

## Nutritional Questionnaire

Put the proper letter (N = Now – P = Past – B = Both) beside the foods you now or in the past were drawn to. Mark foods you really desire(d). If a food appears in more than one list, please mark it every time it appears.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Aged Cheese<br><input type="checkbox"/> Alcohol: #/week _____<br><input type="checkbox"/> Animal protein<br>Grain/pasture raised<br><input type="checkbox"/> Bacon<br><input type="checkbox"/> Baked goods<br><input type="checkbox"/> Breads/grains<br>White/Whole grain<br><input type="checkbox"/> Butter<br><input type="checkbox"/> Cereal<br><input type="checkbox"/> Cheese (hard/cream)<br><input type="checkbox"/> Chinese Foods<br><input type="checkbox"/> Chips<br><input type="checkbox"/> Chocolate<br><input type="checkbox"/> Coffee<br><input type="checkbox"/> Cookies<br><input type="checkbox"/> Cottage Cheese<br><input type="checkbox"/> Corn/corn products<br><input type="checkbox"/> Cream Sauces | <input type="checkbox"/> Creamy Desserts<br><input type="checkbox"/> Creamy Dips<br><input type="checkbox"/> Eggs<br><input type="checkbox"/> Fermented foods<br><input type="checkbox"/> Foods w/sauces<br><input type="checkbox"/> French Fries<br><input type="checkbox"/> French Toast<br><input type="checkbox"/> Fried Foods<br><input type="checkbox"/> Fruit<br><input type="checkbox"/> Garlic<br><input type="checkbox"/> Hamburger<br><input type="checkbox"/> Hot Dogs<br><input type="checkbox"/> Ice Cream<br><input type="checkbox"/> Mexican Foods<br><input type="checkbox"/> Milk<br><input type="checkbox"/> Onions<br><input type="checkbox"/> Olives<br><input type="checkbox"/> Pasta<br><input type="checkbox"/> Peanuts | <input type="checkbox"/> Pork<br><input type="checkbox"/> Salami<br><input type="checkbox"/> Salt<br><input type="checkbox"/> Steak<br><input type="checkbox"/> Pickles<br><input type="checkbox"/> Pizza<br><input type="checkbox"/> Potatoes<br><input type="checkbox"/> Processed Nuts<br><input type="checkbox"/> Rice – White/Brown<br><input type="checkbox"/> Rich Foods<br><input type="checkbox"/> Snacks<br><input type="checkbox"/> Soda _____ oz./day<br><input type="checkbox"/> Spicy Foods<br><input type="checkbox"/> Starches<br><input type="checkbox"/> Sweet Breads<br><input type="checkbox"/> Sweets<br><input type="checkbox"/> Tea: herbal/black/green<br><input type="checkbox"/> Whipped Cream<br><input type="checkbox"/> Yogurt |
|--|---|---|

How many ounces of non-carbonated water do you drink a day? \_\_\_\_\_

Are you currently or have you ever been a vegetarian or vegan? \_\_\_\_\_

Mark with the proper letter beside the following problems: N = Now – P = Past – B = Both

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abscesses<br><input type="checkbox"/> Cavitations<br><input type="checkbox"/> Candidiasis (yeast<br>infections)<br><input type="checkbox"/> Celiac disease<br><input type="checkbox"/> Colitis | <input type="checkbox"/> Ear Infections<br><input type="checkbox"/> Gallbladder problem<br><input type="checkbox"/> Gingivitis<br><input type="checkbox"/> Gluten Intolerance<br><input type="checkbox"/> High Blood Pressure<br><input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Irritable Bowel<br>Syndrome<br><input type="checkbox"/> Milk intolerance<br><input type="checkbox"/> Psoriasis<br><input type="checkbox"/> Sinus Infection<br><input type="checkbox"/> Skin Eruptions |
|---|--|--|

Check the following which best describes where you carry and/or gain weight.

- |  |   |
|--|---|
| <input type="checkbox"/> Maintained teen weight<br><input type="checkbox"/> Carry evenly<br><input type="checkbox"/> Gain evenly | <input type="checkbox"/> Carry in hips and thighs<br><input type="checkbox"/> Carry in upper body, especially abdomen |
|--|---|

How many bowel movements do you normally have in one day?  
(describe) \_\_\_\_\_

Foods I like that don't like me are: \_\_\_\_\_

A meal is not complete for me without (list: food(s), seasoning(s), etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supplements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_