

Healthy Living Questionnaire

Patient Name:	Date:
Age: Gender: Male Female	3. Balance Eating – Check Which Apply:
<u> </u>	☐ Mixed food diet (animal and vegetable sources)
Current Weight:	☐ Vegetarian
	☐ Vegan☐ Salt Restriction☐
Do you consider yourself:	☐ Fat Restriction
	☐ Starch/carbohydrate restriction
☐ underweight ☐ overweight ☐ just right	The Zone Diet
	☐ Total calorie restriction
Unintentional weight loss or gain of 10 pounds	☐ Specific food restrictions of:
or more in the last three months: Yes \square No \square	. □ dairy □ wheat □ eggs
	□ soy □ corn □ all gluten
Recent changes in your ability to:	☐ Other
□ see □ hear □ taste	Servings per day:
☐ smell ☐ feel hot/cold sensations	Fruits (citrus, melons, etc.)
Smell dieernot/cold sensations	Dark green or deep yellow/orange vegetables
	Grains (unprocessed)
1. Check the Following Statements That Apply:	Beans, peas, legumes
☐ Occasionally or frequently skip meals	Dairy, eggs
	Meat, poultry, fish
☐ Suffer from fatigue	
☐ Currently overweight	4. Eating Frequency – Check Which Apply:
☐ Crave sweets or carbohydrates	☐ Skip breakfast or other meals
☐ Crave stimulants, such as caffeine or soft drinks	☐ Three meals/day
☐ Suffer from chronic pain	☐ Two meals/day
☐ Suffer from headaches	One meal/day
	☐ Graze-small frequent meals (how many/day)
2- 1:: 1 6 1 6 1	Generally eat on the run
2a. Activity Level – Check Your Current Level	
of Work or Lifestyle: ☐ Level 1 – Very Light Work: Sitting, standing,	5. Exercise Frequency and Schedule –
driving, reading, computer, etc.	Check Which Apply:
Level 2 – Light Work: Light housework, labor,	☐ 5-7 days per week
childcare, mechanic, some sitting, etc.	☐ 3-4 days per week
Level 3 – Moderate Work: Heavy gardening, housework, labor, no sitting, etc.	☐ 1-2 days per week☐ 45 min or more duration per workout
Level 4 – Heavy Work: Heavy manual labor,	□ 30-45 min or more duration per workout
construction, digging, etc.	Less than 30 min
	Use of personal trainer
2b. Exercise Level – Check Your Current	☐ Member of fitness club
Level of Exercise:	Own exercise equipment
☐ None	☐ Walk: days/week
☐ Level A – Light Exercise: 1-3 times per week,	☐ Run, jog, jump rope, other aerobic: days/week
easy pace, stretching, walking, etc.	☐ Weight lift: days/week
☐ Level B – Moderate Exercise: 2-3 times per week, moderate pace, some weights, etc.	☐ Stretch: days/week
☐ Level C – Heavy Exercise: 3-4 times per week,	☐ Yoga: days/week
vigorous pace, weights, fast running, etc.	Otherdays/week

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6. Stimulant Use Habits – Check Which Apply:	9. Energy – Vitality
Tobacco:	l'd like to:
Cigarettes: #/day	☐ Have more energy
Cigarettes. #/day	☐ Have longer endurance
Pipe: #/day	☐ Have more motivation
☐ Alcohol:	☐ Sleep better
l l	☐ Be less tired after lunch
Wine: # glasses/day or week	
Liquor: # ounces/day or week	☐ Feel more vital
Beer: # glasses/day or week	Regain vitality and vigor of my younger years
☐ Caffeine:	Get less colds and flu
Coffee: # of 6 oz cups/day	☐ Get rid of allergies
Tea: # of 6 oz cups/day	☐ Not use so many over the counter drugs
Soda w/caffeine: # of cans/day	☐ Stop using laxatives
Soda w/o caffeine: # of cans/day	☐ Be free of pain
Other sources	
☐ Water:	
# glasses/day/	10. Longevity – Life Enrichment
	I'd like to:
7. Stress Habits – Check Which Apply:	☐ Reduce my risk of degenerative disease
Circle the level of stress you are experiencing on a scale	☐ Slow down accelerated aging
, , ,	☐ Monitor biomarkers of aging
of 1 to 10 (1 being the lowest): 1 2 3 4 5 6 7 8 9 10	☐ Have less facial wrinkles
Is your job associated with potentially harmful chemicals,	☐ Maintain a healthier life longer
pesticides, radioactivity or solvents: Y 🗖 N 📮	☐ Change from a "treating-illness" orientation
Do you suffer from insomnia/sleep disorders? Y \(\simeg\) N \(\simeg\)	to a creating wellness lifestyle
Do you often abruptly awake from sleep? Y ☐ N ☐	to a creating weinness messyle
Do you suffer from depression/mood swings? Y \(\sigma\) N \(\sigma\)	11. Body Composition – Fat/Muscle
	l'd like to:
8. Supplement Use Habits – Check Which Apply:	☐ Be stronger ☐ Be thinner
☐ Multivitamin/mineral	
☐ Vitamin C	☐ Be more muscular
☐ Vitamin E	☐ Burn more body fat
☐ EPA/DHA	☐ Be more flexible
☐ GLA (Evening primrose)	☐ Lose weight
☐ Calcium, source	
☐ Magnesium	12. Stress Reduction – Mental/Emotional
☐ Zinc	I'd like to:
☐ Minerals, describe	☐ Be happier
☐ Friendly flora (acidophilus)	☐ Be less depressed
☐ Digestive enzymes	☐ Be less moody
☐ Amino acids	☐ Be less indecisive
☐ CoQ10	☐ Be more focused
	☐ Think more clearly
☐ Antioxidants (lutein, resveritol, etc.) ☐ Herbs – teas	☐ Improve my memory
☐ Herbs – teas	☐ Learn how to reduce stress
	Learn how to meditate
☐ Chinese herbs	= Learn now to ineditate
Ayurvedic herbs	COMMENTS
☐ Homeopathy	COMMENTS
☐ Bach flowers	
Superfoods (bee pollen, phytonutrient blends)	
Liquid meals (Ensure)	
☐ Other	