

Lifestyle Assessment Questionnaire

*****Please circle all that apply when there is a multiple choice question*****

CONFIDENTIAL – DONATIONS ACCEPTED

Call me: 540-587-8779

I do not charge for this assessment, but donations are accepted as this takes time and work to do this for you. If you cannot afford to donate that is not a problem, but if you can please ask me how.

Please Note: Due to the laws of the land, we are required to tell you that the health information received during this consultation is for general education and is not intended to be specific medical advice. No medical care, diagnosis, or treatment is provided during this consultation. **It is advisable to consult with ones personal health care provider before implementing any lifestyle changes.**

I release all Lifestyle counselors or associated organizations from any and all liability. Participation in this consultation indicates acceptance of these terms.

DO YOU DO ANY OF THE FOLLOWING?

1. Smoke or Chew Tobacco? YES or NO
2. Drink ANY Alcohol? YES or NO
3. Drink Coffee or Tea (Lipton, Chai, Black, Green, Red) YES or NO
4. Drink Soda, Diet Soda, or Energy Drinks? YES or NO
5. Eat meat (Chicken, Fish, Pork, Turkey, Lamb, Deer, Beef, Seafood, etc.?) YES or NO
How many times each day? ____ x day ; How many oz. per day? ____oz.
6. Eat any Dairy Products such as Butter, Milk, Sour Cream, Cream, Yogurt, Ice Cream, etc.? YES or NO
7. Drink Smoothies or Raw Vegetable Juice? YES or NO
How often? _____
8. Eat Junk Food such as Potato Chips, Cookies, Crackers, Candy, Cake, Pie, etc.? YES or NO
9. Eat Between Meals? YES or NO
10. Eat late at night or right before bedtime? YES or NO
11. Eat spices such as allspice, nutmeg, and cinnamon? YES or NO
12. Eat White Sugar, Brown Sugar, Splenda, Nutra Sweet, Equal, Stevia, or Agave Nectar? YES or NO
13. Use Baking Soda or Baking Powder in anything you cook or bake? YES or NO
14. Eat black pepper, white pepper, hot pepper, chili pepper, jalapeno pepper, cayenne pepper, or any other pepper? YES or NO
15. Eat or drink vinegar in any form? YES or NO
16. Eat condiments such as Ketchup, Mustard, Soy Sauce, Mayonnaise, Vegenaize, A1 Steak Sauce, Worcestershire Sauce, BBQ sauce, etc. YES or NO
17. Eat Pickles or anything pickled? YES or NO
18. Eat or Drink anything SUGAR FREE or FAT FREE? YES or NO
19. Chew Gum or Eat Breath Mints or Life Savers? YES or NO
20. Eat Fruit and Vegetables at the same Meal? YES or NO
21. Eat a combination of Milk and Sugar together (example: ice cream, coffee with milk and sugar, puddings, cookies, cakes, pies, etc.?) YES or NO
22. Eat more than four dishes at a meal? YES or NO(Ex: fruit, vegetables, pasta dish, grain dish, dessert, etc.)

23. Eat more than 2 to 3 kinds of food at a meal? YES or NO (ex: fruit, veggies, grains, protein, fat)
24. Eat Bread that is less than 48 to 72 hours old? YES or NO
25. Eat white products such as SUGAR, BREAD, RICE, PASTA, PASTRIES, ETC.? YES or NO
26. Eat Fried Food (ex: French fries, potato chips, corn chips, fried meat, etc.)? YES or NO
27. Eat VERY HOT or VERY COLD food? YES or NO
28. Eat Fast Food? YES or NO.
29. Eat Fermented Items such as Miso, Sauerkraut, Tempeh, Yogurt, etc.? YES or NO
30. Eat Processed Food? YES or NO
31. Eat your food in a hurry? YES or NO
32. Chew your Food Well? YES or NO
33. Pile food on your plate? YES or NO
34. Go back for 2nds or 3rds? YES or NO
35. Drink with your Meals? YES or NO
36. Eat a minimum of 3 fruit every day? YES or NO
37. Eat at least 1 cooked green vegetable every day (peas, corn, and green beans are not veggies) YES or NO
38. Eat Nuts every day? YES or NO How many? _____ RAW or ROASTED SALTED or UNSALTED?
39. Eat Seeds every day? YES or NO How many? _____ RAW or ROASTED SALTED or UNSALTED?
40. Eat anything with food coloring in it? (Cereal, frosting, decorative gel, sprinkles, Kool-Ai, etc.) YES or NO
41. Eat any additives or preservatives? YES or NO
42. List the times you eat the following meals: BREAKFAST: _____ LUNCH: _____ DINNER: _____
43. Do you eat snacks? YES or NO How many times per day? _____ times
44. Eat soft foods like oatmeal, porridge, pureed food, etc.? YES or NO
45. How many 8 oz. cups of water did you drink TODAY: _____ YESTERDAY _____
46. Take Aspirin, Tylenol, Ibuprofen, Advil, Excedrin, etc.? YES or NO
47. Take any other medication? YES or NO
48. Read all food ingredient labels when you grocery shop? YES or NO
49. How often in a week do you walk at least 30 minutes? _____
50. How often do you take a bath? (not shower)

POWERFUL COUNSEL TO PAY HEED TO:

Read Counsels on Diet & Foods, pages 101-113

“In order to secure healthy digestion, food should be eaten slowly...if your time to eat is limited, do not bolt your food, but eat less, and masticate slowly. The benefit derived from food does not depend so much on the quantity eaten as on its thorough digestion; nor the gratification of taste so much on the amount of food swallowed as on the length of time it remains in the mouth. Those who are excited, anxious, or in a hurry, would do well not to eat until they have found rest or relief; for the vital powers, already severely taxed, cannot supply the necessary digestive fluids. Food should be eaten slowly, and should be thoroughly masticated. This is necessary, in order that the saliva may be properly mixed with the food, and the digestive fluids be called into action.” {CD 107.2-.3}

“The diseased stomach will find relief by exercise. Physicians frequently advise invalids to visit foreign countries, to go to the springs, or to ride upon the ocean, in order to regain health; when, in nine cases out of ten, if they would eat temperately and engage in healthful exercise with a cheerful spirit, they would regain health and save time and money. Exercise, and a free and abundant use of the air and sunlight,-- blessings which heaven has freely bestowed upon all,--would give life and strength...” {2T 530.2}

NAME:

EMAIL ADDRESS:

CONTACT NUMBER:

TODAY’S DATE:

MEDICAL CONDITION(s):

MEDICATIONS and/or SUPPLEMENTS/HERBS: