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Date: _____ Name: _____

1. Generally, what do you eat and drink for:

- Breakfast _____
- Snack _____
- Lunch _____
- Snack _____
- Dinner _____
- Snack _____

2. Please estimate:

- % of overall diet that is meat, fish or eggs _____
- % of overall diet that is vegetables _____ % that is fruit _____
- % of food microwaved _____ % of food raw or uncooked _____
- Ounces of caffeine per day (circle which: coffee, black tea, decaf, green tea) _____
- # glasses of alcohol per day (beer, wine, liquor) _____
- # of times a week you eat chocolate _____
- # of times a week you eat sugar _____ chew gum, etc. _____
- Amount of soda per day _____
- Ounces of water per day _____

3. Currently what type of medication, birth control, nutritional supplements do you take?

4. List any pets in your environment: _____

5. Number of hours you sleep: _____ Quality of sleep: Good Fair Poor

6. Do you currently smoke? _____ # of years smoked: _____ # of cigarettes per day: _____

7. Brand of laundry detergent used: _____

8. What physical activities do you participate in? _____

9. What drugs have you had since birth? Include "medicinal" and "street" drugs and how long you used each. _____
