

Nutritional Questionnaire:

Name: _____ E-mail: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ (h) Phone: _____ (c) Phone: _____ (w)

Sex: _____ Birthdate: _____ Age: _____ Height: _____ Weight: _____

Contact in case of emergency: _____ Phone: _____

Goals:

(What would you like help with? Please check all that apply.)

- Weight Management _____
- Energy _____
- Sport Enhancement _____
- Food Allergies / Sensitivities _____

- Education _____
- Emotional / Food Issues _____
- Acne _____
- Health Condition _____

Comments? _____

Other Health Conditions (please list): _____

Medications / Supplements: _____

Name of Health Care Practitioner or Doctor: _____ Phone: _____

Constitutional Analysis

In each of us resides the elements of Ether, Air, Fire, Water, and Earth.
To discover which elements predominate in your constitution, mark the characteristics which pertain to you most.

Read across and mark any items that apply, in any column.

	Vata (air, ether)	Pitta (fire, water)	Kapha (earth, water)
Physical frame	<input type="checkbox"/> thin, tall, short, small boned	<input type="checkbox"/> moderate, well proportioned	<input type="checkbox"/> thick, stout, stocky, well developed, large boned
Body weight	<input type="checkbox"/> low, prominent joints, under developed muscles	<input type="checkbox"/> moderate, good muscles, athletic physique	<input type="checkbox"/> overweight, heavy
Skin	<input type="checkbox"/> dry, rough, cool, brown, cracked, prominent veins, thin, fine pores	<input type="checkbox"/> soft, oily, warm, fair, sensitive, red, moles, skin eruptions, yellowish	<input type="checkbox"/> thick, oily, prone to acne, cool, pale
Hair	<input type="checkbox"/> dry, curly, frizzy, inky, coarse, black	<input type="checkbox"/> soft, oily, reddish, baldness, early graying, yellow	<input type="checkbox"/> thick, shiny oily, dark brown or light
Eyes	<input type="checkbox"/> small, dry, brown, black	<input type="checkbox"/> sharp, penetrating, green, grey, yellow	<input type="checkbox"/> large, blue, attractive, thick eyelashes
Lips	<input type="checkbox"/> thin, dry	<input type="checkbox"/> soft, medium	<input type="checkbox"/> large, smooth, full
Nails	<input type="checkbox"/> brittle, ridged, cracked	<input type="checkbox"/> soft	<input type="checkbox"/> strong, thick
Strength	<input type="checkbox"/> low, poor endurance	<input type="checkbox"/> medium	<input type="checkbox"/> strong, good endurance
Appetite	<input type="checkbox"/> variable, erratic, eats like a bird	<input type="checkbox"/> strong, unbearable at times, persistent	<input type="checkbox"/> slow, but steady
Physical activity	<input type="checkbox"/> very active	<input type="checkbox"/> moderate	<input type="checkbox"/> less active, can be lethargic
Mind	<input type="checkbox"/> active, restless	<input type="checkbox"/> intelligent, sharp, focused	<input type="checkbox"/> calm, slow
Emotional Temperament	<input type="checkbox"/> fearful, unpredictable, insecure, anxious	<input type="checkbox"/> aggressive, angry, jealous, easily irritated, hot tempered	<input type="checkbox"/> calm, attached
Memory	<input type="checkbox"/> recent memory good, remote memory poor	<input type="checkbox"/> excellent	<input type="checkbox"/> slow by sustaining
Speech	<input type="checkbox"/> fast	<input type="checkbox"/> sharp	<input type="checkbox"/> slow, melodic
Sleep	<input type="checkbox"/> scanty, interrupted	<input type="checkbox"/> little but sound	<input type="checkbox"/> deep and prolonged
Dreams	<input type="checkbox"/> fearful, flying, movement	<input type="checkbox"/> fiery, angry, violence, war	<input type="checkbox"/> watery, ocean, river, swimming, romantic
Elimination	<input type="checkbox"/> dry, hard, constipation	<input type="checkbox"/> soft, oily, loose	<input type="checkbox"/> thick, oily, heavy, slow
Imbalance Tendency	<input type="checkbox"/> constipation, nervousness, anxiety, insomnia, cracking, popping joints	<input type="checkbox"/> inflammatory disease, hypertension, rash, skin disorder, hypersensitive, aggressive behavior	<input type="checkbox"/> respiratory congestion, water retention, obesity, lethargy
Totals:	Vata _____	Pitta _____	Kapha _____

Constitutional Analysis: _____

Name: _____ Date: _____

Food / Pantry Preferences

Any basic dietary restrictions?

- allergies candida / yeast diabetes low fat vegetarian vegan

What foods can you **not** eat? _____

What foods do you *hate*? _____

How many people are in your family? _____ Do you cook for them? _____ Do they eat the same food as you do? _____

How much time do you have for cooking each day? _____ Do you cook every day, or only on certain days? _____

What is your favorite food? _____

What ethnic foods do you like?

- American French Italian Greek Mexican Middle Eastern German
 English Indian Chinese Thai Japanese

Rate your favorite flavors in order preference (1-7)

- spicy sour sweet salty bitter fried creamy

What types of dishes do you like?

- hot breakfast cold breakfast sandwiches green salads marinated salads fried foods stews
 soups pilafs casseroles stir fries roasts grilled foods pastries
 fruit desserts custards puddings bread cakes cookies nuts
 chips simple, not a lot of flavor complicated, lots of ingredients mixed together

How much cooking experience do you have? _____

Do you like to cook? _____

The Balanced Approach®

Thank you for taking the time to answer these questions!

1. General Info:

Name, Age, Sex:

Blood Lipid Profile - *Total Cholesterol, LDL, HDL, Triglycerides:*

% Body Fat:

2. Digestion & Cravings:

Do you suffer from:	Daily	Occasionally 1-2/week	Hardly Ever	Never
Gas?				
Bloating?				
Constipation?				
Diarrhea/Loose Bowels?				

Have you ever been on antibiotics – even as a child – for a specific ailment?

Did you go on acidophilus/pro-biotics after you finished the antibiotics?

Have you ever been told you could possibly have candida, yeast, or parasites?

What types of cravings do you have?

Do you crave sweet foods or carbohydrates often?

If you indulge in sweet foods do you have any side effects?

If you eat certain foods to help you manage stress, what types of emotions do you notice afterward?

Do you crave coffee or sugar specifically in the afternoon?

3. Blood Type, Food Sensitivities & Allergies:

What is your Blood Type?

What is your Ethnic/Cultural Background?

Do you feel better as a:

Vegan? (no animal products)

Vegetarian? (lacto-ovo: eggs and dairy but no fish or meat)

Non-meat eater? (no meat but eat eggs, dairy, fish)

Carnivore? (Feels best when eating chicken, turkey, red meat, etc.)

How many times per day do you eat the following?

Whole wheat products (cereal, bread, pasta, cookies, crackers):

Dairy Products (milk, yogurt, cheese, ice cream, frozen yogurt, whey protein):

Soy products (tofu, tempeh, protein powders, garden burgers, soy substitutes):

Chicken?

Warm foods?

Cold foods?

Peanut Butter/Peanuts?

Olive oil?

Essential Fatty Acids: (Flax oil/Fish oils):

4. Activity Level:

Do you exercise?

What is your favorite activity?

- How many times per week?
- For how long?

Do you feel refreshed or exhausted after your workouts?

On a scale of 1 (low) – 10 (high), how happy are you with your weight/appearance?

5. Sleep/Energy Level:

Do you need to set the alarm to wake up in the morning?

How many hours would your body sleep if you didn't set the alarm?

Do you wake up feeling tired or are you rested and ready to start the day?

Do you get blood sugar swings during the day?

Do you find yourself craving sugar or caffeine during the day or around 3:30?

Do you find it hard to wind down in the evening to fall asleep?

6. Diet History:

What diets have you tried so far?

- Have you had any success?

How often do you eat on the run, in the car, or in front of your computer?

7. Stress Level:

On a scale of 1 (low) – 10 (high) how would you rate your stress?

At home?

At work?

8. Please describe what you eat on a typical day:

Include what time you wake up, go to bed, and your workout schedule: