

Your Personal Path to Healthy Weight Health Assessment

Name: _____

Date: _____

Rate each of the following symptoms based upon your typical health profile over the last year.

- 0 = never or almost never have the symptom
- 1 = occasionally have it; effect is not severe
- 2 = occasionally have it; effect is severe
- 3 = frequently have it; effect is not severe
- 4 = frequently have it; effect is severe

Food Sensitivities/Gut Dysbiosis

	Allergies
	Nausea/vomiting
	Diarrhea
	Constipation
	Belching/gas
	Heartburn
	Nasal congestion
	Itching
	Sinus problems
	Sneezing
	Dark circles under eyes
	Cough
	Stinky stools
	Abdominal discomfort
	Upset stomach with certain foods
	Use of antibiotics
	Asthma

Inflammation/Infection

	Periodontal disease
	Sinus infections
	Urinary tract infection
	Joint pain
	Muscle pain
	Back pain
	Pain from old injuries
	Bronchitis
	Yeast/fungal
	Excessive pain following exercise
	Frequent use of inflammation meds

Toxic Chemical Exposure

	Irregular heartbeat
	Fatigue
	Dizziness
	Acne
	Pain in joints
	Exposure to chemicals (cleaning/industrial)

Neurotransmitter Imbalance

	Poor memory
	Confusion/poor comprehension
	Poor Concentration
	Learning disabilities
	Irritability
	Mood swings
	Restlessness
	Fatigue
	Apathy/sluggishness
	Insomnia
	Ringing in the ears/hearing loss

Endocrine (Hormone)

	Hot flashes
	Decreased sex drive
	Loss of strength
	Fatigue
	Loss of muscle mass
	Moodiness
	Menstrual irregularities
	Weight gain
	Water retention
	Loss of memory
	Osteoporosis
	Fatigue
	Need for caffeine
	Family history of thyroid disorder
	Mood swings
	Dry skin
	Constipation
	History of irregular cycles
	Hair thinning/dry/brittle
	Outer third of eyebrow gone/thinning
	Low libido
	Forgetfulness
	High cholesterol
	Low blood pressure
	Depression
	Sensitive to cold temperatures
	Light headed

Stress/Sleep

	Unhappy with job
	Fail to exercise
	Skip meals
	Eat more than three times a day
	Use caffeine/alcohol/sweets
	Feel financial stress
	Anxious
	Depressed
	Insomnia
	Decreased sex drive
	Irritable
	Major life stressor
	Frequent colds and flu
	Cave carbohydrates
	Memory loss
	Difficulty with focus
	Problems at home
	Feel isolated

Sugar

	Weight gain
	Craves sweets
	Light headed with missed meals
	Fatigue
	Poor memory
	Awaken and can't go back to sleep
	Binge eating/drinking
	Yeast infection