What is your occupation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you like your work?\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours do you work weekly?\_\_\_\_\_\_\_\_

How many servings per day to you use of the following?

coffee\_\_\_\_\_\_\_ tea\_\_\_\_\_\_\_\_ soft drinks\_\_\_\_\_\_\_\_ alcohol\_\_\_\_\_\_\_\_\_ water\_\_\_\_\_\_\_\_\_

 Cigarettes, cigars or other tobacco\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency of use\_\_\_\_\_\_\_\_\_\_\_\_\_

 Any recreational drugs?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your current diet: Breakfast\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lunch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dinner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours per week of formal exercise\_\_\_\_\_\_\_\_\_ What kind\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many hours of sleep do you get a night?\_\_\_\_\_\_\_\_\_\_ Do you wake feeling rested?\_\_\_\_\_\_\_ Do you have trouble falling asleep?\_\_\_\_\_\_\_\_\_\_ Do you have trouble staying asleep?\_\_\_\_\_\_\_\_\_

For Women: Age of first period\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of time between periods\_\_\_\_\_\_\_\_\_\_ Painful periods\_\_\_\_\_\_\_ average number of days of flow\_\_\_\_\_\_\_\_\_\_ Amount of flow (circle one) light normal heavy Menopause age (if applicable)\_\_\_\_\_\_\_\_\_\_Date of last pap smear\_\_\_\_\_\_\_\_\_\_\_ Date of last mammogram\_\_\_\_\_\_\_\_

Are you pregnant now?\_\_\_\_\_\_\_\_\_\_\_\_ Are you trying to become pregnant?\_\_\_\_\_\_\_\_\_\_\_\_

Number of pregnancies\_\_\_\_\_\_\_\_\_\_\_\_ Number of live births\_\_\_\_\_\_\_\_\_\_\_\_\_

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