

Systems Assessment Form

Name: _____ Age: _____ Sex: _____ Date: _____

Five main health concerns in order of importance:

1. _____
2. _____
3. _____
4. _____
5. _____

- ☐ Paleolithic ☐ Ketogenic ☐ Vegetarian
☐ Gluten-Free ☐ Dairy-Free ☐ Vegan

Organs Removed:

- ☐ Gallbladder ☐ Thyroid ☐ Colon ☐ Spleen
☐ Uterus ☐ Ovaries ☐ Breast ☐ Prostate
☐ Tonsils ☐ Appendix ☐ Other: _____

Circle the appropriate number that applies to you. (1) Mild (2) Moderate (3) Severe Leave blank if not applicable.

Group 1

1. Acid foods upset 1 2 3
2. Gets chilled often 1 2 3
3. "Lump" in throat 1 2 3
4. Dry Mouth, eyes, or nose 1 2 3
5. Pulse speeds after meal 1 2 3
6. Keyed up – fail to calm 1 2 3
7. Cuts heal slowly 1 2 3
8. Gag occasionally 1 2 3
9. Unable to relax, startle easily 1 2 3
10. Extremities cold, clammy 1 2 3
11. Strong light irritates 1 2 3
12. Weak urine flow 1 2 3
13. Heart pounds after retiring 1 2 3
14. "Nervous" stomach 1 2 3
15. Reduced appetite 1 2 3
16. Cold sweats often 1 2 3
17. Overheat easily 1 2 3
18. Nerve discomfort 1 2 3
19. Staring, blink little 1 2 3
20. Queasy or sour stomach 1 2 3

Group 2

21. Joint stiffness on arising 1 2 3
22. Muscle, leg, toe cramps at night 1 2 3
23. "Butterfly" stomach, cramps 1 2 3
24. Eyes or nose watery 1 2 3
25. Eyes blink often 1 2 3
26. Eyelids swollen, puffy 1 2 3
27. Indigestion soon after meals 1 2 3
28. Always seem hungry; "Lightheaded" often 1 2 3
29. Digestion rapid 1 2 3
30. Vomit occasionally 1 2 3
31. Hoarse or raspy voice 1 2 3
32. Uneven breathing 1 2 3
33. Pulse slow or "irregular" 1 2 3
34. Excessive saliva production 1 2 3
35. Difficulty swallowing 1 2 3
36. Constipation & diarrhea alt. 1 2 3

37. Slow starter in the morning 1 2 3
38. Ears get hot or red 1 2 3
39. Perspire easily 1 2 3
40. Poor circulation; Run cold 1 2 3
41. Prone to bronchitis, asthma 1 2 3

Group 3

42. Eat when nervous or anxious 1 2 3
43. Excessive appetite 1 2 3
44. Hungry between meals 1 2 3
45. Irritable before meals (hangry) 1 2 3
46. Shaky or jittery if hungry 1 2 3
47. Fatigue relived by eating 1 2 3
48. "Lightheaded" if meal delayed 1 2 3
49. Heart palpitations if meals missed or delayed. 1 2 3
50. Fatigue in afternoon 1 2 3
51. Excess sweets upsets stomach 1 2 3
52. Awaken after few hours sleep 1 2 3
53. Crave candy or coffee after noon - hard to fall back asleep. 1 2 3
54. Depression, lack of motivation 1 2 3
55. Snack frequently between meals 1 2 3

Group 4

56. Hands or feet go to sleep, numbness 1 2 3
57. Sigh frequently 1 2 3
58. Aware of "breathing heavily" 1 2 3
59. High-altitude discomfort 1 2 3
60. Prefers windows open 1 2 3
61. Immune system challenges 1 2 3
62. Afternoon "yawner" 1 2 3
63. Get "drowsy" often 1 2 3
64. Swollen ankles worse at night 1 2 3
65. Muscle cramps, worse during exercise; "charley horses" 1 2 3
66. Shortness of breath on exertion 1 2 3

67. Tightness or pressure in chest, worse on exertion 1 2 3
68. Bruise easily, "black and blue" spots 1 2 3
69. Tendency to anemia 1 2 3
70. "Nose bleeds" 1 2 3
71. Head noise or "ringing in ears" 1 2 3
72. Fatigue upon exertion 1 2 3

Group 5

73. Dizziness 1 2 3
74. Dry skin 1 2 3
75. Burning feet 1 2 3
76. Blurred vision 1 2 3
77. Itching skin and feet 1 2 3
78. Hair loss 1 2 3
79. Frequent skin rashes 1 2 3
80. Bitter, metallic taste in mouth in mornings 1 2 3
81. Bowel movements painful or difficult 1 2 3
82. Worrier, feel insecure 1 2 3
83. Headache over eyes; queasy 1 2 3
84. High fat foods upset 1 2 3
85. Stools light-colored 1 2 3
86. Perfume/fragrance sensitivity 1 2 3
87. Pain between shoulder blades 1 2 3
88. Use laxatives 1 2 3
89. Stools alternate from soft to watery 1 2 3
90. History of gallbladder attacks or gallstones 1 2 3
91. Sneezing attacks 1 2 3
92. Nightmares or bad dreams 1 2 3
93. Bad breath (halitosis) 1 2 3
94. Milk products cause distress 1 2 3
95. Sensitive to hot heather 1 2 3
96. Burning or itchy anus 1 2 3
97. Sweet or sour cravings 1 2 3

Group 6

- 98. Loss of taste for meat 1 2 3
- 99. Use antacids 1 2 3
- 100. Burning stomach relieved by eating 1 2 3
- 101. Coated tongue 1 2 3
- 102. Pass large amounts of foul smelling gas 1 2 3
- 103. Indigestion 30-60 min. after 1 2 3
- 104. Unpredictable urgency to defecate 1 2 3
- 105. Gas shortly after eating 1 2 3
- 106. Heartburn when lying down 1 2 3

Group 7A

- 107. Insomnia – Hard to fall asleep 1 2 3
- 108. Nervousness, high-strung 1 2 3
- 109. Can't gain weight 1 2 3
- 110. Intolerance to heat 1 2 3
- 111. Highly emotional 1 2 3
- 112. Flush easily 1 2 3
- 113. Night sweats 1 2 3
- 114. Thin, moist skin 1 2 3
- 115. Inward trembling 1 2 3
- 116. Heart palpitations 1 2 3
- 117. Increased appetite, without weight gain 1 2 3
- 118. Resting heart rate over 100 1 2 3
- 119. Eyelids and face twitch 1 2 3
- 120. Irritable and restless 1 2 3
- 121. Can't work under pressure 1 2 3

Group 7B

- 122. Increase in weight 1 2 3
- 123. Decrease in appetite 1 2 3
- 124. Fatigue easily 1 2 3
- 125. Ringing in ears 1 2 3
(Pitch: ☐ High, ☐ Low)
- 126. Sleepy during the day 1 2 3
- 127. Sensitive to cold 1 2 3
- 128. Dry or scaly skin 1 2 3
- 129. Temporary constipation 1 2 3
- 130. Mental sluggishness 1 2 3
- 131. Hair is coarse or falling out 1 2 3
- 132. Headaches in morning, wear off as day goes on 1 2 3
- 133. Resting heart rate below 60 1 2 3
- 134. Frequent urination 1 2 3
- 135. Impaired or loss of hearing 1 2 3
- 136. Reduced initiative/motivation 1 2 3

Group 7C

- 137. Failing memory 1 2 3
- 138. Low blood pressure 1 2 3
- 139. Increased sex drive 1 2 3
- 140. Headaches, "splitting or rendering" type 1 2 3
- 141. Cannot handle sugar well 1 2 3

Group 7D

- 142. Thirsty all the time 1 2 3
- 143. Bloating of abdomen 1 2 3
- 144. Weight gain in hips or waist 1 2 3
- 145. Sex drive reduced or lacking 1 2 3
- 146. Tendency to ulcers, colitis 1 2 3
- 147. Can eat and burn sugar easily 1 2 3
- 148. Women: Menstrual disorders 1 2 3
- 149. Young girls: lack of menstrual function 1 2 3

Group 7E

- 150. Dizziness or vertigo 1 2 3
- 151. Headaches that go away with caffeine 1 2 3
- 152. Hot flashes 1 2 3
- 153. Increased blood pressure 1 2 3
- 154. Hair growth on face or body (female) 1 2 3
- 155. Urine smells sweet or fruity 1 2 3
- 156. Over aggressive tendencies 1 2 3

Group 7F

- 157. Dizzy after standing up 1 2 3
- 158. Chronic fatigue 1 2 3
- 159. Low blood pressure 1 2 3
- 160. Nails weak or ridged 1 2 3
- 161. Tendency to hives 1 2 3
- 162. Stiff and painful joints 1 2 3
- 163. Perspiration increase 1 2 3
- 164. Bowel disorders 1 2 3
- 165. Poor circulation 1 2 3
- 166. Swollen ankles (☐ Left ☐ Right) 1 2 3
- 167. Crave salt (including chips) 1 2 3
- 168. Brown spots or bronzing of skin 1 2 3
- 169. Allergies, tendency to asthma 1 2 3
- 170. Weakness after colds or flu 1 2 3
- 171. Exhaustion – muscular and nervous 1 2 3
- 172. Respiratory disorders 1 2 3

Group 8 – B Complex

- 173. Muscle weakness 1 2 3
- 174. Lack of stamina 1 2 3
- 175. Drowsiness after eating 1 2 3
- 176. Muscular soreness 1 2 3
- 177. Heart races 1 2 3
- 178. Hyper-irritable 1 2 3
- 179. Feeling of a band around the Head 1 2 3
- 180. Melancholia (sadness) 1 2 3
- 181. Difficult to concentrate 1 2 3
- 182. Diminished urination 1 2 3
- 183. Tendency to consume sweets and carbohydrates 1 2 3

Group 8 – G Complex

- 184. Muscle spasms, twitches 1 2 3
- 185. Blurred vision 1 2 3
- 186. Involuntary muscle action 1 2 3
- 187. Numbness 1 2 3
- 188. Night sweats 1 2 3
- 189. Rapid digestion 1 2 3
- 190. Sensitivity to noise 1 2 3
- 191. Cracking of skin, hands or bottoms of feet 1 2 3
- 192. Visible veins on chest and abdomen 1 2 3
- 193. Hemorrhoids or spider veins 1 2 3
- 194. Apprehension (feeling that something bad will happen) 1 2 3
- 195. Nervousness. loss of appetite 1 2 3
- 196. Nervousness with indigestion 1 2 3
- 197. Gastritis 1 2 3
- 198. Forgetfulness 1 2 3
- 199. Thinning hair 1 2 3

FEMALE ONLY

- 200. Very easily fatigued 1 2 3
- 201. Premenstrual tension 1 2 3
- 202. Painful menstruation 1 2 3
- 203. Depressed feelings before menstruation 1 2 3
- 204. Menstruation excessive and prolonged 1 2 3
- 205. Painful breasts 1 2 3
- 206. Menstruate too frequently 1 2 3
- 207. Vaginal discharge 1 2 3
- 208. Uterus / ovaries removed 1 2 3
- 209. Menopausal hot flashes 1 2 3
- 210. Menses scanty or missed 1 2 3
- 211. Acne, worse at menses 1 2 3
- 212. Chronic depression 1 2 3

MALE ONLY

- 213. Prostate challenges 1 2 3
- 214. Urination difficult or dribbling 1 2 3
- 215. Frequent night urination 1 2 3
- 216. Depression 1 2 3
- 217. Pain on inside of legs or heels 1 2 3
- 218. Feeling of incomplete bowel evacuation 1 2 3
- 219. Lack of energy 1 2 3
- 220. Migrating aches and pains 1 2 3
- 221. Tire too easily 1 2 3
- 222. Avoid social activity 1 2 3
- 223. Restless legs at night 1 2 3
- 224. Diminished sex drive 1 2 3