

## Nutrition Analysis Guide

First name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ # of Children: \_\_\_\_\_

Desired weight: \_\_\_\_\_ Health concerns: \_\_\_\_\_

Please write down everything you eat and drink for the next three days as accurately as possible. Also include coffee, alcoholic beverages, soda, candy bars, etc., and estimated serving sizes whenever possible. Try to be specific. For example, instead of writing "1 cup of milk," specify if the milk was low fat or 2%. Explain in detail how the food prepared. For example, instead of writing 1 chicken breast, describe whether the chicken was fried, baked, or grilled, what kind of oil was used, if it was breaded, and so forth. Please leave the Consultant's Comments areas blank.

### Day 1

**Breakfast:** \_\_\_\_\_

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**Lunch:** \_\_\_\_\_

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**Dinner:** \_\_\_\_\_

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**Snacks:** \_\_\_\_\_

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**Day 2**

**Breakfast:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lunch:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dinner:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Snacks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Day 3**

**Breakfast:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lunch:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dinner:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Snacks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Is the above an accurate representation of your overall diet?*      Yes  No

*If "no," please explain what you do differently:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Consultant's Comments:**

\_\_\_\_\_

\_\_\_\_\_

*What time do you eat your last meal?* \_\_\_\_\_

**Consultant's Comments:**

\_\_\_\_\_

\_\_\_\_\_

*Do you eat breakfast on a regular basis?*      Yes  No

**Consultant's Comments:**

\_\_\_\_\_

\_\_\_\_\_

*Do you cook at home most of the time?*       *Or eat out most of the time?*

**Consultant's Comments:**

\_\_\_\_\_

\_\_\_\_\_

Answer the following questions to the best of your ability. If there's something you're unsure about, leave it blank and discuss it with your Nutritional Consultant. Serving size generally equals one cup or 3 ½ ounces. These figures don't have to be exact, just give the most accurate guess that you can.

1. How many glasses of purified water do you drink per day? \_\_\_\_\_

**Consultant's Comments:**

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2. How many servings of fresh fruits/vegetables do you eat per day? \_\_\_\_\_

**Consultant's Comments:**

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3. How many servings of low fat protein (beans, fish, skinless chicken breast) do you eat per day? \_\_\_\_\_

**Consultant's Comments:**

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4. How many servings of complex carbohydrates (bran, whole grains, starchy vegetables) do you eat per day? \_\_\_\_\_

**Consultant's Comments:**

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*(Your Consultant can help you determine this)*

5. Approximately what percentage of fat makes up your total caloric intake? \_\_\_\_\_

**Consultant's Comments:**

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6. Do you drink fresh fruit/vegetable juices every day? \_\_\_\_\_

**Consultant's Comments:**

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7. Do you eat organic fruits/vegetables every day? \_\_\_\_\_

**Consultant's Comments:**

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8. How many cups of coffee, soda or black tea do you drink per day? \_\_\_\_\_

**Consultant's Comments:**

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9. How many refined sugar items (candy bars, donuts, cakes, etc.) do you eat per day? \_\_\_\_\_  
How many containing artificial sweeteners (Sweet-N-Low, Splenda, Equal, etc.)? \_\_\_\_\_

**Consultant's Comments:**

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10. How many fast food items (hamburgers, hot dogs, frozen dinners, canned foods, French fries, etc.) do you eat per day? \_\_\_\_\_

**Consultant's Comments:**

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11. How many servings of bread, pasta and other processed carbohydrates do you eat per day? \_\_\_\_\_

**Consultant's Comments:**

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12. How many servings of dairy do you eat per day? \_\_\_\_\_

**Consultant's Comments:**

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13. How many servings of processed or smoked meat (salami, ham, hot dogs, sausages, boloney, etc.) do you eat per day? \_\_\_\_\_

**Consultant's Comments:**

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14. Do you smoke or use tobacco products? Yes  No  If "yes," how much \_\_\_\_\_

**Consultant's Comments:**

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15. Do you take over-the-counter drugs? \_\_\_\_\_ What kind? \_\_\_\_\_

**Consultant's Comments:**

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16. Do you take any nutritional supplements (vitamins, minerals, digestive enzymes, amino acids, herbs, etc.) on a daily basis? Yes  No  If "yes," please describe in detail, including doses: \_\_\_\_\_

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**Consultant's Comments:**

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17. How would you grade your knowledge of nutritional supplements?

Excellent  Fairly good  Poor

**Consultant's Comments:**

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18. How many days a week do you exercise for a minimum of 30 minutes? \_\_\_\_\_

**Consultant's Comments:**

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19. What is your occupation? \_\_\_\_\_  
How would you describe your job (mark as many as applies): Physical  Mental  Stressful   
Easy-going  Secure  Non-secure  Exhausting  Relaxing

**Consultant's Comments:**

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20. How many hours do you work in an average week? \_\_\_\_\_

**Consultant's Comments:**

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21. Does anyone smoke in your home? Yes  No

**Consultant's Comments:**

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22. Mark any potentially harmful elements you regularly come in contact with at home or at work:  
Humidity  Mildew  Poor ventilation  Air conditioning  Carpet (over 4 yrs. old)  High  
traffic road nearby  Smog  Fluorescent lighting  Strong cleaners  Insect repellents   
Lawn and garden chemicals

**Consultant's Comments:**

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23. Do you suffer from *Candida albicans*? Yes  No  Not sure   
(If you are unsure, your Nutritional Consultant can supply you with a *Candida* Questionnaire.)

**Consultant's Comments:**

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24. Are you currently breastfeeding? Yes  No

**Consultant's comments:**

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