

Functional Assessment Form

Name: _____ Age: _____ Gender: _____ Date: _____

Part 1

Please list your 6 major health concerns in order of importance:

1. _____ 4. _____
 2. _____ 5. _____
 3. _____ 6. _____

Part 2

Please circle the appropriate number in response to the questions below. Base your answer on the severity and frequency of the symptom experienced.

0 = never/rare (0-2 times per month), 1 = sometimes (1-3 times per week), 2 = most days (3-7 times per week), 3 = always (more than 7 times per week)

I Section 1: Colon Health

- | | | | | |
|--|---|---|---|---|
| Use laxatives frequently | 0 | 1 | 2 | 3 |
| Feeling that bowels do not empty completely | 0 | 1 | 2 | 3 |
| More than 3 bowel movements daily | 0 | 1 | 2 | 3 |
| Lower abdominal pain relieved by passing gas/stool | 0 | 1 | 2 | 3 |
| Pass large amount of foul-smelling gas | 0 | 1 | 2 | 3 |
| Coated tongue or "fuzzy" debris on tongue | 0 | 1 | 2 | 3 |
| Alternating constipation and diarrhea | 0 | 1 | 2 | 3 |
| Diarrhea | 0 | 1 | 2 | 3 |
| Constipation | 0 | 1 | 2 | 3 |
| Hard, dry, or small stool | 0 | 1 | 2 | 3 |

II Section 2: Intestinal Integrity

- | | | | | |
|---|---|---|---|---|
| Abdominal intolerance to sugars and starches | 0 | 1 | 2 | 3 |
| Increasing frequency of food reactions | 0 | 1 | 2 | 3 |
| Frequent bloating and distention after eating | 0 | 1 | 2 | 3 |
| Unpredictable food reactions | 0 | 1 | 2 | 3 |
| Unpredictable abdominal swelling | 0 | 1 | 2 | 3 |
| Aches, pains, and swelling throughout body | 0 | 1 | 2 | 3 |

III Section 3: Chemical Intolerance

- | | | | | |
|--|---|---|---|---|
| Constant skin outbreaks | 0 | 1 | 2 | 3 |
| Multiple smell and chemical sensitivities | 0 | 1 | 2 | 3 |
| Intolerance to shampoo, lotion, detergents, etc. | 0 | 1 | 2 | 3 |
| Intolerance to jewelry | 0 | 1 | 2 | 3 |
| Intolerance to smells | 0 | 1 | 2 | 3 |

IV Section 4: Stomach Hypoacidity

- | | | | | |
|--|---|---|---|---|
| Sense of fullness during and after meals | 0 | 1 | 2 | 3 |
| Excessive belching, burping, or bloating | 0 | 1 | 2 | 3 |
| Difficult bowel movements | 0 | 1 | 2 | 3 |
| Gas immediately following a meal | 0 | 1 | 2 | 3 |
| Offensive Breath | 0 | 1 | 2 | 3 |
| Difficulty digesting fruits and vegetables | 0 | 1 | 2 | 3 |
| Undigested food found in stools | 0 | 1 | 2 | 3 |

V Section 5: Stomach Hyperacidity

- | | | | | |
|---|---|---|---|---|
| Heartburn when lying down or bending forward | 0 | 1 | 2 | 3 |
| Stomach pain, burning or aching 1-4 hrs after eating | 0 | 1 | 2 | 3 |
| Digestive problems subside with rest and relaxation | 0 | 1 | 2 | 3 |
| Use of antacids | 0 | 1 | 2 | 3 |
| Temporary relief by using antacids, food, milk or carbonated drinks | 0 | 1 | 2 | 3 |
| Feeling hungry an hour or two after eating | 0 | 1 | 2 | 3 |
| Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol, and caffeine | 0 | 1 | 2 | 3 |
| Increased thirst and appetite | 0 | 1 | 2 | 3 |

VI Section 6: Pancreatic Metabolism

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|---|---|---|---|---|
| Roughage and fiber cause constipation | 0 | 1 | 2 | 3 |
| Frequent Urination | 0 | 1 | 2 | 3 |
| Indigestion and fullness last 2-4 hrs after eating | 0 | 1 | 2 | 3 |
| Nausea and/or vomiting | 0 | 1 | 2 | 3 |
| Stool undigested, foul smelling, mucus like, greasy, or poorly formed | 0 | 1 | 2 | 3 |
| Excessive passage of gas | 0 | 1 | 2 | 3 |
| Pain, tenderness, sore on left side under ribcage | 0 | 1 | 2 | 3 |

VII Section 7: Small Intestine Function

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|---|-----|----|---|---|
| Abdominal distention after eating: Fiber, Starches, or Sugar | 0 | 1 | 2 | 3 |
| Abdominal distention after certain probiotic of natural supplements | 0 | 1 | 2 | 3 |
| Frequent use of antacid medication | 0 | 1 | 2 | 3 |
| Lowered gastrointestinal motility, diarrhea | 0 | 1 | 2 | 3 |
| Alternating constipation and diarrhea | 0 | 1 | 2 | 3 |
| Have you ever been diagnosed with Celiac Disease, Irritable Bowel Syndrome, Diverticulosis/Diverticulitis, or Leaky Gut Syndrome? | Yes | No | | |

VIII Section 8: Gallbladder Metabolism

- | | | | | |
|--|-----|----|---|---|
| Dry or flaky skin and/or hair | 0 | 1 | 2 | 3 |
| Lower bowel gas and/or bloating several hours after eating | 0 | 1 | 2 | 3 |
| Unexplained itchy skin | 0 | 1 | 2 | 3 |
| Greasy or high-fat foods cause distress | 0 | 1 | 2 | 3 |
| History of Gallbladder attacks or stones | 0 | 1 | 2 | 3 |
| Reddened skin, especially palms | 0 | 1 | 2 | 3 |
| Stool color alternates from clay colored to normal brown | 0 | 1 | 2 | 3 |
| Bitter metallic taste in mouth, especially in the morning | 0 | 1 | 2 | 3 |
| Difficulty losing weight | 0 | 1 | 2 | 3 |
| Burpy, fishy taste after consuming fish oils | 0 | 1 | 2 | 3 |
| Yellowish cast to eyes | 0 | 1 | 2 | 3 |
| Have you had your gallbladder removed? | Yes | No | | |

IX Section 9: Liver Metabolism

- | | | | | |
|---------------------------------|---|---|---|---|
| Excessively foul-smelling sweat | 0 | 1 | 2 | 3 |
| Acne and unhealthy skin | 0 | 1 | 2 | 3 |
| Poor bowel function | 0 | 1 | 2 | 3 |
| Excessive hair loss | 0 | 1 | 2 | 3 |
| Weight gain | 0 | 1 | 2 | 3 |
| Overall sense of bloating | 0 | 1 | 2 | 3 |
| Hormone imbalances | 0 | 1 | 2 | 3 |
| Bodily swelling for no reason | 0 | 1 | 2 | 3 |

X Section 10: Hypoglycemic Metabolism

- | | | | | |
|--|---|---|---|---|
| Blurred vision | 0 | 1 | 2 | 3 |
| Crave sweets during the day | 0 | 1 | 2 | 3 |
| Poor memory/forgetful | 0 | 1 | 2 | 3 |
| Irritable if meals are missed | 0 | 1 | 2 | 3 |
| Agitated, easily upset, nervous | 0 | 1 | 2 | 3 |
| Depend on coffee to keep going/get started | 0 | 1 | 2 | 3 |
| Feel shaky, jittery, or have tremors | 0 | 1 | 2 | 3 |
| Get light-headed if meals are missed | 0 | 1 | 2 | 3 |
| Eating relieves fatigue | 0 | 1 | 2 | 3 |

XI Section 11: Insulin Resistance

Difficulty losing weight	0	1	2	3
Fatigue after meals	0	1	2	3
Increased thirst and appetite	0	1	2	3
Crave sweets during the day	0	1	2	3
Frequent urination	0	1	2	3
Waist girth is equal or larger than hip girth	0	1	2	3
Eating sweets does not relieve cravings for sugar	0	1	2	3
Must have sweets after meals	0	1	2	3

XII Section 12: HPA Hypofunction

Cannot stay asleep	0	1	2	3
Weak nails	0	1	2	3
Headaches with exertion or stress	0	1	2	3
Crave salt	0	1	2	3
Dizziness when standing up quickly	0	1	2	3
Afternoon fatigue	0	1	2	3
Slow starter in the morning	0	1	2	3
Afternoon headaches	0	1	2	3

XIII Section 13: HPA Hyperfunction

Perspire easily	0	1	2	3
Under a high amount of stress	0	1	2	3
Cannot fall asleep easily	0	1	2	3
Weight gain when under stress	0	1	2	3
Wake up tired even after 6 or more hours of sleep	0	1	2	3
Excessive perspiration with little or no activity	0	1	2	3

XIV Section 14: Minerals and Electrolytes

Shallow, rapid breathing	0	1	2	3
Muscles cramping	0	1	2	3
Inability to hold breath for long periods	0	1	2	3
Poor muscle endurance	0	1	2	3
Alteration in bowel regularity	0	1	2	3
Frequent urination	0	1	2	3
Abnormal sweating from minimal activity	0	1	2	3
Frequent thirst	0	1	2	3
Crave salt	0	1	2	3
Edema and swelling in ankles and wrists	0	1	2	3

XV Section 15: HPT Hypofunction

Tired/sluggish	0	1	2	3
Feel cold – hands, feet all over	0	1	2	3
Require excessive amounts of sleep to function	0	1	2	3
Increase in weight even with low-calorie diet	0	1	2	3
Gain weight easily	0	1	2	3
Difficult, infrequent bowel movements	0	1	2	3
Depression/lack of motivation	0	1	2	3
Morning headaches that wear off as the day progresses	0	1	2	3
Outer third of eyebrow thins	0	1	2	3
Thinning of hair on: scalp, face, genitals, or excessive hair loss	0	1	2	3
Dryness of skin and/or scalp	0	1	2	3

XVI Section 16: HPT Hyperfunction

Insomnia	0	1	2	3
Heart palpitations	0	1	2	3

XVI Section 16: Continued

Nervous and emotional	0	1	2	3
Inward trembling	0	1	2	3
Increased pulse even at rest	0	1	2	3
Difficulty gaining weight	0	1	2	3
Night sweats	0	1	2	3

XVII Section 17: Male Urinary/Prostate Health

Frequent urination	0	1	2	3
Leg twitching at night	0	1	2	3
Feeling of incomplete bowel emptying	0	1	2	3
Pain inside of leg or heels	0	1	2	3
Urination difficulty or dribbling	0	1	2	3

XVIII Section 18: Male Hormones/Andropause

More emotional than in the past	0	1	2	3
Decreased libido	0	1	2	3
Sweating attacks	0	1	2	3
Decreased number of morning erections	0	1	2	3
Increase in fat distribution around chest and hips	0	1	2	3
Decreased fullness of erections	0	1	2	3
Unexplained weight gain	0	1	2	3
Spells of mental fatigue	0	1	2	3
Decreased physical stamina	0	1	2	3
Inability to concentrate	0	1	2	3
Episodes of depression	0	1	2	3

XIX Section 19: Female Menstruation

Shortened menstrual cycle (less than 24 days)	Yes	No		
Extended menstrual cycle (greater than 32 days)	Yes	No		
Alternating menstrual cycle lengths	Yes	No		
Perimenopausal	Yes	No		
Hair loss/thinning	0	1	2	3
Scanty blood flow	0	1	2	3
Facial hair growth	0	1	2	3
Heavy blood flow	0	1	2	3
Acne	0	1	2	3
Pain and cramping during periods	0	1	2	3
Breast pain and swelling during menses	0	1	2	3
Irritable and depressed during menses	0	1	2	3
Pelvic pain during menses	0	1	2	3

XX Section 20: Female Menopause

How many years have you been menopausal?	_____	Years		
Since menopause, do you ever have uterine bleeding?	Yes	No		
Increased vaginal pain, dryness, or itching	0	1	2	3
Hot flashes	0	1	2	3
Acne	0	1	2	3
Mental foginess	0	1	2	3
Disinterest in sex	0	1	2	3
Facial hair growth	0	1	2	3
Shrinking breasts	0	1	2	3
Mood swings	0	1	2	3
Depression	0	1	2	3
Painful intercourse	0	1	2	3

The goal of this quiz is to see if your body is struggling produce one or more of the major neurotransmitters involved in healthy brain function. Fill this out as accurately as possible and add up your points to see your score

1st Answer = 0 points

2nd Answer = 1 pt

3rd Answer = 2 pts

4th Answer = 3 pts

Category I: Wired and Tired:

1. **Do you suffer with frequent worry or anxiety?**
Never Sometimes Often All the Time
2. **Do you notice an increase in depression around winter time?**
Never Sometimes Often All the Time
3. **Do you enjoy staying up late at night on a regular basis?**
Never Sometimes Often All the Time
4. **Do you have light sleep or wake up often at night?**
Never Sometimes Often All the Time
5. **Do you get PMS or deal with menopausal moodiness (anger, sadness, depression, tears)? (If you are a woman of course). For men, do you experience moodiness?**
Never Sometimes Often All the Time
6. **Do you have low self-esteem or lack confidence often?**
Never Sometimes Often All the Time
7. **Do you easily get self-critical or feel guilty about things in your life?**
Never Sometimes Often All the Time
8. **Do you crave sweet or starchy snacks or wine in the afternoons, evenings or late at night?**
Never Sometimes Often All the Time
9. **Have you been diagnosed with fibromyalgia or suffer with unexplained muscle pain or TMJ (jaw tension and pain associated with grinding the jaw)?**
Never Sometimes Often All the Time
10. **Does your behavior ever get obsessive? Hard to be flexible with your plans, you are a perfectionist in your work or a neatfreak, or a control freak?**
Never Sometimes Often All the Time
11. **Do you find yourself easily addicted to work, a TV show or a video game, a food, sugar, alcohol, smoking, sex or anything else?**
Never Sometimes Often All the Time
12. **Do you find yourself being irritable, impatient, edgy or angry more than you should?**
Never Sometimes Often All the Time

Total Score: _____

If you score a 20 or above, you are probably experiencing symptoms of low serotonin. Serotonin is an inhibitory neurotransmitter and depletion of such can cause poor sleep, depression and anxiety.

Category II: Memory Problems:

1. **Do you have trouble remembering words, phrases or names?**
Never Sometimes Often All the Time
2. **Do you struggle with constipation?**
Never Sometimes Often All the Time
3. **Do you feel like your brain is running slower than it used too?**
Never Sometimes Often All the Time
4. **Do you struggle with brain fog?**
Never Sometimes Often All the Time
5. **Do you regularly forget where you have placed things (like your keys)?**
Never Sometimes Often All the Time
6. **Do you find yourself making a lot of simple mistakes in your daily tasks?**
Never Sometimes Often All the Time
7. **Do you have difficulty remembering lists, directions or instructions?**
Never Sometimes Often All the Time
8. **Do you feel like you lack creativity or imagination?**
Never Sometimes Often All the Time
9. **Do you have difficulty finding the right words before you speak?**
Never Sometimes Often All the Time
10. **Do you feel disoriented at all throughout the day?**
Never Sometimes Often All the Time

Total Score: _____

If you score 18 or above you may have problems with acetylcholine deficiency. Acetylcholine is an excitatory neurotransmitter that is involved with learning, memory, imagination, creativity, and cognitive acceleration.

Category III: Bored with Life:

- | | | | | | |
|---|-------|-----------|-------|--------------|---------------------------|
| 1. Is your drive, enthusiasm and motivation in life lacking? | Never | Sometimes | Often | All the Time | |
| 2. Do you often feel depressed, flat, bored or apathetic? | Never | Sometimes | Often | All the Time | |
| 3. Do you feel like you lack physical or mental energy on a regular basis? | Never | Sometimes | Often | All the Time | |
| 4. Do you feel chronically tired, no matter how well you slept the night before? | Never | Sometimes | Often | All the Time | |
| 5. Is it challenging to focus or concentrate on things? | Never | Sometimes | Often | All the Time | |
| 6. Are you easily cold or do you notice you have cold hands or feet? | Never | Sometimes | Often | All the Time | |
| 7. Do you feel like you need stimulants like coffee and caffeine on a regular basis? | Never | Sometimes | Often | All the Time | |
| 8. Do you feel like you are struggling to perform at your best in your career or daily tasks? | Never | Sometimes | Often | All the Time | |
| 9. Are you lacking interest in sex? | Never | Sometimes | Often | All the Time | |
| 10. Are you struggling to finish projects or tasks you have started? | Never | Sometimes | Often | All the Time | Total Score: _____ |

If your score is 18 or above than you are probably experiencing symptoms of low dopamine, epinephrine and norepinephrine. These are excitatory neurotransmitters that give us drive, ambition and passion when they are in balance.

Category IV: Stressed Out Mind

- | | | | | | |
|---|-------|-----------|-------|--------------|---------------------------|
| 1. Do you regularly feel overworked or like you are falling behind with your daily tasks? | Never | Sometimes | Often | All the Time | |
| 2. Do you have trouble relaxing or loosening up? | Never | Sometimes | Often | All the Time | |
| 3. Is your body stiff and tight and take time to loosen up? | Never | Sometimes | Often | All the Time | |
| 4. Are you easily upset and frustrated when under stress? | Never | Sometimes | Often | All the Time | |
| 5. Are you sensitive to bright light, chemical fumes or loud noises? | Never | Sometimes | Often | All the Time | |
| 6. Do you feel significantly worse if you skip meals or go a long time without eating? | Never | Sometimes | Often | All the Time | |
| 7. Do you feel overwhelmed or as though you just can't get it all done? | Never | Sometimes | Often | All the Time | |
| 8. Do you have trouble shutting off your mind, especially at night when trying to sleep? | Never | Sometimes | Often | All the Time | |
| 9. Do you struggle with anxiety? | Never | Sometimes | Often | All the Time | |
| 10. Do you have a tendency to say things you wish you had not? | Never | Sometimes | Often | All the Time | Total Score: _____ |

If your score is 15 or more than you are probably experiencing symptoms associated with GABA deficiency and adrenal fatigue. GABA is an inhibitory neurotransmitter that calms the mind and helps to bring peace and relaxation to both the mind and body.

Category V: Sensitive and Hurting

- | | | | | | |
|--|-------|-----------|-------|--------------|---------------------------|
| 1. Do you people tell you that you are too sensitive? | Never | Sometimes | Often | All the Time | |
| 2. Do you tend to avoid dealing with painful issues? | Never | Sometimes | Often | All the Time | |
| 3. Do you struggle to get losses, or grieving over deaths of friends or family? | Never | Sometimes | Often | All the Time | |
| 4. Do you suffer from chronic back pain or headaches? | Never | Sometimes | Often | All the Time | |
| 5. Taking pain killing medications doesn't seem to offer any relief? | Never | Sometimes | Often | All the Time | |
| 6. Do you have a tendency to tear up easily? | Never | Sometimes | Often | All the Time | |
| 7. Do you crave pleasure and comfort foods like chocolate, bread, wine, etc? | Never | Sometimes | Often | All the Time | |
| 8. Do you feel like you don't have any fun in your life? | Never | Sometimes | Often | All the Time | |
| 9. Do you feel super sensitive to pain? Light touch, light, sounds, etc. cause an aggravation of symptoms? | Never | Sometimes | Often | All the Time | |
| 10. Nobody seems to understand the amount of emotional pain you are carrying around? | Never | Sometimes | Often | All the Time | Total Score: _____ |

If your score is 15 or more you are probably experiencing symptoms associated with a loss of endorphins. Endorphins are feel good molecules your body produces that block pain receptors and give a sense of joy and euphoria.