

Heal Your Hormones

B12 Assessment

Name:

Date:

Point Scale:

0 = No, Never/Rarely, or almost never

1 = Mild/Sometimes experiences/effects

2 = Moderate/Frequent experiences/effects

3 = Yes, Severe/Daily experiences/effects

Do you ever experience your tongue Being sore/tender?	0	1	2	3
Do you have a "geographic tongue" (discolored regions of taste buds or sometimes even cracks in the surface of the tongue)?	0	1	2	3
Do you have pale skin?	0	1	2	3
Do you experience shortness of breath?	0	1	2	3
Do you ever experience fatigue?	0	1	2	3
Do you ever experience Dizziness?	0	1	2	3
Do you ever experience headaches?	0	1	2	3
Do you ever experience cold hands and feet?	0	1	2	3
Do you ever experience heart palpitations?	0	1	2	3
Do you ever experience heartburn?	0	1	2	3
Do you ever experience chest pain?	0	1	2	3
Do you ever experience nausea?	0	1	2	3
Do you ever experience vomiting?	0	1	2	3
Do you ever experience heartburn?	0	1	2	3
Do you ever experience abdominal gas?	0	1	2	3
Do you ever experience constipation?	0	1	2	3

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Do you ever experience diarrhea?	0	1	2	3
Do you ever experience loss of appetite?	0	1	2	3
Do you ever experience weight loss without trying to lose weight?	0	1	2	3
Do you ever experience numbness and tingling in the hands and feet?	0	1	2	3
Do you ever experience unsteadiness?	0	1	2	3
Do you ever experience difficulty walking?	0	1	2	3
Do you ever experience confusion?	0	1	2	3
Do you ever experience depression?	0	1	2	3
Do you ever experience hallucinations?	0	1	2	3
Do you ever experience memory loss?	0	1	2	3
Are there ridges in your nails?	0	1	2	3
Do you ever experience bloating?	0	1	2	3
Total Number for each Column (number of checkmarks x value)				
Total Vitamin B12 (max 81)				