

Nutritional & Lifestyle Survey

I. Personal Information

| | | | |
|-------------|-----|------------|--------|
| Name | | Date | |
| Address | | Phone | |
| Referred by | | Occupation | |
| Age | Sex | Height | Weight |

II. Diet & Nutrition

a. How often do you use the following? (1 = Daily, 2 = Weekly, 3 = Occasionally, 4 = Never)

| | | | | | | | | | | | | | | |
|--------------|---|---|---|---|-------------|---|---|---|---|-------------|---|---|---|---|
| Meat | 1 | 2 | 3 | 4 | Pork | 1 | 2 | 3 | 4 | Fast Foods | 1 | 2 | 3 | 4 |
| Sweets/Sugar | 1 | 2 | 3 | 4 | White flour | 1 | 2 | 3 | 4 | Fried Foods | 1 | 2 | 3 | 4 |
| Coffee/Tea | 1 | 2 | 3 | 4 | Soda Pop | 1 | 2 | 3 | 4 | Alcohol | 1 | 2 | 3 | 4 |
| Dairy Foods | 1 | 2 | 3 | 4 | Salted food | 1 | 2 | 3 | 4 | NutriSweet | 1 | 2 | 3 | 4 |

b. Describe a typical breakfast:

c. Describe a typical lunch:

d. Describe a typical dinner:

f. How much water do you drink each day? ____ cups.
What kind of water do you drink?

g. List any nutritional supplements you are now taking.

III. General health practices

a. How much sleep do you get each night on the average?

b. How often do you exercise? ____ hours per day.
What do you do for exercise?

c. Do you feel like you are under stress?
If so, explain briefly.

d. How often do your bowels eliminate?

e. What is your energy level like?

f. Please list your current health concerns.