

Nutrient deficiency test / Nutrition Laboratory.

Contributors

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NUTRIENT DEFICIENCY TEST

Name (Print) _____ Sex _____ Age _____

Address _____

Phone _____

This questionnaire is designed to translate body language into nutritional principles. It is an "as you are" type of questionnaire for today. As such it makes no difference what kind of diet or supplementation programme you currently follow, this will tell you how your body stands. When you need more of nutrient "X", for instance, the computer will suggest taking more regardless of what you may be taking already. The Nutrient Deficiency Test is not a diagnostic test to determine disease or conditions of the body or how to treat them. It will assist in determining nutrient deficiencies, and that is its sole purpose. In completing this form place a tick in the box of those questions which you can answer "yes". Do not mark if they do not apply. **Do not "agonize" over a question. If it is unclear or questionable ignore the question and go on to the next.**

SECTION 1 YES

1. Is your tongue sore?
 2. Have you noticed your hands and/or feet tingle?
 3. Do you feel you have lost your incentive in life? ..
 4. Do you occasionally stammer?
 5. Do you have jerking of limbs?

TOTAL _____

SECTION 2

6. Do you suffer from vitiligo? (white patches on skin)
 7. Do you have eczema off and on?
 8. Have you been diagnosed as having lupus erythmalosis?
 9. Have you been diagnosed as having scleroderma?
 10. Is your sex drive low?

TOTAL _____

SECTION 3

11. Are you hyperirritable, nervous?
 12. Do you have "nervous tics or twitches"?

TOTAL _____

SECTION 4

13. Do you suffer from dehydration (dry tongue, shrunken, loose skin)?

TOTAL _____

SECTION 5

14. Do you consider yourself "weak muscled"?

TOTAL _____

SECTION 6

15. Do you have poor bone development?
 16. Have you had rickets (bowlegs, knock-knees, bone enlargement)?
 17. Has your doctor diagnosed osteomalacia (softening of bones)?
 18. Has your doctor diagnosed arthritis?
 19. Do you or did you have an abnormal number of cavities?

TOTAL _____

SECTION 7

20. Do you have breathlessness on slight exertion?
 21. Do you have breathlessness on lying down?
 22. Do you have a nagging cough?

23. Do your ankles swell late in the day?
 24. Do you urinate more than twice during the night?

TOTAL _____

SECTION 8

25. Do you have high cholesterol in the blood?
 26. Do you have alcohol intolerance?

TOTAL _____

SECTION 9

27. Do you suffer from chronic inflammation of the skin?
 28. Have you lost your appetite?
 29. Do you have canker sores in the mouth?
 30. Do your hands and/or feet often feel like they are hot?
 31. Have you ever been diagnosed as a schizophrenic?
 32. Do you feel like your hands and/or feet go numb?

TOTAL _____

SECTION 10

33. Do you gain weight easily?
 34. Do you tend to have cold hands and feet?
 35. Do you prefer warm to cool climate?
 36. Is your hair scanty, dry, brittle and lusterless?
 37. Are your bowel movements usually less than once daily?
 38. If female, are your periods regular, and profuse but painless?
 39. Do you have diminished libido (sex drive)?
 40. Does your heart beat rapidly on slight exertion? ..
 41. Do you tolerate heat poorly?
 42. When holding your hands out with fingers straight, do fingers tremble?

TOTAL _____

SECTION 11

43. Does your blood clot slowly if you should cut yourself?

TOTAL _____

SECTION 12

44. Do you have little pink spots on your skin?
 45. Do you have ruptured blood vessels in either eye?
 46. Do you have inflamed gums?

47. Do you have "fleeting" joint pains?
48. Is your hair falling out abnormally?
49. Do your gums bleed when you brush your teeth? ..
50. Do you have cartilage problems?
51. Do you have a lot of colds?
52. Do you smoke more than 3 cigarettes per day? ..

TOTAL _____

SECTION 13

53. Do you suffer from cancer?
54. Do you have or your children have birth defects?

TOTAL _____

SECTION 14

55. Do you often suffer from dizziness?
56. Do you often suffer from nausea?
57. Do you often feel confused?
58. Do you have, or have you had kidney stones?
59. Do you have edema? (swelling of hands, feet, ankles)
60. Have you ever observed a greenish tint to your urine?

TOTAL _____

SECTION 15

61. Do you catch cold easily?
62. Do you have a predisposition to infections of the throat and lungs?
63. Do you have frequent infections of the bladder or urinary tract?
64. Do you suffer from sinusitis?
65. Do you often have abscesses in the ears?
66. Do you see poorly in dim light?
67. Do you have rough, dry, scaly, skin?
68. Do your eyelids become swollen and pus laden? ..
69. Female: Difficulty in getting pregnant?
70. Female: Have you had a spontaneous abortion? ..

TOTAL _____

SECTION 16

71. Do you have an irregular heart beat?

TOTAL _____

SECTION 17

72. Do you have chronic headaches?
73. Do you suddenly feel dizzy?
74. Do you feel lightheaded when getting up out of a lying or sitting position?
75. Does your heart beat fast upon exertion?
76. Has your doctor diagnosed you as arthritic?
77. Has your doctor diagnosed you as hypoglycemic?
78. Do you occasionally have a burning sensation of the hands and/or feet?
79. Do you have periods of deep depression?

TOTAL _____

SECTION 18

80. Are you fatigued mentally?
81. Are you fatigued physically?

TOTAL _____

SECTION 19

82. Do you have heart palpitations?

83. Do you have an enlarged heart?
84. Do you have a diastolic blood pressure over 90? ..
85. Do you hurt all over, but can't pinpoint an area? ..
86. Do you suffer from forgetfulness?
87. Do you have vague fears about many things?
88. Do you feel that all others are against you?
89. Are you abnormally tired?
90. Are you often confused about life and your purpose in it?

TOTAL _____

SECTION 20

91. Do you suffer from allergies?

TOTAL _____

SECTION 21

92. Are you taller than most people your sex?
93. Is your fifth finger particularly short?
94. Do you have sparse hair (especially pubic)?
95. Do you have tapered fingers?
96. Are you thin-breasted (female) or have small external genital (male)?
97. Do you have soft fingernails?
98. Do you have voice quality of opposite sex?
99. Do you have reduced physical and emotional stamina?
100. Are you depressive?
101. Do you perspire easily?
102. Are your actions quicker than others?
103. Did your sex characteristics develop early?

TOTAL _____

SECTION 22

104. Do you have a chronic cough?
105. Have you had several chest colds in the past year?
106. Do you become short of breath easily?
107. Do you find it difficult to be satisfied with a deep breath?

TOTAL _____

SECTION 23

108. Do you feel as if your nerves and muscles are irritable?
109. Do you suffer from convulsions or seizures?
110. Do you have dimmed vision?
111. Are your teeth sensitive?
112. Do you have loose teeth?
113. Are you constantly cold?

TOTAL _____

SECTION 24

114. Do you have a big appetite?
115. Do you have a constant, intense thirst?
116. Do you urinate large amounts, more than 2 quarts daily?
117. Does your breath sometimes smell sweet or like acetone?
118. Do you sometimes have peculiar, unaccountable sensations in hands or feet (tingling, burning, sharp jabs, numbness, etc.)?
119. Is your vision failing rather rapidly?
120. Does your urine contain sugar?
121. Do your cuts and abrasions heal slowly?

122. Are you excessively fatigued?
123. Does even the thought of walking across the room make you feel tired?
124. Are you moody with marked ups and downs, elations or depressions, hyperactivity or laziness?
125. Do you have vague, unrelated complaints which can be temporarily improved by eating only to return with vengeance in a short time?
126. Do you have cold sweats of the hands even when warm or excited?
127. Have you ever fainted, blacked out or had a convulsion?

TOTAL _____

SECTION 25

128. Are you prone to athletic-type injuries, strained knees?
129. Is your muscular coordination poor?
130. Have you been diagnosed as myasthenia gravis or multiple sclerosis?
131. Do you have bone deformities?

TOTAL _____

SECTION 26

132. Do you accumulate fluids in the extremities?
133. Do you have cataracts?
134. Do you think, or know that you have low hormone levels?
135. Do you have low resistance to disease?
136. Do you feel overall weakness?

TOTAL _____

SECTION 27

137. Do you suffer from eczema?
138. Have you been diagnosed as having atherosclerosis?
139. Has your doctor told you that your cholesterol is high?
140. Do you have high blood pressure?
141. Do you have a problem losing weight?

TOTAL _____

SECTION 28

142. Do you have more than usual number of cavities?
143. Do you look older than you are?
144. Is your heart irregular?
145. Are you susceptible to infections?

TOTAL _____

SECTION 29

146. Do your wounds heal slowly?
147. Have you lost part of your sense of smell?
148. Have you lost part of your sense of taste?
149. Male: Do you suffer from prostatitis?
150. Do you have acne?

TOTAL _____

SECTION 30

151. Do you have a short, heavy-musclcd physique? ...
152. Do you have much body hair?
153. Do you have high blood pressure?
154. Do you tend to have a rapid pulse?
155. Do you have more than usual neck, head, shoulder distress?

156. Do you have low blood pressure?
157. Do you suffer from low blood sugar or hypoglycemia?
158. Do you have rapid, shallow breathing?
159. Have you ever had convulsions, blackouts or coma?
160. Do you have an inferiority complex?
161. Do you tend to be negative?

TOTAL _____

SECTION 31

162. Do you have weak hair and nails?
163. Do you have fungus infection of the nails?
164. Are your eyes sensitive to light?

TOTAL _____

SECTION 32

165. Do you have swelling of the ankles and hands? ...

TOTAL _____

SECTION 33

166. Do you have dry hair?
167. Do you have brittle nails?
168. Do you feel your mental reaction time is slow?
169. Do you have a goiter, or have you had one?
170. Do you have a stuffy nose?
171. Are your eyes sensitive to light?
172. Do you have recurrent styes?
173. Have you been diagnosed to have high cholesterol in blood?

TOTAL _____

SECTION 34

174. Do you feel depressed?
175. Do you have cracks or sores in the corner of your mouth?
176. Does your tongue have a red-purple colour?
177. Is your tongue shiny?
178. Do you often have a sensation of sand in your eyelids?
179. Are your eyes sensitive to light?
180. Do your eyes get tired easily?
181. Do your eyes burn and itch often?
182. Do you have a lot of red lines in the whites of your eyes?
183. Do you have, or have you had cataracts?
184. Do you have an abnormal amount of oil in the skin near the corner of your nose?

TOTAL _____

SECTION 35

185. Do you have diabetic tendencies?

TOTAL _____

SECTION 36

186. Female: Do you have menstrual discomfort?
187. Male: Have you lost your sex drive?
188. Do you have muscular type problems such as swelling or wasting away?
189. Do you suffer from angina pains?
190. Have you had a heart attack?

TOTAL _____

SECTION 37

191. Do you have indigestion?
192. Do you have excessive belching and intestinal gas?
193. Do you suffer from the heat?
194. Do you overbreathe (hyperventilate)?
195. Are you on a low salt diet?

TOTAL _____

SECTION 38

196. Do you have chronically pale skin?
197. Do you have shortness of breath?
198. Do you have a poor appetite?
199. Do you have sensation of spots before your eyes?
200. Do you have difficulty in breathing?
201. Are the palms of your hands very pale?
202. Do your fingernails appear very light in colour?

TOTAL _____

SECTION 39

203. Is your tongue often sore?
204. Do you have skin inflammations often?
205. Do you suffer from insomnia?
206. Do you have a poor appetite?
207. Are you frequently nauseated?

TOTAL _____

SECTION 40

208. Have you ever had macrocytic anemia?
209. Do you have a history of cleft palate?

TOTAL _____

SECTION 41

210. Do you have frequent wind/flatulence?
211. Do you frequently have bloating?
212. Are you frequently constipated?
213. Do you have frequent indigestion?
214. Do you have alternating diarrhoea and constipation?
215. Do you frequently suffer from diarrhoea?

TOTAL _____

SECTION 42

216. Do you have indigestion 2-3 hours after eating?
217. Do you have a heavy, full, loggy feeling after eating a heavy meal?
218. Do you have more than usual upper and lower intestinal gas?
219. Have you lost your taste or craving for meat?
220. Have you been treated for long periods of time for anemia without making much progress?
221. Do you have a sour stomach?

TOTAL _____

SECTION 43

222. Do you have pyorrhoea? (softening gum disease)
223. Do you often feel as if your breathing is irregular?

TOTAL _____

SECTION 44

224. Do you often have leg cramps?
225. Female: Do you have excessive or lengthy menstruation with pain?
226. Are your teeth prone to decay?
227. Are your teeth crowded, with poor placement in the mouth?

TOTAL _____

SECTION 45

228. Do you have stunted body growth?
229. Do you have an abdominal "apron" of fat?
230. Do you have feelings of inadequacy?
231. Do you have headaches inside the middle of your head?
232. Do you have eye problems?
233. Are you tall and very thin?
234. Do you have problems mobilizing energy to start a project?
235. Do you have an easily changeable temperament?
236. Are you moody and sentimental?
237. Do you have long hands and feet?
238. Do your feelings dominate over logic?

TOTAL _____

SECTION 46

239. Do you have tremor of hands or head?
240. Do you see double?
241. Do you have slurred speech?
242. Are you irritable and impatient?
243. Do you have loss of stamina while working physically?
244. Do you fall asleep easily during the day?
245. Are you emotionally unstable? Lose your temper easily?

TOTAL _____

DIET APPRAISAL

246. Do you smoke?
247. Do you eat breakfast?
248. Do you eat a substantial breakfast?
249. Do you eat a light breakfast?
250. Do you drink more than one cup of coffee per day?
251. Do you eat one or more tea cups of fibre cereal daily?
252. Do you eat more than one tea cup of raw vegetables daily?
253. Do you consume more than 2 slices of whole grain bread daily?
254. Do you consume more than one tea cup of raw fruit daily?
255. Do you combine eggs, meat, fish or cheese with fruit, fruit juices, desserts at the same meal?
256. Do you drink milk shakes made at convenience or fast food restaurants?
257. Do you have at least one serving of meat, fish, eggs, or cheese with at least two meals per day?
258. Do you consume at least one and one-half tea cupfuls of varied seed and nuts per day?
259. Do you eat one or more chocolate bars per day?
260. Do you eat ice cream, pie, biscuits, cakes, buns or pastries at least once a day?
261. Do you add sugar to coffee, tea, etc?
262. Do you consume soda-pop style drinks, (slimline type don't count) on a daily basis?
263. Do you consume a lot of "junk" foods?

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