

# NUTRITIONAL QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

What kind of degenerative diseases run in your family?  
cancer heart disease diabetes arthritis other \_\_\_\_\_

Do you get sick often? virus flu sore throat colds other \_\_\_\_\_

About how many colds do you have a year? 1-2 year 3-4 year more

How's your digestion? heart burn belching gas constipation

Have you even taken antibiotics? yes no How often? \_\_\_\_\_

How are your vital statistics? cholesterol high normal low  
blood pressure high normal low

Do you use any medication? yes no If yes, what kind \_\_\_\_\_

Are you tired much? morning evening after meals all the time

How's your energy? 1 2 3 4 5 6 7 8 9 10 (1 wiped out -10 dynamo)

Are you aware of the problems with the American diet? (high in fat, salt, sugar, processed foods, low in fiber, water, micronutrients, etc.) yes no

How well do you eat? excellent good poor  
Do you eat out much? daily weekly monthly  
Do you drink coffee? yes no How much? \_\_\_\_\_  
Do you smoke? yes no How much? \_\_\_\_\_  
Do you drink? yes no How much? \_\_\_\_\_

What kind of exercise do you do? \_\_\_\_\_  
How often? \_\_\_\_\_ How long? \_\_\_\_\_

What supplements are you taking now? \_\_\_\_\_  
How long? \_\_\_\_\_ Have they helped? yes no

What would you like to improve or achieve in relation to your health?  
\_\_\_\_\_

On a scale of 1 to 10, how committed are you to taking care of your health and well-being in the future? 1 2 3 4 5 6 7 8 9 10 (1 not very -10 extremely)