



santé | chiropractic  
wellness

# Registered Holistic Nutrition Health Questionnaire



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## PERSONAL INFORMATION

Name

Gender

Date of  
Birth

Age

Marital  
Status

Spouse's Name

Number of  
Children

Names, Ages, and Genders of Children

Employer's Name

Occupation

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## CONTACT INFORMATION

Address

City, Province, Postal Code

Work Phone #

Cell Phone #

Home Phone #

Best Time and Phone # to Contact

E-Mail

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## GENERAL HEALTH HISTORY

Have you ever been diagnosed with an illness? Explain:

Please list any medications you are taking and the reason for the medication

Please list any vitamins or supplements that you are taking

Do you have any known allergies or suspected food intolerances?

- Yes
- No

Have you ever been treated for:

- High blood pressure
- High cholesterol
- Thyroid
- Diabetes
- None

List all:

## HEALTHY LIVING AND WELLNESS SELF-ASSESSMENT

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Our centre is a wellness-oriented chiropractic practice for health-conscious, wellness-minded individuals and their families. We strive to improve the overall health and wellbeing of our patients, and take a proactive approach to health care so that our patients may live healthier, happier lives. To better understand your health and wellbeing, it is important that we review your lifestyle habits.

Please score yourself according to how well you match the following statements:

1 = Never   2 = Rarely   3 = Sometimes   4 = Often   5 = Always

### Your Fitness

	1	2	3	4	5
I am happy with my current weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I regularly track my personal health measures such as weight and blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy with my body composition (muscle mass vs fat mass)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get at least 30 minutes of moderate aerobic activity 3 to 4 days per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participate in strength training exercises at least twice per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my level of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to complete my activities of daily living with little or no difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stretch 2 to 3 times per week or after work-outs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I have a strong core with no or very little back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy with my current level of fitness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Your Nutrition

	1	2	3	4	5
I think my diet is well balanced	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I eat at least 8-10 servings of fruits and/or vegetables a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I drink 8-10 cups of water a day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware that certain foods affect the way I feel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pay attention to the amount of food I eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid high sugar content foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I avoid highly processed/fast foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I mostly prepare our own food at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't suffer from heartburn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My digestive system is regular (at least 1 bowel movement per day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't suffer a loss of energy in the middle of the afternoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I eat when I am stressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I eat for emotional reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Your Mind

	1	2	3	4	5
I manage stress well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel in control of my life (work and family)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the support of my family and friends to lead a healthy lifestyle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get 7-8 hours of sleep a night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wake up feeling rested and refreshed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am interested in learning more about health and wellness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a happy and positive person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I participate in mind-body activities regularly (meditation, Tai-chi or yoga)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make time for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel positive about my future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## DIETARY HABITS

Please check if you eat, drink or use any of the following (even occasionally):

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol              | <input type="checkbox"/> Refined sugar                  |
| <input type="checkbox"/> Fast foods           | <input type="checkbox"/> Candies                        |
| <input type="checkbox"/> Potato chips         | <input type="checkbox"/> Luncheon meats                 |
| <input type="checkbox"/> Distilled water      | <input type="checkbox"/> Margarine                      |
| <input type="checkbox"/> Chewing gum          | <input type="checkbox"/> Microwave                      |
| <input type="checkbox"/> White flour          | <input type="checkbox"/> Sugar substitute (Nutra-Sweet) |
| <input type="checkbox"/> Carbonated beverages | <input type="checkbox"/> Chocolate                      |

Do you consider yourself?

- Meat eater  
 Vegetarian  
 Vegan

How often do you consume dairy products?

- Daily  
 3-5/week  
 1 or less/week

List the top 5 foods you eat the most often:

- 1.
- 2.
- 3.
- 4.
- 5.

What food do you crave, if any?

Are there foods you are not willing to give up?

Do you avoid certain foods?

- Yes
- No

Do you experience any symptoms if meals are missed? Explain:

**Thank you for filling out the Registered Holistic Nutrition Health Questionnaire. We look forward to helping you with your Health!**