

COMPREHENSIVE FUNCTIONAL ASSESSMENT

Name _____

Date _____

List your most pressing health issues in order of importance:

List the medications and nutritional supplements you take:

Please circle the appropriate number on all questions- 0 as the least/never to 4 as the most/always

Intestine					Blood Sugar Issues						
Feeling that bowels do not empty completely	0	1	2	3	4	Craving sweets during the day	0	1	2	3	4
Lower abdominal pain relief by passing stool or gas	0	1	2	3	4	Irritability if meals are missed	0	1	2	3	4
Alternating constipation and diarrhea	0	1	2	3	4	Dependence on coffee to keep yourself going or started	0	1	2	3	4
Diarrhea	0	1	2	3	4	Lightheadedness if meals are missed	0	1	2	3	4
Constipation	0	1	2	3	4	Fatigue relieved by eating	0	1	2	3	4
Abnormal, hard, dry, small, or bloody stool	0	1	2	3	4	Shakiness, jitters, tremors	0	1	2	3	4
Coated tongue/"fuzzy" debris on tongue	0	1	2	3	4	Agitation, easily upset, nervousness	0	1	2	3	4
Passing large amount of foul smelling gas	0	1	2	3	4	Poor memory, forgetfulness	0	1	2	3	4
More than 3 bowel movements daily	0	1	2	3	4	Blurred vision	0	1	2	3	4
Frequent usage of laxatives	0	1	2	3	4	_____ total					
Crohn's Disease/Colitis	0	1	2	3	4	Insulin Resistance					
_____ total						Fatigue after meals	0	1	2	3	4
Stomach Enzymes					EENT/Respiratory						
Excessive belching, burping or bloating	0	1	2	3	4	Craving sweets during the day	0	1	2	3	4
Gas immediately following a meal	0	1	2	3	4	Sugar cravings not relieved by eating sweets	0	1	2	3	4
Offensive breath	0	1	2	3	4	Need to eat sweets after meals	0	1	2	3	4
Difficult bowel movements	0	1	2	3	4	Waist girth equal to or larger than hip girth	0	1	2	3	4
Sense of fullness during and after meals	0	1	2	3	4	Frequent urination	0	1	2	3	4
Difficulty digesting fruits and vegetables	0	1	2	3	4	Increased thirst & appetite	0	1	2	3	4
Undigested foods found in stools	0	1	2	3	4	Difficulty losing weight	0	1	2	3	4
_____ total						_____ total					
Stomach Irritation					Circulation						
Stomach pain, burning or aching 1-4 hours after eating	0	1	2	3	4	Anemia	0	1	2	3	4
Frequent usage of antacids	0	1	2	3	4	Sores that don't heal	0	1	2	3	4
Feeling hungry an hour or two after eating	0	1	2	3	4	Bruising too easily	0	1	2	3	4
Heartburn when lying down or bending forward	0	1	2	3	4	Chest pain/tension on exertion	0	1	2	3	4
Temporary relief from antacids, food, milk, carbonated beverages	0	1	2	3	4	High/low blood pressure	0	1	2	3	4
Digestive problems that subside with rest/relaxation	0	1	2	3	4	Leg cramps/restlessness	0	1	2	3	4
Heartburn from spicy food, chocolate, citrus, alcohol, caffeine	0	1	2	3	4	Poor circulation	0	1	2	3	4
Nervous stomach/ulcers	0	1	2	3	4	Swollen ankles	0	1	2	3	4
_____ total						_____ total					
Pancreatic Enzymes					Biliary						
Constipation from roughage or fiber	0	1	2	3	4	Distress from greasy or high fat foods	0	1	2	3	4
Indigestion and fullness for 2-4 hours after eating	0	1	2	3	4	Lower bowel gas and/or bloat several hours after eating	0	1	2	3	4
Soreness on left side under rib cage, especially after eating	0	1	2	3	4	Bitter metallic taste in mouth, especially in the morning	0	1	2	3	4
Excessive passage of gas	0	1	2	3	4	Unexplained itchy skin	0	1	2	3	4
Nausea/vomiting	0	1	2	3	4	Yellowish cast to eyes	0	1	2	3	4
Undigested, foul smelling, mucousy, greasy, or poorly formed stool	0	1	2	3	4	Stool color alternating from clay-colored to normal brown	0	1	2	3	4
Frequent urination	0	1	2	3	4	Reddened skin, especially palms	0	1	2	3	4
Increased thirst and appetite	0	1	2	3	4	Dry or flaky skin and/or hair	0	1	2	3	4
Difficulty losing weight	0	1	2	3	4	History of gallbladder attacks or stones	0	1	2	3	4
_____ total						Have you had your gallbladder removed?	no(0)	yes(4)			
					_____ total						
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Urination					Pituitary-Sluggish							
Chronic bladder infections	0	1	2	3	4	Diminished sex drive	0	1	2	3	4	
Kidney problems/stones	0	1	2	3	4	Menstrual disorders or lack of menstruation	0	1	2	3	4	
Loss of bladder control	0	1	2	3	4	Increased ability to eat sugars without symptoms	0	1	2	3	4	
Frequent or urgent urination	0	1	2	3	4		total					
Urine discolored/odorous	0	1	2	3	4	Thyroid- Sluggish						
Painful or burning urination	0	1	2	3	4	Fatigue, sluggishness	0	1	2	3	4	
	total					Feeling cold on hands, feet, all over	0	1	2	3	4	
General						Needing excessive amounts of sleep to function properly	0	1	2	3	4	
Loss of appetite	0	1	2	3	4	Tendency to gain weight even with low-calorie diet	0	1	2	3	4	
Alcohol intolerance	0	1	2	3	4	Gain weight easily	0	1	2	3	4	
Body odor (excessive)	0	1	2	3	4	Difficult, infrequent bowel movements	0	1	2	3	4	
Substance abuse issues	0	1	2	3	4	Depression, lack of motivation	0	1	2	3	4	
Chemical sensitivity	0	1	2	3	4	Morning headaches that wear off as the day progresses	0	1	2	3	4	
Acne/rashes	0	1	2	3	4	Thinning of outer third of eyebrow	0	1	2	3	4	
Eczema/dermatitis/hives	0	1	2	3	4	Thinning of hair on scalp, face, or genitals, or excessive falling hair	0	1	2	3	4	
Persistent fever	0	1	2	3	4	Dryness of skin and/or scalp	0	1	2	3	4	
Headaches/migraines	0	1	2	3	4	Mental sluggishness	0	1	2	3	4	
Unusual weight change	0	1	2	3	4		total					
Frequent illness	0	1	2	3	4	Prostate (Males Only)						
Binge eating/drinking	0	1	2	3	4	Difficulty with dribbling after urination	0	1	2	3	4	
Food cravings	0	1	2	3	4	Frequent/painful urination	0	1	2	3	4	
Food intolerance	0	1	2	3	4	Pain on inside of legs or heels	0	1	2	3	4	
Achiness all over	0	1	2	3	4	Feeling of incomplete bowel evacuation	0	1	2	3	4	
Muscle weakness	0	1	2	3	4	Leg nervousness at night	0	1	2	3	4	
Joint pain/arthritis	0	1	2	3	4		total					
"Fluie" sensations	0	1	2	3	4	Males only						
Unusual soreness or fatigue after exertion	0	1	2	3	4	Decrease in libido	0	1	2	3	4	
Excessive sweating	0	1	2	3	4	Decrease in spontaneous morning erections	0	1	2	3	4	
Dry eyes/mucous membranes	0	1	2	3	4	Decrease in fullness of erections	0	1	2	3	4	
	total					Difficulty in maintaining erections	0	1	2	3	4	
Cognition						Spells of mental fatigue	0	1	2	3	4	
ADHD/attention deficit	0	1	2	3	4	Inability to concentrate	0	1	2	3	4	
Foggy thinking/muzzy head	0	1	2	3	4	Episodes of depression	0	1	2	3	4	
Hyperactivity	0	1	2	3	4	Muscle soreness	0	1	2	3	4	
Memory loss	0	1	2	3	4	Decrease in physical stamina	0	1	2	3	4	
Mental illness	0	1	2	3	4	Unexplained weight gain	0	1	2	3	4	
Mood swings	0	1	2	3	4	Increase in fat distribution around chest and hips	0	1	2	3	4	
Confusion/poor comprehension	0	1	2	3	4	Sweating attacks	0	1	2	3	4	
Poor coordination/balance, increasing clumsiness	0	1	2	3	4	Increase in emotional swings	0	1	2	3	4	
Learning disabilities	0	1	2	3	4		total					
Problems with stress	0	1	2	3	4	Menstruating Females Only						
	total					Are you perimenopausal?	no(0)	yes(4)				
Adrenal Fatigue						Alternating menstrual cycle lengths?	no(0)	yes(4)				
Problems staying asleep/waking during night	0	1	2	3	4	Extended menstrual cycle, greater than 32 days	no(0)	yes(4)				
Craving salt	0	1	2	3	4	Shortened menstrual cycle, less than every 24 days	no(0)	yes(4)				
Difficulty getting started in the morning	0	1	2	3	4	Pain and cramping during periods	0	1	2	3	4	
Afternoon fatigue	0	1	2	3	4	Scanty menstrual blood flow	0	1	2	3	4	
Dizziness when standing up quickly	0	1	2	3	4	Heavy/unusual blood flow	0	1	2	3	4	
Afternoon headaches	0	1	2	3	4	Breast pain and/or swelling during menses	0	1	2	3	4	
Headaches with exertion or stress	0	1	2	3	4	Pelvic pain and/or swelling during menses	0	1	2	3	4	
Weak nails	0	1	2	3	4	Irritability/depression during or before menses	0	1	2	3	4	
Eyes light sensitive	0	1	2	3	4	Acne breakouts	0	1	2	3	4	
	total					Sexual difficulties	0	1	2	3	4	
Cortisol Elevation						Facial hair growth	0	1	2	3	4	
Problems sleeping/insomnia	0	1	2	3	4	Hair loss/thinning	0	1	2	3	4	
Tendency to perspire easily	0	1	2	3	4	Ovarian cysts	0	1	2	3	4	
Feeling of being under high amounts of stress/irritability	0	1	2	3	4	Vaginal itching/discharge/pain	0	1	2	3	4	
Weight gain when under stress	0	1	2	3	4		total					
Waking up tired even after 6 or more hours of sleep	0	1	2	3	4	Menopausal Females Only						
Excessive perspiration or perspiration with little or no activity	0	1	2	3	4	How long since last period?						
Anxiety/nervousness	0	1	2	3	4	Postmenopausal uterine bleeding?	no(0)	yes(4)				
	total					Hot flashes	0	1	2	3	4	
Pituitary- High						Mental fogginess	0	1	2	3	4	
Increased sex drive	0	1	2	3	4	Disinterest in sex	0	1	2	3	4	
Tolerance to sugars reduced	0	1	2	3	4	Mood swings	0	1	2	3	4	
"Splitting" headaches	0	1	2	3	4	Depression	0	1	2	3	4	
	total					Painful intercourse	0	1	2	3	4	
Thyroid-High						Shrinking breasts	0	1	2	3	4	
Heart palpitations	0	1	2	3	4	Facial hair growth	0	1	2	3	4	
Inward trembling	0	1	2	3	4	Acne	0	1	2	3	4	
Increased pulse even at rest	0	1	2	3	4	Vaginal pain, dryness or itching	0	1	2	3	4	
Nervousness and emotional stress	0	1	2	3	4		total					
Insomnia	0	1	2	3	4	Unlisted/Other						
Night sweats	0	1	2	3	4		0	1	2	3	4	
Difficulty gaining weight	0	1	2	3	4		0	1	2	3	4	
	total						total					
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