

Who will sincerely support you consistently with the beneficial lifestyle changes you will be making?

List any emotional or personal conflicts that you are exposed to repeatedly:

How is your diet:

- Coffee: _____ cups per: Day Week Month
- Soft drinks: _____ cans per: Day Week Month
- Diet soda: _____ cans per: Day Week Month
- Candy: _____ times per: Day Week Month
- Chocolate: _____ times per: Day Week Month
- Alcohol: _____ times per: Day Week Month
- Fast Food: _____ times per: Day Week Month
- Milk/cheese: _____ times per: Day Week Month
- Fried foods: _____ times per: Day Week Month

Current Diet Information: Give examples of what foods you typically eat daily:

Breakfast: _____

Lunch: _____

Snacks: _____

Dinner: _____

Liquids: _____

How many meals do you eat per day? _____ What meals do you skip? _____

Do you cook? _____ What percentage of your meals are home-cooked? _____

Health History:

List any major illnesses/diagnosed conditions with approximate dates:

Illness:	Date:	Recovered?
_____	_____	_____
_____	_____	_____
_____	_____	_____