

Optimum Nutrition Questionnaire

Symptom Analysis

For each symptom that you experience often, score **1** point. Many symptoms occur more than once, because they can be the result of many nutrient deficiencies. If you experience any of the symptoms in **bold** type, score **2** points. The maximum score for each nutrient is 10 points. **Put your score for each nutrient in the box.**

VITAMIN A

- _____ Mouth ulcers
- _____ Poor night vision
- _____ Acne
- _____ **Frequent colds or infections**
- _____ Dry flaky skin
- _____ Dandruff
- _____ Thrush or cystitis
- _____ Diarrhea
- YOUR SCORE**

VITAMIN E

- _____ Lack of sex drive
- _____ **Exhaustion after light exercise**
- _____ **Easy bruising**
- _____ Slow wound healing
- _____ Varicose veins
- _____ Poor skin elasticity
- _____ Loss of muscle tone
- _____ Infertility
- YOUR SCORE**

VITAMIN C

- _____ **Frequent colds**
- _____ Lack of energy
- _____ **Frequent infections**
- _____ Bleeding or tender gums
- _____ Easy bruising
- _____ Nose bleeds
- _____ Slow wound healing
- _____ Red pimples on skin

VITAMIN D

- _____ **Arthritis or osteoporosis**
- _____ Backache
- _____ Tooth decay
- _____ Hair loss
- _____ **Muscle twitching or spasms**
- _____ **Joint pain or stiffness**
- _____ Weak bones
- YOUR SCORE**

VITAMIN B2

- _____ **Bloodshot, burning, or gritty eyes**
- _____ **Sensitivity to bright lights**
- _____ Sore tongue
- _____ Cataracts
- _____ Dull or oily hair
- _____ Eczema or dermatitis
- _____ Split nails
- _____ Cracked lips
- YOUR SCORE**

VITAMIN B3 (NIACIN)

- _____ Lack of energy
- _____ Diarrhea
- _____ Insomnia
- _____ Headaches or migraines
- _____ Poor memory
- _____ Anxiety or tension
- _____ Depression
- _____ Irritability

YOUR SCORE

VITAMIN B1

- _____ Tender muscles
- _____ Eye pains
- _____ Irritability
- _____ Poor concentration
- _____ "Prickly" legs
- _____ Poor memory
- _____ Stomach pains
- _____ Constipation
- _____ Tingling hands
- _____ Rapid heartbeat

YOUR SCORE

MAGNESIUM

- _____ **Muscle cramps, tremors, or spasms**
- _____ Muscle weakness
- _____ Insomnia, nervousness, or hyperactivity
- _____ High blood pressure
- _____ Irregular or rapid heartbeat
- _____ Constipation
- _____ Fits or convulsions
- _____ Breast tenderness or water retention
- _____ Depression or confusion

YOUR SCORE

ZINC

- _____ **Decline in sense of taste or smell**
- _____ **White marks on more than two finger nails**
- _____ **Frequent infections**
- _____ **Stretch marks**
- _____ **Acne or greasy skin**

YOUR SCORE

- _____ Bleeding or tender gums
- _____ Acne

YOUR SCORE

VITAMIN B5

- _____ Muscle tremors, cramps, or spasms
- _____ Apathy
- _____ Poor concentration
- _____ **Burning feet or tender heels**
- _____ Nausea or vomiting
- _____ Lack of energy
- _____ Exhaustion after light exercise
- _____ Anxiety or tension
- _____ Teeth grinding

YOUR SCORE

MANGANESE

- _____ **Muscle twitches**
- _____ **Childhood "growing pains"**
- _____ **Dizziness or poor sense of balance**
- _____ **Fits or convulsions**
- _____ **Sore knees**

YOUR SCORE

SELENIUM

- _____ **Family history of cancer**
- _____ **Signs of premature aging**
- _____ **Cataracts**
- _____ **High blood pressure**

YOUR SCORE

CHROMIUM

- _____ **Excessive or cold sweats**
- _____ **Dizziness or irritability after six hours without food**
- _____ **Need for frequent meals**
- _____ **Cold hands**
- _____ **Need for excessive sleep or drowsiness during the day**

YOUR SCORE

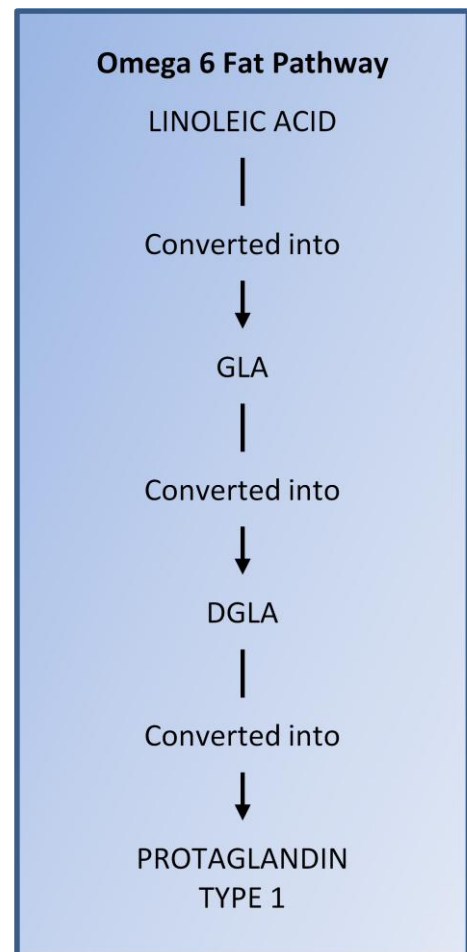
Essential Fatty Acid Profile

OMEGA 3 OMEGA 6

- | | |
|--|---|
| <input type="text"/> Dry skin, eczema, or dry eyes | <input type="text"/> Frequent infections |
| <input type="text"/> Dry hair or dandruff | <input type="text"/> Poor memory or learning difficulties |
| <input type="text"/> Inflammatory health problems, e.g., arthritis | <input type="text"/> High blood pressure or high blood lipids |
| <input type="text"/> Excessive thirst or sweating | <input type="text"/> YOUR SCORE |
| <input type="text"/> PMS or breast pain | |

Omega 6 deficiency signs

- Do you have high blood pressure?
- Do you suffer from PMS or breast pain?
- Do you suffer from eczema or dry skin?
- Do you suffer from dry eyes?
- Do you have an inflammatory health problem, like arthritis?
- Do you have difficulty losing weight?
- Do you have a blood sugar problem or diabetes?
- Do you have multiple sclerosis?
- Do you drink alcohol every day?
- Do you have any mental health problems?
- Do you suffer from excessive thirst?

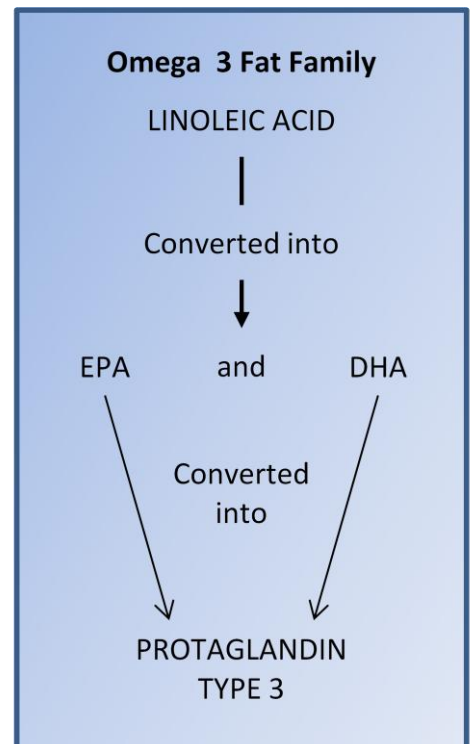


How did you score? Five or more "yes" answers indicate that you may be deficient in Omega 6 fats. Check your diet carefully for the foods listed below.

This family of fats comes exclusively from seeds and their oils. The best are hemp, pumpkin, sunflower, safflower, sesame, corn, walnut, soybean, and wheat germ oil. About half of the fats in these oils come from the Omega 6 family, mainly as linoleic acid. An optimal intake would be one to two tablespoons of oil a day, or two to three tablespoons of ground seeds.

Omega 3 deficiency signs

- Do you have dry skin?
- Do you have any inflammatory health problems?
- Do you suffer from water retention?
- Do you get tingling in the arms or legs?
- Do you have high blood pressure or high triglycerides (the name for fat in the blood)?
- Are you prone to infections?
- Are you finding it harder to lose weight?
- Have your memory and learning ability declined?
- Do you suffer from a lack of coordination or impaired vision?
- If you are a child, are you small for your age or growing slowly?



How did you score? Five or more "yes" answers indicates that you may be deficient in Omega 3 fats. Check your diet carefully for the foods listed below.

The best seed oils for Omega 3 fats are flax (also known as linseed), hemp, pumpkin, and chia.

Now put all your individual scores into appropriate spaces in the second column (headed Symptom Score) of the chart on p. 244.

Lifestyle Analysis

The following checks allow you to adjust your nutrient needs according to aspects of your health and lifestyle. Again, answer the questions as best you can and work out your score. In most checks the maximum score is 10, scoring 1 point for each "yes" answer unless otherwise specified. **If you score 5 or more in any category, you will need to add the points shown in the chart on p. 244 to your individual nutrient scores.** The easiest way to do this is to circle all the numbers in the corresponding columns on p. 244. For example, if you scored more than 5 on the Energy check, you would circle all the numbers in the energy column on p. 244.

Some checks are either "yes" or "no." If you answer "yes," circle the numbers in the relevant columns on p. 244.

Energy Check

- Do you need more than eight hours' sleep a night?
- Are you rarely wide awake and raring to go within twenty minutes of rising?
- Do you need something to get you going in the morning, like a cup of tea or coffee or a cigarette?
- Do you have tea, coffee, sugar-containing foods or drinks, or smoke cigarettes, at regular intervals during the day?
- Do you often feel drowsy or sleepy during the day, or after meals?
- Do you get dizzy or irritable if you have not eaten for six hours?
- Do you avoid exercise because you do not have the energy?
- Do you sweat a lot during the night or day or get excessively thirsty?
- Do you sometimes lose concentration or does your mind go blank?
- Is your energy less now than it used to be?



YOUR SCORE