| Questionnaire: Hea            | alth Evaluation Profil | le                   |                 | 1           |
|-------------------------------|------------------------|----------------------|-----------------|-------------|
| Name                          | Date                   |                      |                 |             |
| Address                       |                        | City                 | State           | Zip         |
| Phone                         | Email                  |                      |                 |             |
| Referred by                   |                        |                      |                 |             |
|                               |                        |                      |                 |             |
| Personal Stats                | W/ainht                | Diath                | data            |             |
| Height                        | Weight                 | Віпп                 | date            |             |
| Neck circumference            |                        |                      |                 |             |
| Waist circumference           |                        |                      |                 |             |
| Hip circumference a           | ng your thumb and inc  | lov finger around    | your wrist do y | our fingore |
| riame Size. wrappii<br>overla | = -                    | iex iiriger around y | our wrist do yt | our lingers |
| just to                       | • •                    |                      |                 |             |
| canno                         |                        |                      |                 |             |
| canno                         | n touch                |                      |                 |             |
|                               |                        |                      |                 |             |
| Mhat ia waxa a aasaa          | ation0 Do onio         |                      | fIf:II: a.O     |             |
| what is your occup            | ation? Do you enjoy    | your work/find it    | tuitilling?     |             |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |
| D                             | L -/11'                |                      |                 |             |
| Describe your fami            | ly/living situation:   |                      |                 |             |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |
| Health Goal(s) - lis          | t as many as you like  | <b>)</b> :           |                 |             |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |
|                               | 1                      |                      | -141            | 1-4-9       |
| Health Concern(s)             | - describe onset and   | occurrence of ne     | alth issues in  | detail:     |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |
|                               |                        |                      |                 |             |

| Questionnaire: Health Evaluation Profile   | 2         |
|--|-----------|
| How have you dealt with these concerns in the past (doctors, self-care)?                                   |           |
|  |           |
|  |           |
| Have any other family members had similar problems (describe)?   |           |
|  |           |
| What other health practitioners are you currently seeing?  |           |
|  |           |
| List any medicine or supplements you are currently taking:   |           |
|  |           |
| Do you have Stress in your life?   |           |
|  |           |
| Describe any noticeable correlation between your issues and <i>Stress</i> (work relationships, financial): | , family, |
|  |           |
|  |           |
|  |           |

| Questionnaire: Health Evaluation Profile  | 3       |
|---|---------|
| Mal-nutrition: (periods of eating junk food, binge eating, dieting):  |         |
|   |         |
|   |         |
|   |         |
| Addictive behaviors: (past or present use & abuse of alcohol, food, drugs, caffeine, co-dependency, workaholic etc) | tobacco |
|   |         |
|   |         |
| Describe your diet at the onset of your health problems:  |         |
|   |         |
|   |         |
|   |         |
| How has your diet changed in relationship to your health problems? (any diets?)                                     | special |
|   |         |
|   |         |
|   |         |
| What are your favorite foods?   |         |
|   |         |

| Questionnaire: Health Evaluation Profile  | 4 |
|---|---|
| What foods will you not eat?  |   |
|   |   |
|   |   |
| Number of and types of fruit eaten/day?   |   |
| Number of and types of vegetables/day?  |   |
| Describe the feeds you get (comfort feeds) when you are:  |   |
| Describe the foods you eat (comfort foods) when you are:  |   |
| <u>Hungry</u>   |   |
| <u>Depressed</u>  |   |
| Angry   |   |
| Lonely  |   |
| Tired   |   |
| Celebrating   |   |
| Is your mood and energy level affected by eating these foods (nourished or numbing) and if so, in what way? |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Describe your sleep (both weekends & weekdays): What time do you go to bed?                                 |   |
| What time do you get up?  |   |
| Do you awake in the middle of the night and if so what time?  |   |
| Do you sleep soundly?   |   |
| Do you awake refreshed?   |   |
| Anything else?  |   |

| Questionnaire: Health Evaluation Profile   | 5     |
|--|-------|
| Describe your exercise & recreation:   |       |
| How often do you exercise each week?   |       |
| For how long?  |       |
| Type(s) of exercise:   |       |
|  |       |
| Do you get out to enjoy nature?  |       |
| Do you get a little sunshine daily?  |       |
| Do you get out for fun with people you enjoy?  |       |
| Do you relax daily?  |       |
| Do you have a hobby?   |       |
| Do you feel your life is balanced?   |       |
| For the next set of questions be sure to answer the questions based on how "feel" and not what you "think" is right or wrong.  | v you |
| Do you wake up hungry, prefer to skip breakfast or eat light?  |       |
| If you had a full schedule for your morning and had to be at your peak until lunch, of these breakfast choices would most likely provide the highest sustained energy knowing that you would have no opportunity to snack or reach for a stimulant succaffeine or sugar to keep your energy high for 4 to 6 hours? | у,    |
| I would be my best if I included an animal protein such as egg, sausage, Almost any meal will give me the energy I need I would reach for something such as fruit, toast, yogurt or a protein shake  |       |
| Can you manage well eating light or heavy during the day?  |       |
| Are you hungry if you eat mostly fruits & vegetables during the day?   |       |
| Do you crave protein and fats?   |       |
| Do you crash or feel tired after eating refined sugar or alcohol?  |       |

| Questionnaire: Health Evaluation Profile  | 6         |
|---|-----------|
| Does strenuous exercise tend to exhaust you & make you grouchy or energize make you better?   | you &     |
| Do you tolerate sugars well (in moderation) but feel tired after eating heavy?  |           |
| Are you able to go 4 hours without eating and maintain concentration?   |           |
| Do you have minimal cravings and mood swings?   |           |
| Are you consistent with your bowel movements?   |           |
| What are your thoughts about salt?Love it, would add it often to my foods and/or I love snacks such as ch pretzels, crackers etcI could take it or leave itI never, or rarely, add salt and/or I often find foods too salty   | ips,      |
| If you have ever been on a juice or water fast for any length of time how did you do you feel you would react? I reacted poorly; low energy, anxious, and/or starvingI could fast if necessaryI thrived when fasting and could do this regularly  | ou or how |
| If you had a full schedule for the afternoon and had to be at your peak until dir which of these lunch choices would most likely provide the highest sustained knowing that you would have no opportunity to snack or reach for a stimulant scaffeine or sugar to keep your energy high for 4 to 6 hours? | energy,   |
| I would be at my best with some animal protein such as a burger or sa as a part of my lunchAlmost any meal will give me the energy I need I would be my best with a large salad or vegetables as a part of my en  |           |

| Questionnaire: Health Evaluation Profile 7   |
|--|
| Eating fatty foods such as avocado, cheese or butter makes me feel: More energized and satisfied longer No significant difference in satisfaction or energy Lethargic and/or unsatisfied   |
| How do you feel about eating dessert?I love it and would eat it often if I could get away with itI can take it or leave itI really do not like dessert except on rare occasions  |
| If you had a full schedule for your evening and had to be at your peak until bedtime, which of these dinner choices would most likely provide the highest sustained energy, knowing that you would have no opportunity to snack or reach for a stimulant such as caffeine or sugar to keep your energy high until bedtime? |
| I would be at my best with a small steak, chicken thigh or leg or shrimp as a part of my entréeAlmost any meal will give me the energy I needIt would be best with a salad or vegetables as my main entrée   |
| If you consumed a cup of caffeinated coffee on an empty stomach, how would you feel or imagine you would feel?This would make me feel anxious, jittery, headachy and/or hungryI could take it or leave itI do well on coffee if I do not drink too much  |
| If I skip a meal I will feel: Anxious, jittery, and weak, depressed and/or have other negative symptoms I would simply have normal hunger pangs That this would not bother me, and I may often forget to eat or skip meals   |
| Thank you so much for taking the time to answer all of these questions. I look forward to our meeting!   |