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Member ANTA

CONFIDENTIAL: Average Daily Diet and Lifestyle Questionnaire
Please complete and submit prior to your first consultation

Name _____ Date _____

Please provide details of an average day's diet (or what you had yesterday). Include beverages, snack foods, use of diet products, artificial sweeteners, type of cooking style/method, restaurant meals, and fast food. Complete the meals and times that are applicable to you in the spaces below. This is followed by some lifestyle questions.

Breakfast (time: _____)

Morning tea (time: _____)

Lunch (time: _____)

Afternoon tea (time: _____)

Dinner (time: _____)

Supper (time: _____)

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Snacks or sweets (if not covered previously)

Eating out (include restaurants and fast food)

Fluid Intake

List your normal daily intake of coffee, tea, herbal teas and coffee substitutes (including the number and type of sugars/sweeteners used), soft drinks, cordials, juice, water and alcoholic drinks

Lifestyle

Do you feel sleepy after meals? *Click to select* Yes No

Please list any current and past history of recreational drug use

What are your hobbies?

What do you do for exercise?

Please list the things that stress you

How do you deal with this stress?

When was your last visit to a doctor and what was the reason for your visit?

When was your last visit to a natural/alternative health care practitioner and what was the reason?
