Nutritional Assessment Questionnaire- Symptom Burden Analysis

NAME: _____ DATE: _____

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

HIGH PRIORITY MODERATE PRIORITY LOW PRIORITY Score

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