

# **The NUTRI-SYSTEMS PROFILE (NSP)**

**Nutritional Assessment by Body Systems**



## 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 occurring, **2** for moderate or regularly occurring, **3** for severe or often occurring, or **leave blank** if the symptom/statement does not apply.

<i>Please complete this section</i>			1	2	3	4	5	6	7	8	9	10
1	General fatigue or weakness											
2	Difficulty losing weight											
3	Frequent illness/infections											
4	High stress Lifestyle											
5	Smoking											
6	Drinking more than 2 cups of coffee/day											
7	Bad breath and/or 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 or burping after meals											
16	Skin/complexion problems											
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 and/or irritable											
23	Brittle fingernails											
24	Dry, brittle hair, split ends											
25	High fat/high cholesterol diet											
26	Nervousness/anxiety/tension/worry											
27	Insomnia/restless sleep											
28	Low fibre diet											
29	Muscle cramps											
30	Sleepy when sitting up											
31	Female: menstrual cramps											
32	Bronchitis/asthma/pneumonia/emphysema											
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											
<b>SCORES SUBTOTAL</b>												

Right Side for Office Use Only



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ ASSESSMENT# \_\_\_\_\_

(Check: 1 for mild or rarely occurring, 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			1	2	3	4	5	6	7	8	9	10
	<b>SUBTOTALS</b>											
41	Excessive mucous											
42	Short of breath 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 inflammation/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											
<b>SCORES TOTAL</b>												

Right Side for Office Use Only

**SYSTEMS RATING TABLE:** For Office Use Only

**COMMENTS:**

1.	Digestive	
2.	Intestinal	
3.	Circulatory/Cardiovascular	
4.	Nervous	
5.	Immune/Lymphatic	
6.	Respiratory	
7.	Urinary	
8.	Glandular/Endocrine	
9.	Structural	
10.	Reproductive	



# 1. THE DIGESTIVE SYSTEM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

If any of the following symptoms or activities apply please indicate by checking.

## UNDERACTIVE STOMACH

68	Excessive gas, belching or burping after meals	
69	Stomach bloated after eating	
70	Sleepy after eating	
71	Longitudinal striations on fingernails	
72	Eat when rushed or in a hurry	
73	Halitosis (bad breath)	
74	Full feeling after a heavy meat meal	
75	Heavy, tired feeling after eating	
76	Nausea after taking supplements	
77	Acne	
78	Undigested food in the stool	

## LIVER

79	Yellow or pale fingernails	
80	Skin oily on nose and forehead	
81	Fats/greasy foods cause nausea, headaches	
82	Vertical white streaks on fingernails	
83	Onions, cabbage, radishes, cucumbers cause bloating / gas	
84	Bad breath; bad taste in the mouth	
85	Excess body odour	
86	High cholesterol / high cholesterol diet	
87	Stiff, aching muscles	
88	Migraine headaches	
89	Discomfort underneath right ribcage	
90	Food allergies	
91	Irritable, easily angered	
92	Weight gain around the abdomen	
93	Yellow palms	
94	Jaundice	
95	Poor concentration	
96	Difficulty losing weight	
97	Acne, boils, rashes, psoriasis or eczema	
98	Constipation	

## GALLBLADDER

99	Gallstones; history of gallstones	
100	Stool appears clay coloured, foul odoured	
101	Constipation	
102	High cholesterol diet; high blood cholesterol levels	
103	Severe pain in right upper abdomen	

- 1 - for mild or rarely occurring  
 2 - for moderate or regularly occurring  
 3 - for severe or often occurring  
 or leave blank - if the symptom /statement does not apply.

## OVERACTIVE STOMACH

104	Stomach pain 1 hour after eating / at night	
105	Burning sensation in stomach	
106	Pain aggravated by worry / tension	
107	Hiatal hernia	
108	Gastritis, gastric ulcer	
109	Nausea, vomiting	
110	Sensation of acidity in abdominal area	
111	Heartburn, indigestion	
112	Blood in stool	
113	Lower back pain	
114	Long term aspirin use	

## PANCREAS

115	Severe abdominal pain	
116	Nausea and vomiting	
117	Slow digestion: feel full hours after eating	
118	Fever	
119	Alcohol addiction	
120	Jaundice	

## HYPOGLYCEMIA

121	Hungry up to 3 hours after eating	
122	Strong sudden cravings for sweets, starches, coffee or alcohol	
123	Nervous/anxious feelings relieved by eating	
124	Irritable if late for, or skip a meal	
125	Overweight	
126	Addicted to coffee with sugar and/or colas	
127	Frequent midnight snacks	
128	Family history of diabetes	
129	Fatigue	
130	Frequent headaches	
131	Fainting spells	
132	Depression	
133	Lose temper easily	



## 2. THE INTESTINAL SYSTEM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

If any of the following symptoms or activities apply please indicate by checking:

1 - for mild or rarely occurring

3 - for severe or often occurring

2 - for moderate or regularly occurring

or leave blank - if the symptom / statement does not apply.

### CANDIDIASIS

134	Extreme fatigue	
135	Recurrent vaginal infections	
136	Frequent use of antibiotics	
137	White coated tongue, oral thrush	
138	Crave sugars, bread, alcohol	
139	Headaches	
140	Tonsillitis, recurrent strep throat	
141	Itchy, watery or dry eyes	
142	Skin flushes	
143	Chronic indigestion, frequently use antacids	
144	Always cold especially in extremities	
145	Female : PMS	
146	Pain in pelvic area	
147	Abdominal gas and bloating	
148	Loss of sex drive	
149	Cystitis, repeated bladder infections	
150	Increasing food and chemical sensitivities: severe reaction to tobacco, perfume etc.	
151	Female: endometriosis/ovary problems	
152	Chronic diarrhea	
153	Hives, psoriasis, acne, skin rashes	
154	Rectal itching	
155	Abnormal muscle aches from exercise	
156	Excessive wax in ears	
157	Unexpected / unexplained weight gain	
158	Impotence	
159	Canker sores	
160	Athlete's foot, finger / toenail fungus, ringworm	
161	Jock itch	
162	"Brain fog"	
163	Irritability	

164	Memory loss	
165	Mental confusion	
166	Depression or anger for no reason	
167	Anxiety / panic attacks	
168	Inability to concentrate	
169	Phobic / compulsive	
170	Lethargy	
171	Mood swings	
172	Itchy ears, nose, anus	

### PARASITES

173	Forgetfulness	
174	Slow reflexes	
175	Gas and bloating	
176	Unclear thinking	
177	Loss of appetite	
178	Yellowish or pale face	
179	Fast heartbeat	
180	Heart pain	
181	Pain in navel	
182	Eating more than normal but still feeling hungry	
183	Blurry or unclear vision	
184	Pain in the back, thighs, shoulders	
185	Numb hands	
186	Drooling while sleeping	
187	Damp lips at night	
188	Dry lips during the day	
189	Grind teeth while sleep	
190	Bedwetting	
191	Lethargy, chronic fatigue	
192	Dark circles under eyes	
193	Cancer	



## 5. THE LYMPHATIC / IMMUNE SYSTEMS

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

If any of the following symptoms or activities apply please indicate by checking:

1 - for mild or rarely occurring

3 - for severe or often occurring

2 - for moderate or regularly occurring

or leave blank - if the symptom / statement does not apply.

### THYMUS (IMMUNITY)

194	Excessive sleep	
195	Very susceptible to infections	
196	Swollen glands: tonsils, throat, armpits	
197	History of cancer, MS, Parkinson's, arthritis	
198	Loss of appetite	
199	Headaches	
200	Soreness on both sides of neck at shoulder	
201	Feel puffiness in throat	
202	Look older than chronological age	
203	Flu-like symptoms often occur	
204	Lupus	

### ALLERGIES

205	Acne, psoriasis, dermatitis, eczema	
206	Rapid pulse, heart irregularities	
207	Frequent headaches	
208	Hay fever	
209	Frequent cravings for certain foods	
210	Periods of blurred vision	
211	Repeated ear trouble	
212	Hyperactivity	
213	Dizzy spells	
214	Periods of confusion	
215	Poor concentration	
216	Epilepsy	
217	Muscle cramps or spasms	
218	Abnormal body odour	
219	Excessive sweating, night sweats	
220	Bowel disease: IBS, IBD, Crohn's etc.	
221	Joint pains or stiffness	
222	Frequent night urination	
223	Wheezing	
224	Pale face	
225	Hives	
226	Nose runs constantly	
227	Noticeable changes in writing throughout the day	
228	Nosebleeds	
229	Bloating or gas after eating certain foods	
230	Canker sores	
231	Dark circles under eyes	
232	Stuffy nose	



## 8. THE GLANDULAR / ENDOCRINE SYSTEMS

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

If any of the following symptoms or activities apply please indicate by checking:

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2 - for moderate or regularly occurring              or leave blank - if the symptom / statement does not apply.

### UNDERACTIVE THYROID / HYPOTHYROID

233	Distinct lethargic tiredness or sluggishness	
234	Cold hands or feet	
235	Mercury amalgams (fillings)	
236	Gain weight easily, fail to lose on diets	
237	Constipation (less than one bowel movement a day)	
238	Low energy in the morning	
239	Low pulse rate	
240	Low body temperature, especially at bed rest	
241	Hair dry, brittle, dull, lifeless	
242	Flaky, dry, rough skin	
243	Feel stiff after sitting still for some time	
244	Mood swings	
245	Unusually square and wide fingernails	
246	High cholesterol	
247	Diminished sex drive	

### PITUITARY

248	Infertility or impotence	
249	Headaches affecting one side of the head	
250	Female: loss of menstrual function	
251	Moody	
252	Overweight from waist down	
253	Overweight from waist up	
254	Excessive urination	
255	Pain in little finger of left hand	
256	Swelling in ankles, fingers, feet	
257	Cold hands or feet	
258	Pain in left side of upper neck	

### OVERACTIVE THYROID / HYPERTHYROID

259	Losing weight without trying	
260	Heart races while at rest	
261	Feel warm/flushed at room temperature	
262	Hands shake or tremble	
263	Protruding tongue	
264	Heart palpitations	
265	Nervous behaviour, hyperactivity	
266	Insomnia	
267	Increased appetite	
268	Frequent bowel movements, diarrhea	
269	Excessive sweating without exercising	

### ADRENALS

270	Stress or emotional upsets cause exhaustion	
271	Blood pressure decreases when going from a lying position to a standing position	
272	Perspire excessively	
273	Neck and / or shoulder tension	
274	Frequent headaches	
275	Bow lines (depressed furrows) on fingernails	
276	Occasional cold sweats	
277	Tightness or lump in throat, especially when emotionally disturbed	
278	High or low blood pressure	
279	Rapid pulse	
280	Short temper	
281	Puffy face	



## 9. THE STRUCTURAL-MUSCULAR / SKELETAL SYSTEM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

If any of the following symptoms or activities apply please indicate by checking:

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2 - for moderate or regularly occurring,

or leave blank - if the symptom / statement does not apply.

### SKELETAL

282	Pain, swelling, stiffness in joints	
283	Joint inflammation (rheumatoid arthritis)	
284	Pain, stiffness, inflammation of spine	
285	Facial pain	
286	Joints make popping sounds	
287	Joints make sounds like crinkling cellophane	
288	Gout	
289	Ankylosing spondylitis	
290	Bones fracture easily	
291	Gradual loss of height	
292	Tooth loss; teeth "falling out"	
293	Lack of exercise	
294	Rounding of shoulders; stooping	
295	Female: Menopause	
296	Pain in forearm or biceps	
297	Cramps in calf muscle during sleep or exercise	
298	Painful cramping of feet or toes	
299	Teeth prone to decay, frequent toothaches	
300	Malformation of bones	
301	Insomnia	
302	Muscles weak, weak grip, light objects feel heavy	
303	Heart palpitations	
304	Diets high in animal foods (meat, dairy, eggs)	

### MUSCULAR

305	Muscle pain	
306	Muscle weakness	
307	Sprains; muscle strains	
308	Muscle(s) spasm	

### NEUROMUSCULAR

309	Muscles wasting in some part of the body	
310	Numbness or loss of sensation	
311	Mood swings and / or depression	
312	Blurred or double vision	
313	Tingling and / or numbness, especially in extremities	
314	Loss of balance and / or coordination	
315	Muscular stiffness	
316	Difficulty breathing	
317	Male: impotence	
318	Tremors	
319	Loss of peripheral vision	
320	Slurred speech	
321	Objects fall from hands, reach in wrong place	
322	Hands tremble	
323	Impaired speech	



## DAILY FOOD LOG

NAME: \_\_\_\_\_ DATES: \_\_\_\_\_

DAY	BREAKFAST	LUNCH	DINNER	SNACK
SUN				
MON				
TUE				
WED				
THU				
FRI				
SAT				