Do You Have A Regular Bowel Movement Before Noon Each Day? Yes: ☐ No: ☐ If No, how often do you go?\_\_\_\_\_\_\_\_\_ Diarrhea?: Yes ☐ No ☐

Do You Feel Rested?: Yes ☐ No ☐ How Much Sleep Per Night? \_\_\_\_\_(hrs)

What Time Do You Go To Bed? \_\_\_\_\_ Do You Wake Up in The Night?: Yes ☐ No ☐

What Time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     How Often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Wake Up To Go To The Bathroom?: Yes ☐ No ☐ Sometimes ☐

Do you take something to help you sleep?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you exercise?\_\_\_\_\_\_\_\_\_\_ If so, what type and how often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often are you outside in the sun?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*List The Three* ***Worst*** *Foods You Eat During The Average Week:*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*List The Three* ***Healthiest*** *Foods You Eat During The Average Week:*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Smoke: Yes ☐ No ☐ | Times Per Day/Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Much Water Do You Drink per Day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Distilled: ☐ Spring: ☐ City Tap: ☐ Well: ☐

How many of these beverages do you consume per day?

Coffee: \_\_\_\_\_\_ Sweet Tea:\_\_\_\_\_ Green Tea: \_\_\_\_\_ Energy Drinks: \_\_\_\_\_Bottled Juice:\_\_\_\_\_\_\_\_\_ Soda:\_\_\_\_\_\_\_\_ Herbal Tea: \_\_\_\_\_\_\_\_ Black Tea:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Use A Juicer? Yes ☐ No ☐ Times/Wk\_\_\_\_\_\_\_\_ *If Yes:* Vita Mix or Extractor

How many alcoholic do you consume per week? \_\_\_\_\_\_\_\_ Type of alcohol?\_\_\_\_\_\_\_\_\_\_\_\_

How many times do you eat out per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times do you eat fish per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times do you eat raw nuts or seeds per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a chlorine filter for your shower or bath?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_