**Regimen Questionnaire:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hydration:**

1. How much water do you drink in a day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What kind of water do you drink? (tap, bottled, spring, artesian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How much coffee or other caffeinated beverages do you drink in a day? \_\_\_\_\_\_\_\_\_\_\_\_
4. How much fruit or vegetable juices do you drink in a day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How much milk do you drink in a day?

**Nutrition:**

1. Describe what you eat on a regular basis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please list any food cravings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How would you characterize your appetite? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What type of salt do you use? (sea salt, Himalayan, table salt, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How many times per week do you eat dessert? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How many times per week do you eat fast food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sleep:**

1. How much sleep do you get per night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What kind of sleep do you get? (restful, sound, refreshing, restless, fitful, light, etc.)?

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1. What time do you normally go to sleep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What time do you normally wake up? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you wake with or without an alarm clock? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Energy:**

1. How would you characterize your energy level? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you have energy highs and lows during the day? If so, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Exercise:**

1. Are you more active or sedentary during the day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What kinds of formal exercise do you do and how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Stress:**

1. How would you characterize your level of stress during the day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nutritional Supplements:**

1. List any nutritional supplements you take on a daily basis (vitamins, greens, probiotics, protein bars, drinks, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Drugs and Herbs:**

1. List all prescribed medications you are currently taking and the condition they were prescribed for. ( e.g., albuterol-asthma, Prozac-depression) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List all herbal supplements you take regularly.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Miscellaneous:**

1. List anything else you think I should know about your lifestyle that would be helpful in treating you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Symptomology:**

1. Please list all symptoms you are experiencing currently. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please list any symptoms you have had in the past but are no longer experiencing?

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**Family History:**

1. Please list conditions that are prevalent in your family history.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Recreation:**

1. How do you like to spend your free time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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