

BODY SYSTEMS ASSESSMENT



Score each statement in the teal columns, then calculate totals for each body system

NEVER - 0	OCCASIONALLY - 1	OFTEN-2	ALMOST ALWAYS - 3
CARDIOVASCULAR Poor Concentration or memory..... Cold hands & feet..... Frequent consumption of fried foods..... Smoker/Stressful or sedentary lifestyle..... TOTAL:		INTEGUMENTARY Dry, brittle nails..... Complexion or other skin issues..... Rashes, lesions or bruise easily..... Dry, brittle or thinning hair..... TOTAL:	
DIGESTIVE Food allergies/difficulty digesting certain foods..... Heavy coating on tongue..... Belching, gas or discomfort after meals..... Fewer than 2 bowel movements per day..... TOTAL:		LYMPHATIC Lack of energy or chronic fatigue..... Exercise less than 2 times per week..... Swelling or inflammation..... Unexplained chronic issues (headache, skin, etc)..... TOTAL:	
EMOTIONAL BALANCE Stressful lifestyle or feeling drained..... Express emotions in unhealthy ways..... Feeling irritable, anxious, moody or down..... Feeling that life has little or no purpose..... TOTAL:		MUSCULAR/SKELETAL Sore, painful or weak joints/bones..... Brittle nails or hair..... Muscle cramps or spasms..... Diet high in meats, grains or caffeine..... TOTAL:	
ENDOCRINE Crave or consume sweets, salty or junk foods..... Monthly female issues or low sex drive..... Feeling irritable, anxious, moody or down..... Restless sleep or lack of sleep..... TOTAL:		NERVOUS Smoker/regularly consume alcohol or caffeine..... Tremors, muscle cramps or spasms..... Stressful lifestyle..... Numbness or tingling..... TOTAL:	
EXCRETORY Puffiness under eyes..... Frequent or painful urination/urinary issues..... Diet high in meats and grains..... Sore, painful or weak joints/bones..... TOTAL:		REPRODUCTIVE Low sex drive..... (Women) PMS or menstrual irregularities..... (Men) Impotence or prostate issues..... Hot flashes, sweats, irregular body temperature..... TOTAL:	
IMMUNE Frequent illness (more than twice per year)..... Frequent use of antibiotics..... Less than 3 servings of fruits & veggies per day..... Stressful lifestyle..... TOTAL:		RESPIRATORY Frequent illness (more than twice per year)..... Exposure to air pollutants..... Puffiness under eyes..... Heavy mucus production or congestion..... TOTAL:	