



## Lifestyle Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Describe your typical food and liquid intake per day (be sure to list everything you eat or drink in detail):

Breakfast: Food: \_\_\_\_\_

Beverage: \_\_\_\_\_

Snack: Food: \_\_\_\_\_

Beverage: \_\_\_\_\_

Lunch: Food: \_\_\_\_\_

Beverage: \_\_\_\_\_

Snack: Food: \_\_\_\_\_

Beverage: \_\_\_\_\_

Dinner: Food: \_\_\_\_\_

Beverage: \_\_\_\_\_

Snack: Food: \_\_\_\_\_

Beverage: \_\_\_\_\_

2. How many plain glasses of water do you consume in an average day? \_\_\_\_\_

3. If it's hot outside or you engage in physical activity, can you easily work up a sweat? Yes No

4. How many bowel movements do you have in a typical day? \_\_\_\_\_ week? \_\_\_\_\_

5. How many hours of sleep do you get each night? \_\_\_\_\_ Is it restful sleep? \_\_\_\_\_

6. If you wake up during the night, how often does this occur on a typical night? \_\_\_\_\_

7. List any prescription medications you are taking \_\_\_\_\_

8. List any over-the-counter medications you take more than twice a year \_\_\_\_\_

9. List any vitamins or herbs you take regularly \_\_\_\_\_

10. How many times a week do you exercise? \_\_\_\_\_ What type of exercise do you do? \_\_\_\_\_

How long do your exercise sessions last? \_\_\_\_\_