**Lifestyle Assessment Questionnaire**

**\*\*\*Please circle all that apply when there is a multiple choice question\*\*\* CONFIDENTIAL – DONATIONS ACCEPTED**

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**We do not charge for this assessment, but donations are accepted as this takes time and work to do this for you. If you cannot afford to donate that is not a problem, but if you can please ask me how.**

**Please Note:** Due to the laws of the land, we are required to tell you that the health information received during this consultation is for general education and is not intended to be specific medical advice. No medical care, diagnosis, or treatment is provided during this consultation. **It is advisable** **to consult with ones personal health care provider before implementing any lifestyle changes.**

**I release all Lifestyle counselors or associated organizations from any and all liability. Participation in this consultation indicates acceptance of these terms.**

**DO YOU DO ANY OF THE FOLLOWING?**

1. Smoke or Chew Tobacco? YES or NO

2. Drink ANY Alcohol? YES or NO

3. Drink Coffee or Tea (Lipton, Chai, Black, Green, Red) YES or NO

4. Drink Soda, Diet Soda, or Energy Drinks? YES or NO

5. Eat meat (Chicken, Fish, Pork, Turkey, Lamb, Deer, Beef, Seafood, etc.?) YES or NO

How many times each day? \_\_\_ x day ; How many oz. per day? \_\_\_oz.

6. Eat any Dairy Products such as Butter, Milk, Sour Cream, Cream, Yogurt, Ice Cream, etc.? YES or NO

7. Drink Smoothies or Raw Vegetable Juice? YES or NO

How often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Eat Junk Food such as Potato Chips, Cookies, Crackers, Candy, Cake, Pie, etc.? YES or NO

9. Eat Between Meals? YES or NO

10. Eat late at night or right before bedtime? YES or NO

11. Eat spices such as allspice, nutmeg, and cinnamon? YES or NO

12. Eat White Sugar, Brown Sugar, Splenda, Nutra Sweet, Equal, Stevia, or Agave Nectar? YES or NO

13. Use Baking Soda or Baking Powder in anything you cook or bake? YES or NO

14. Eat black pepper, white pepper, hot pepper, chili pepper, jalapeno pepper, cayenne pepper, or any other

pepper? YES or NO

15. Eat or drink vinegar in any form? YES or NO

16. Eat condiments such as Ketchup, Mustard, Soy Sauce, Mayonnaise, Vegenaise, A1 Steak Sauce,

Worcestershire Sauce, BBQ sauce, etc. YES or NO

17. Eat Pickles or anything pickled? YES or NO

18. Eat or Drink anything SUGAR FREE or FAT FREE? YES or NO

19. Chew Gum or Eat Breath Mints or Life Savers? YES or NO

20. Eat Fruit and Vegetables at the same Meal? YES or NO

21. Eat a combination of Milk and Sugar together (example: ice cream, coffee with milk and sugar, puddings,

cookies, cakes, pies, etc.?) YES or NO

22. Eat more than four dishes at a meal? YES or NO (Ex: fruit, vegetables, pasta dish, grain dish, dessert, etc.)

23. Eat more than 2 to 3 kinds of food at a meal? YES or NO (ex: fruit, veggies, grains, protein, fat)

24. Eat Bread that is less than 48 to 72 hours old? YES or NO

25. Eat white products such as SUGAR, BREAD, RICE, PASTA, PASTRIES, ETC.? YES or NO

26. Eat Fried Food (ex: French fries, potato chips, corn chips, fried meat, etc.)? YES or NO

27. Eat VERY HOT or VERY COLD food? YES or NO

28. Eat Fast Food? YES or NO.

29. Eat Fermented Items such as Miso, Sauerkraut, Tempeh, Yogurt, etc.? YES or NO

30. Eat Processed Food? YES or NO

31. Eat your food in a hurry? YES or NO

32. Chew your Food Well? YES or NO

33. Pile food on your plate? YES or NO

34. Go back for 2nds or 3rds? YES or NO

35. Drink with your Meals? YES or NO

36. Eat a minimum of 3 fruit every day? YES or NO

37. Eat at least 1 cooked green vegetable every day (peas, corn, and green beans are not veggies) YES or NO

38. Eat Nuts every day? YES or NO How many?\_\_\_\_\_\_\_\_ RAW or ROASTED SALTED or UNSALTED?

39. Eat Seeds every day? YES or NO How many?\_\_\_\_\_\_\_\_ RAW or ROASTED SALTED or UNSALTED?

40. Eat anything with food coloring in it? (Cereal, frosting, decorative gel, sprinkles, Kool-Ai, etc.) YES or NO

41. Eat any additives or preservatives? YES or NO

42. List the times you eat the following meals: BREAKFAST: \_\_\_\_\_\_\_ LUNCH: \_\_\_\_\_\_\_ DINNER: \_\_\_\_\_\_\_

43. Do you eat snacks? YES or NO How many times per day? \_\_\_\_\_\_ times

44. Eat soft foods like oatmeal, porridge, pureed food, etc.? YES or NO

45. How many 8 oz. cups of water did you drink TODAY: \_\_\_\_\_ YESTERDAY\_\_\_\_

46. Take Aspirin, Tylenol, Ibuprofen, Advil, Excedrin, etc.? YES or NO

47. Take any other medication? YES or NO

48. Read all food ingredient labels when you grocery shop? YES or NO

49. How often in a week do you walk at least 30 minutes? \_\_\_\_\_\_\_\_\_

50. How often do you take a bath? (not shower)

**POWERFUL COUNSEL TO PAY HEED TO:**

**Read Counsels on Diet & Foods, pages 101-113**

**“In order to secure healthy digestion, food should be eaten slowly…if your time to eat is limited, do not bolt your food, but eat less, and masticate slowly. The benefit derived from food does not depend so much on the quantity eaten as on its thorough digestion; nor the gratification of taste so much on the amount of food swallowed as on the length of time it remains in the mouth. Those who are excited, anxious, or in a hurry, would do well not to eat until they have found rest or relief; for the vital powers, already severely taxed, cannot supply the necessary digestive fluids. Food should be eaten slowly, and should be thoroughly masticated. This is necessary, in order that the saliva may be properly mixed with the food, and the digestive fluids be called into action.”** {CD 107.2-.3}

**“The diseased stomach will find relief by exercise. Physicians frequently advise invalids to visit foreign countries, to go to the springs, or to ride upon the ocean, in order to regain health; when, in nine cases out of ten, if they would eat temperately and engage in healthful exercise with a cheerful spirit, they would regain health and save time and money. Exercise, and a free and abundant use of the air and sunlight,--blessings which heaven has freely bestowed upon all,--would give life and strength...”** {2T 530.2}

**NAME:**

**EMAIL ADDRESS:**

**CONTACT NUMBER:**

**TODAY’S DATE:**