

Spinal Health of North Texas Life Style Factors of Vitamin/Mineral Defficiency

Name: _____ Date: _____

Circle your answer

- Yes/No 1. On average, do you eat fewer than five fruit and vegetable servings per day?
- Yes/No 2. Do you experience a scaly, flaky seborrheic condition at the outer nose margins above the lips?
- Yes/No 3. Do you have soft nails or nails that chip, crack, or peel easily, and/or are brittle or contain ridges (rather than being smooth)?
- Yes/No 4. Are there white spots under your fingernails?
- Yes/No 5. Have you noticed small red spots under your skin?
- Yes/No 6. On average, do you consume more than three alcoholic beverages per week?
- Yes/No 7. On average, do you drink more than two cups of coffee or caffeinated tea (of any kind) per day?
- Yes/No 8. Are you a smoker?
- Yes/No 9. Has your skin been damaged by sunlight and/or do you use a tanning bed more than once per month?
- Yes/No 10. On a scale of one to five, is the daily stress level in your life three or greater, if one is low stress and five is high stress?
- Yes/No 11. Do you often experience cracks at the margins of your lips?
- Yes/No 12. Do you experience a sore or burning tongue?
- Yes/No 13. Have you experienced a reduced ability to taste food?
- Yes/No 14. Do your gums bleed easily?
- Yes/No 15. Do you bruise easily?
- Yes/No 16. Are you a slow healer from bruises and cuts?
- Yes/No 17. Do you feel chronically tired?
- Yes/No 18. Do you have irregular eating patterns?

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- Yes/No 19. Are you on a weight-loss or calorie-restricted diet?
- Yes/No 20. Do you feel run down and/or experiencing a weakened state of immunity?
- Yes/No 21. Does your hair fall out easily, and/or is it dry and brittle and/or does it lack optimal luster and sheen?

Vitamin/Mineral Depletion from Medications

Do you regularly use any of the following medications or agents?
Circle your answer.

- Yes/No 1. Laxatives
- Yes/No 2. Long-term antibiotic therapy
- Yes/No 3. Cholesterol lowering drugs: Cholestyramine, Colestipol, Questran, Colestid, Atrmid-S
- Yes/No 4. Anti-gout drug Colchicine
- Yes/No 5. Steroid hormones: cortisone, prednisone, etc....
- Yes/No 6. Aspirins for arthritis or any other reason (or other nonsteroidal anti-inflammatory drugs: ibuprofen, naproxen, etc...)
- Yes/No 7. Antacids: Maalox, Tums, Mylanta, Rolaids, Diovol, etc...
- Yes/No 8. Oral contraceptives
- Yes/No 9. Sedatives/barbituates: Phenobarbitol, Fiorinal, Phenaphen, Atropine, etc...
- Yes/No 10. Estrogen replacement drugs.
- Yes/No 11. Caffeine: coffee, tea, espresso, etc...
- Yes/No 12. Smoking
- Yes/No 13. Antidepressants: Prozac, Paxil, Zoloft, Celexa, Amitrypyline, etc...
- Yes/No 14. Amphetamines: Adderall, Cylert, Ritalin, Benedrine, Dexedrine, etc...

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- Yes/No 15. Levodopa
- Yes/No 16. Anticonvulsants: Dilantin, Celontin, Zorontin, Carbamazepine,
Phenobarbital, etc...
- Yes/No 17. Heart medications: digoxin or digitalis.
- Yes/No 18. Inflammation/pain medications: indomethacin
- Yes/No 19. Diuretics: Thiazide drugs, Hydrochorothizide, Moderet, Aprizide,
Midamor, etc...
- Yes/No 20. High blood pressure, ACE inhibitor drugs: Captopril, Capoten, Lotensin,
Vasotec, Ramipril, Altace, Prinivil
- Yes/No 21. High blood pressure beta blockers: Atenolol, Metoprolo, Propraolol,
Acebutolol
- Yes/No 22. High cholesterol, statin drugs: Crestor, Mevacor, Zocor, Lescol, Pravachol