

**Objectives:** The current lack of a “gold standard” tool to assess vitamin B12 status may cause many undiagnosed cases, not uncommon within literature. Left untreated, vitamin B12 deficiency can lead to permanent cognitive and neurological damage. The purpose of this study was to examine the variables impacting how and when Nova Scotia family practitioners assess vitamin B12 status, and whether there was a difference in male and female practice patterns. There are many variables impacting vitamin B12 deficiency, and recognition of these variables by family practitioners may help determine the likelihood of undiagnosed cases. **Methods:** Data was collected using a modified Dillman method by fax and at the 87th Annual Dalhousie Refresher Course. A total of 164 Nova Scotia family practitioners completed a short survey, 73 males and 91 females. The data was grouped into categories and analyzed using Pearson’s Chi-square test of independence and Fisher’s Exact test with a 5% level of significance. **Results:** There was no association between gender and the assessment of vitamin B12 status by family practitioners. The majority of family practitioners recognized the stated variables; however, few identified other variables. The most common method of assessment was a serum cobalamin measurement. Only one third of family practitioners indicated they used more than one test to assess vitamin B12 deficiency. **Implications & Conclusion:** When assessing vitamin B12 status, family practitioners need to rely on the results of multiple tests. Educating family practitioners regarding vitamin B12 deficiency risk factors may be beneficial in reducing the risk of undiagnosed cases.