airborne allergies	
Are there foods you could not give up	
Asthma, sinus infections, stuffy nose	
Sometimes feel spacey or unreal	
Alternating constipation and diarrhea	
Hives	
Anus itches	
Coated tongue	
Feel worse in musty or moldy atmosphere	
Fungus or yeast infections	
Stools hard or difficult to pass	
History of parasite infection	
Cramps in lower abdominal region	
Less than 1 bowel movement per day	
Stools loose or not well formed	
Irritable bowel or mucus colitis	
Blood in stools	
Excessive or foul lower bowel gas	
Strong body odors	

### Liver & Gallbladder

Pain between shoulder blades	
Stomach upset by greasy foods	
Nausea	
Light or clay colored stool	

Gallbladder removed	
Easily intoxicated by alcohol	
History of drug or alcohol abuse	
History of hepatitis	
Long term use of medications	
Sensitive to chemicals	
Hurried eating habits	
Chronic fatigue or Fibromyalgia	

### Cardiovascular

Blood pressure above 140/90	
High cholesterol	
Family history of heart disease	
Are you overweight?	
Do you seldom exercise vigorously?	
Do you smoke?	
Shortness of breath	

### Immune System

Never get sick	
Runny nose	
Cough which produces mucus	
Frequent infections (ear, lung, kidney, etc)	
Itchy skin or dermatitis	
Cysts, boils or rashes	
Frequent colds or flu	
History of Epstein Bar, Mono, herpes, shingles or other virus	

### Women

Depression during periods	
PMS	
Breast tenderness	
Excessive menstrual flow	
Minimal blood flow during periods	
Occasional skipped periods	
Menopausal symptoms	
Excess facial or body hair	
Endometriosis	

**Men**

Prostate enlargement	
Difficult to start & stop urine stream	
Pain or burning sensation when urinating	
Waking regularly to urinate	
Decreased sexual function	

**Endocrine**

Insomnia	
Slow starter in morning	
Feel wired or jittery when drinking coffee	
Clench or grind teeth	
Calm on the outside, troubled inside	
Become dizzy when quickly standing up	
Crave salty foods	
Muscles easily fatigued	
Chronic fatigue	
Feel drowsy often	
Afternoon yawning	
Afternoon headache	
Allergic to iodine	
Difficulty gaining weight	
Nervous, emotional	
Inward trembling	
Flush easily	
Fast pulse at rest	
Intolerance to high temperatures	
Mentally sluggish, reduced imitative	
Easily fatigued	
Sensitive to cold	
Difficulty losing weight	
Loss of lateral third eyebrow	
Depressed often	
Awaken a few hours after falling asleep	
Crave sweets	

Eat desserts or sugary snacks	
Binge or uncontrolled eating	
Excessive appetite	
Crave coffee or sugar in afternoon	
Sleepy in afternoon	
Fatigue relieved by eating	
Headaches if meals are delayed	
Irritable before meals	
Family history of diabetes	
Frequent thirst	
Frequent urination	
Shaky if meals are delayed	

**Vitamin / Mineral / Essential Fatty Acid**

Poor memory or concentration	
Dry eyes	
Excessive thirst or sweating	
Dry skin or dandruff	
Vulnerable to insect bites	
Numbness, tingling, or itching extremities	
Worrier, anxious	
Teeth grinding	
Wake up without remembering dreams	
Small bumps on back of arms	
Nosebleeds, tendency to bruise easily	
White spots on fingernails	
Sore tongue	
Pale skin	
Decreased sense of taste or smell	
Slow wound healing	
Bone loss	
Take contraceptive pill	
Sensitive to strong light at night	
Bleeding gums	
Muscle cramps	



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## Current Nutrition

List three typical breakfasts:

List three typical lunches:

List three typical dinners:

List typical snacks:

Do you choose organic foods?

How many times per week do you eat out?  
Where?

What is your greatest obstacle to healthy eating?