

Lifestyle and Nutritional Analysis

1. Marital Status

Single Married # of Children _____ Age(s) Divorced Widowed

2. Sleep

Average # of hours of sleep you get per night _____

Time you get up: _____ weekday _____ weekend

Time you go to bed: _____ weekday _____ weekend

3. Beverage Intake/Hydration

I consume _____ oz/liters of water per day (circle one)

I consume _____ cans of soda: ___ per day/___ per week (check one)

I consume _____ oz of juice: ___ per day/___ per week

I consume ___ cups of coffee: ___ per day/___ per week; ___ energy drinks: ___ per day/___ per week

Alcoholic beverages: _____ oz per day/_____ oz per week; primarily: ___ wine ___ beer ___ hard liquor

4. Dietary Choices

The following describes me (check all that apply):

I eat fast food: ___ 1x/week ___ 2-3x/wk ___ 3-5x/wk ___ >5x/wk

I eat fried food: ___ 1x/week ___ 2-3x/wk ___ 3-5x/wk ___ >5x/wk

I eat processed foods: ___ 1x/week ___ 2-3x/wk ___ 3-5x/wk ___ >5x/wk

I eat sweets: _____ never _____ occasionally _____ often _____ all the time

I dine out: ___ 1x/week ___ 2-3x/wk ___ 3-5x/wk ___ >5x/wk

I eat on the run: ___ often ___ on occasion

I have sit-down meals: _____ often _____ on occasion

I eat mostly pre-made meals: _____ fresh _____ frozen

I eat a lot of/some all-natural and whole foods (circle one)

I eat primarily organic foods

I eat red meat

I am a vegetarian; ___ I am vegan

5. Breathing

The following describes me (check all that apply):

- I am aware of my breathing patterns
- I am not aware of my breathing patterns
- I tend to hold my breath: often on occasion
- I take small, shallow breaths: often on occasion
- I take slow, deep breaths: often on occasion
- I take both shallow and deep breaths
- I do deep breathing exercises

6. Stress Level

Minimum

Maximum

1 2 3 4 5 6 7 8 9 10

I do the following for stress management (check all that apply):

- Meditation
- Yoga
- Deep breathing
- Journaling
- Exercise
- Other (please list): _____

7. Work/Travel

Check all that apply:

- On average, I work: _____ hours/day _____ hours/week
- My work schedule is: fixed flexible
- Approximate # of hours/day sitting: _____ at a desk _____ in the car
- I can get up and walk around during my work day
- I travel primarily for business: _____ hrs/day _____ days/week _____ weeks/month
- I travel primarily for pleasure: _____ weeks/year
- I travel _____ hours/day for my kids/family

8. Eating Patterns

_____ # of days per week I eat breakfast

_____ Average time of breakfast or first meal of the day

_____ Average # of meals/day

General times you eat during the day (circle all that apply):

5am 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10pm

I go long periods of time without eating _____ no _____ yes; if yes, when I do have a meal, I tend to overeat _____ no _____ yes

I overeat _____ never _____ rarely _____ sometimes _____ often _____ all the time

I allow pressure from others or their view of me to influence my eating patterns/food choices _____ no _____ yes

I tend to under-eat/deprive myself of food _____ no _____ yes

I have sugar cravings _____ never _____ rarely _____ sometimes _____ often _____ all the time

Which describes your energy level: _____ it remains pretty steady throughout the day _____ it surges and crashes _____ I'm tired or exhausted most of the time

When I am finished eating, I am usually _____ still hungry _____ satisfied but still want more _____ satisfied/pleasantly full _____ very full _____ stuffed _____ in a food coma/unable to do anything

I have seconds _____ never _____ rarely _____ sometimes _____ often _____ all the time

I have seconds even when I'm full: _____ no _____ yes

I tend to eat _____ slowly _____ moderately _____ fast _____ I inhale my food

What I'm usually doing while eating:

_____ sitting quietly at the table (never, rarely, sometimes, often, all the time)

_____ sitting at the table while talking, reading or doing some other activity (never, rarely, sometimes, often, all the time)

_____ sitting on the couch watching TV (never, rarely, sometimes, often, all the time)

_____ standing in the kitchen (never, rarely, sometimes, often, all the time)

_____ driving in the car (never, rarely, sometimes, often, all the time)

_____ while working at the computer (never, rarely, sometimes, often, all the time)

_____ other (please describe): _____

I dine out: _____ primarily at breakfast _____ primarily at lunch _____ primarily at dinner

Types of foods I enjoy: ___ Italian ___ Mexican ___ Chinese ___ Japanese/sushi

Examples of foods I commonly eat:

| Breakfast | Lunch | Dinner | Snacks |
|-----------|-------|--------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Food Preferences:

Likes: _____

Dislikes: _____

Allergies: _____

Food Intolerances: _____

Supplements/vitamins/herbs I take (including protein powders, bars, etc.): _____
