

Healthful Living Questionnaire

Name _____

Date _____

What would you like to improve about your health? What have you tried to solve these issues?

What are your biggest challenges in solving these issues?

Do you have any of these problems? Please circle and describe below.

Skin Problems	Eye Problems	Immune Problems
Cardiovascular	Blood Problems	Reproductive problems
Problems	Psychiatric Problems	Chest Pain
Neurological Problems	Diarrhea	Constipation
Depression/ Anxiety	Fainting	Cold Extremities
Fatigue	Loss of Memory	Unexplained Fever
Shortness of Breath	Loss of Balance	Sleeping Problems
Loss of Taste	Problems with bladder	Deep, boring pain that
Unexplained weight loss	Ear, Nose Mouth, Sinus	wakes you at night
Other:	Problems	

Please list your top 5 favorite unhealthy foods.

What are your usual meal times? Breakfast Lunch Dinner

What is your bedtime on average? At what time do you wake up on average?

Do you wake up feeling refreshed and hungry in the morning?

Do you often feel tired during the day? Do you often feel fatigue after eating?

Do you often eat till bloated or till you feel you have overeaten?

Do you often eat even though you are not really hungry?

Do you often feel like something is stuck in your gut or have a sense of fullness even though you have not eaten recently?

After eating do you sometimes experience congestion in your nose or throat?

How many times do you eat out per week?

Do you often swallow your food without carefully chewing it?

Do you often eat while stressed?

Do you have a bowel movement less than once every two days?

Do you pass foul smelling gas frequently?

Do you often have bad breath?

Are your bowel movements often loose or watery?

How often do you take a sunbath (in pleasant weather) with most of your body exposed?

Do you take in more than two alcoholic drinks per week?

Do you drink more than one cup of coffee per day

Do you drink cows milk on a regular basis?

Do you live alone?

If you live with someone else, do you have difficulties getting along with them?

What do you like to do when you have spare time?

Are you under severe financial stress?

Do you drink less than three full glasses of water per day?

Do you exercise regularly? How many days per week?

How would you rate your eating habits? Good Bad Mediocre

How would you rate your sleeping habits? Good Bad Mediocre