

Bruce Bonner, MAsc. R.N.C.P.
NUTRITIONAL ASSESSMENT FORM

Name: _____ Phone: _____

Address: _____

Age: _____ Height: _____ Weight: _____ Ideal Weight: _____ Blood Type: _____

This questionnaire will help in the study of your present state of health. This information will assist me in choosing an appropriate direction to take in working toward creating your optimal level of health. Please answer each of the following questions:

Circle if you eat, drink or use (even occasionally):

Alcohol	Distilled water	Sugar substitutes (Nutra-Sweet etc.)
Candy	Fried foods	Chewing gum
Luncheon meats	Carbonated beverages	Fast foods
White flour	Margarine	Vitamins/minerals
Chocolate	Potato chips	Refined sugars
Spring water	Aluminum pans	Microwave oven

How many cups/bottles/glasses do you drink, on average, per day?

Coffee _____ Tea _____ Water _____ Milk (2%) _____ Milk (skim) _____
Fruit juice _____ Soft drinks (diet) _____ Soft drinks (reg.) _____
Vegetable juice _____ Herbal tea _____ Beer _____ Wine _____ Liquor _____

How often do you have an alcoholic beverage? _____

Have you ever been treated for alcoholism? Yes ___ No ___

Do you smoke? Yes ___ No ___ (if yes, how many cigarettes / cigars per day? ___)

Have you ever smoked? ___ For how long? ___
Does anyone else smoke in your household? ___ Your workplace? ___

How many hours of sleep do you get on average? _____

Do you awaken feeling rested? _____

How many hours do you work each day? _____

Do you enjoy your work? _____

Activity level: (circle one)

1. Sedentary (no exercise-gardening or house work etc.)
2. Moderately active (3 to 5 times/week 20-30 minutes each time)
3. Active (3 to 5 times/week 60 minutes each time)
4. Very active (3 to 5 times/week 90 minutes each time. Competitive recreational athletes)
5. Extremely active (5 or more times /week 90 minutes plus per session. Pro athletic level)

List types of exercise: _____

How many hours a day do you watch television? _____

How many hours do read? _____

How many hours do you spend in front of a computer? _____

Over>>

What are your main hobbies and recreation?

Do you take vacations regularly? _____

When was your last vacation? _____

What level of stress are you experiencing right now?

Minimal _____ Average _____ Considerable _____ Unbearable _____

Is your main stress: financial _____ job-related _____ interpersonal _____

marriage _____ health _____ unfulfilled expectations _____

family members _____ spiritual _____

What are you taking now?

(vitamins, minerals, herbal remedies, prescription drugs, etc.)

Family history:

Hereditary diseases _____

Health of relatives:

Father: _____ Mother: _____

Siblings: _____

Have you ever been hospitalized? _____

What was the reason? _____

Dietary habits: list what you ate and drank at your **last three meals**:

Breakfast: _____

Lunch: _____

Supper: _____

Snacks: _____
