

**The  
NUTRI-SYSTEMS  
PROFILE  
(NSP)**

**Nutritional Assessment by Body Systems**

## NSP CLIENT ASSESSMENT FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COMPLETE LEFT SIDE OF FORM ONLY:** If any of the following symptoms or activities have occurred *within the past three months* (unless otherwise specified), please indicate by checking: **1** for mild or rarely occurring, **2** for moderate or regularly occurring, **3** for severe or often occurring, or **leave blank** if the symptom/statement does not apply.

<i>Please complete this section</i>			1	2	3	4	5	6	7	8	9	10
1	General fatigue or weakness											
2	Difficulty losing weight											
3	Frequent illness/infections											
4	High stress Lifestyle											
5	Smoking											
6	Drinking more than 2 cups of coffee/day											
7	Bad breath and/or body odour											
8	Constipation											
9	Bags under eyes											
10	Crave sugars, bread, alcohol											
11	Difficulty digesting certain foods											
12	Have used antibiotics in past 10 years											
13	Allergies											
14	Poor concentration or memory											
15	Belching or burping after meals											
16	Skin/complexion problems											
17	Frequent consumption of red meat											
18	Regular use of dairy products											
19	Heavy alcohol consumption											
20	Exposure to toxins/chemicals											
21	Frequent mood swings											
22	Depressed and/or irritable											
23	Brittle fingernails											
24	Dry, brittle hair, split ends											
25	High fat/high cholesterol diet											
26	Nervousness/anxiety/tension/worry											
27	Insomnia/restless sleep											
28	Low fibre diet											
29	Muscle cramps											
30	Sleepy when sitting up											
31	Female: menstrual cramps											
32	Bronchitis/asthma/pneumonia/emphysema											
33	Cellulite											
34	Cold hands and feet											
35	Varicose veins											
36	Feeling out of control											
37	Food/chemical sensitivities											
38	Frequent yeast/fungus problems											
39	Bones break easily, osteoporosis											
40	Too little exercise											
	<b>SCORES SUBTOTAL</b>											

Right Side for Office Use Only

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ ASSESSMENT# \_\_\_\_\_

(Check: 1 for mild or rarely occurring, 2 for moderate or regularly occurring, 3 for severe or often occurring, or leave blank if the symptom/statement does not apply.)

<i>Please complete this section</i>		1	2	3	4	5	6	7	8	9	10
	<b>SUBTOTALS</b>										
41	Excessive mucous										
42	Short of breath climbing stairs										
43	Tingling in lips, fingers, arms, legs										
44	Chest pains										
45	Very rapid or slow heart beat										
46	Painful, hard or thin bowel movements										
47	Alternating constipation/diarrhea										
48	Recurrent bladder infections										
49	Female: Menopause, hot flashes										
50	Female: PMS										
51	Difficult urination										
52	Swollen glands, puffy throat										
53	Lower abdominal pain										
54	Frequent need to urinate										
55	Joint pain										
56	Sinus inflammation/discharge										
57	Arthritis										
58	Sudden weight gain/loss										
59	Headaches/Migraines										
60	Female: Taking birth control pills										
61	Lower back pains										
62	Dry, flaky skin										
63	Drink less than 6 glasses of fluids/day										
64	Water retention										
65	Low sex drive										
66	Feeling heavy/bloated after meals										
67	Chronic cough										
<b>SCORES TOTAL</b>											

Right Side for Office Use Only

**SYSTEMS RATING TABLE:** For Office Use Only

**COMMENTS:**

1.	Digestive	
2.	Intestinal	
3.	Circulatory/Cardiovascular	
4.	Nervous	
5.	Immune/Lymphatic	
6.	Respiratory	
7.	Urinary	
8.	Glandular/Endocrine	
9.	Structural	
10.	Reproductive	