

THE RAW FOOD SCIENTIST CLIENT QUESTIONNAIRE

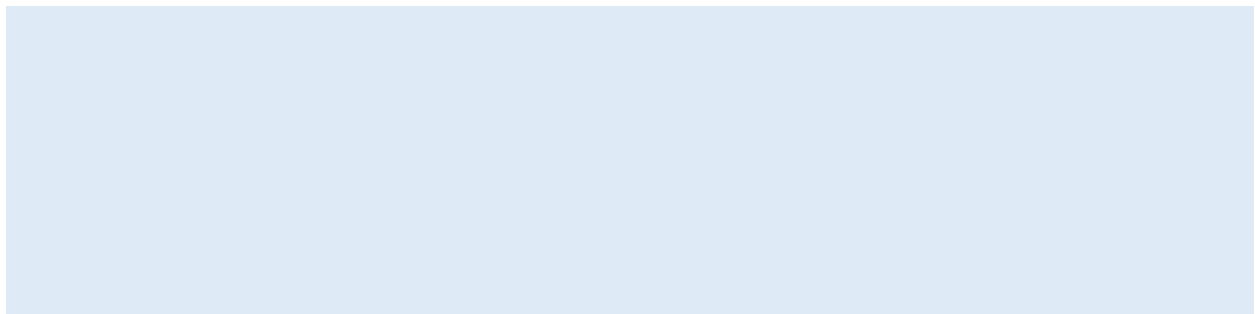
Name	
Address	
Phone	
Mobile	
Marital Status	
Occupation	
Current Weight	
Height	

ARE YOU HAPPY WITH YOUR CURRENT WEIGHT? IF NOT, WHY?

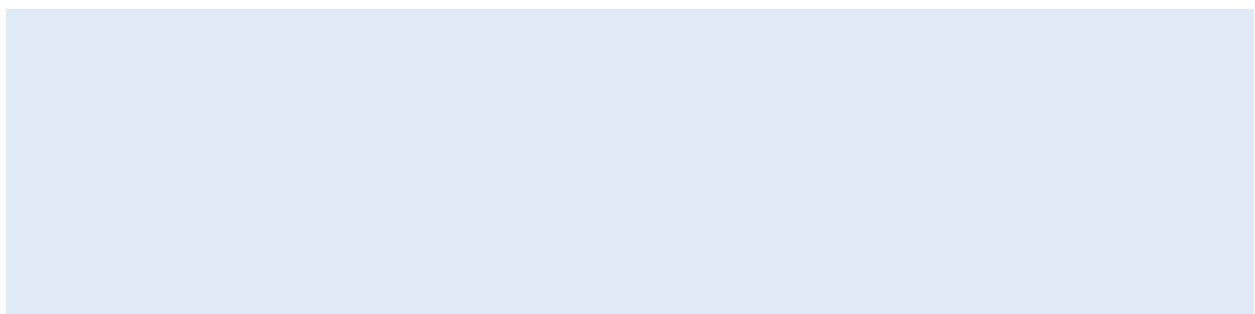
WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT DIET? (TICK ONE BOX ONLY)

- Eats everything (meat, dairy, poultry, fish included)
- Lacto ovo vegetarian (excludes all meat and fish, but includes eggs & dairy)
- Vegan (excludes all animal products)
- Living foods vegan (eats only uncooked plant foods)
- Living foods vegan with 25% sprouts
- Other – please state

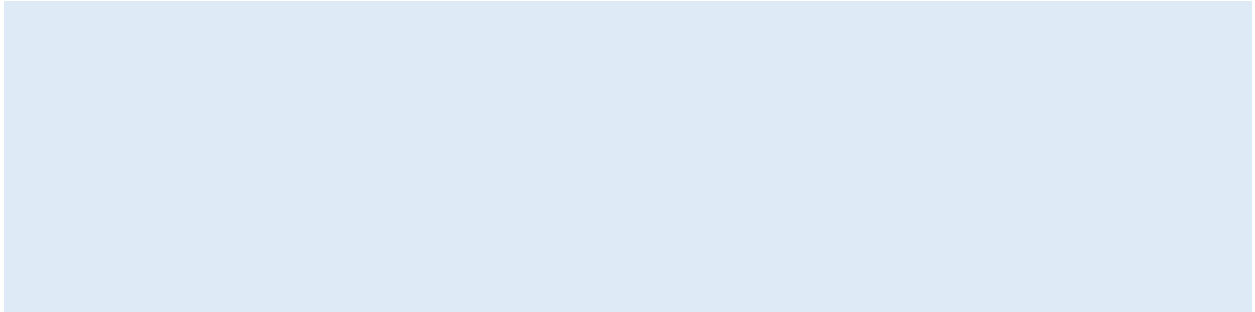
LIST ANY CURRENT HEALTH CHALLENGES YOU WISH TO ADDRESS (E.G. OVERWEIGHT, HIGH BLOOD PRESSURE, DIABETES, ARTHRITIS ETC)



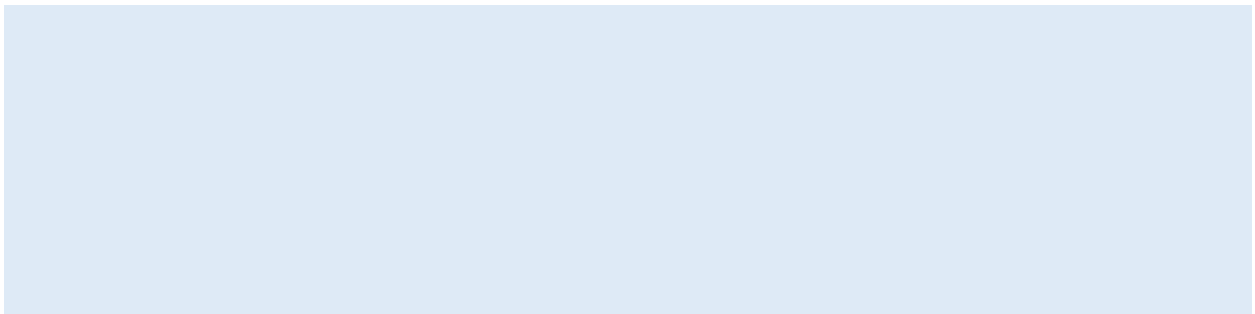
LIST ANY PREVIOUS ILLNESSES YOU HAVE HAD, INCLUDING SURGICAL PROCEDURES, AND APPROXIMATE DATES



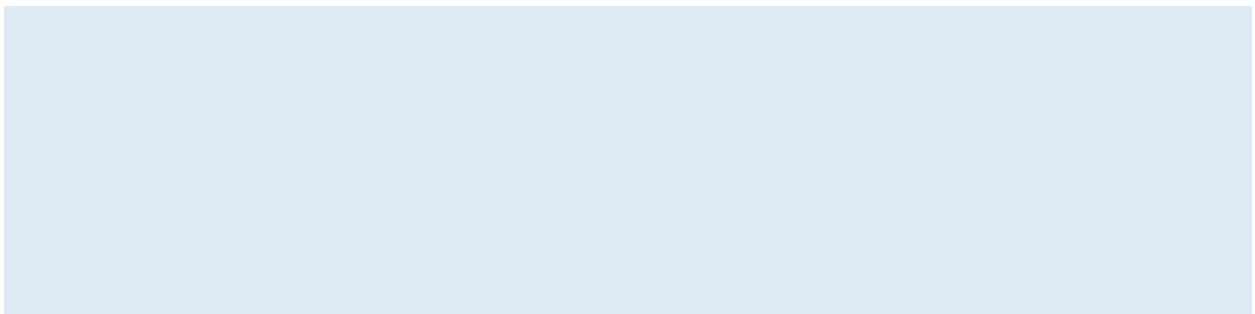
LIST ANY PRESCRIPTION MEDICATIONS THAT YOU TAKE REGULARLY, AND FOR WHICH CONDITION



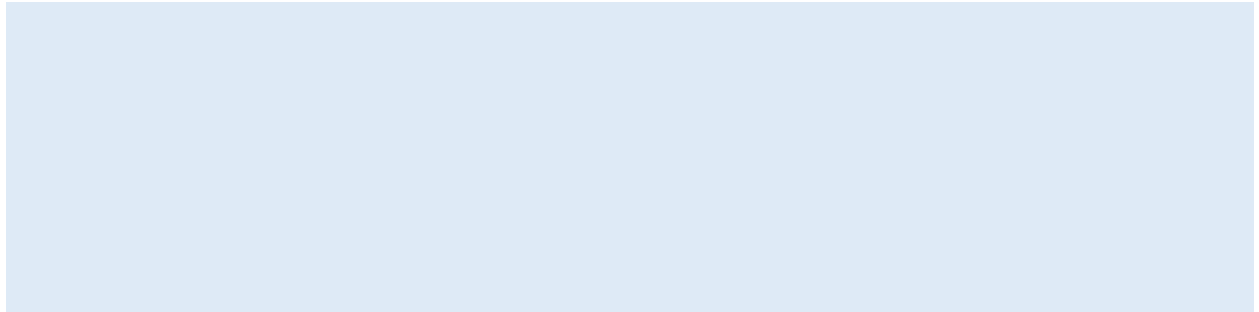
LIST ANY OVER THE COUNTER MEDICATIONS THAT YOU TAKE REGULARLY, AND FOR WHICH CONDITION



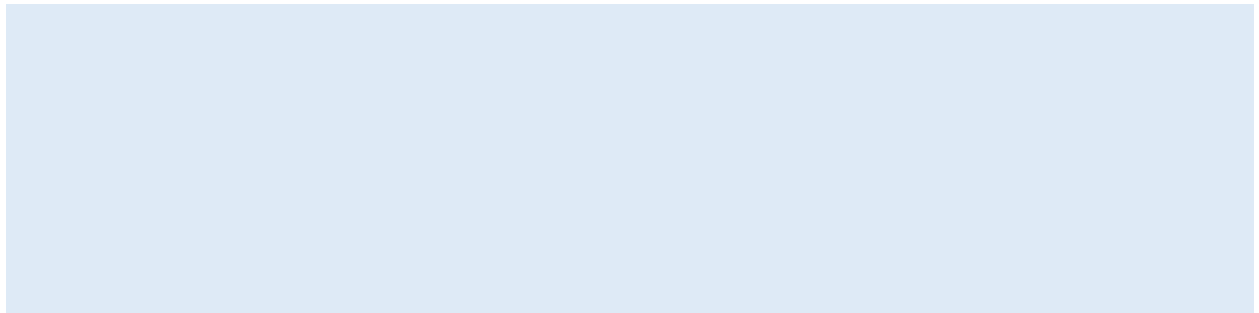
LIST ANY HERBAL OR HOMOEOPATHIC MEDICATIONS THAT YOU TAKE REGULARLY, AND FOR WHICH CONDITION



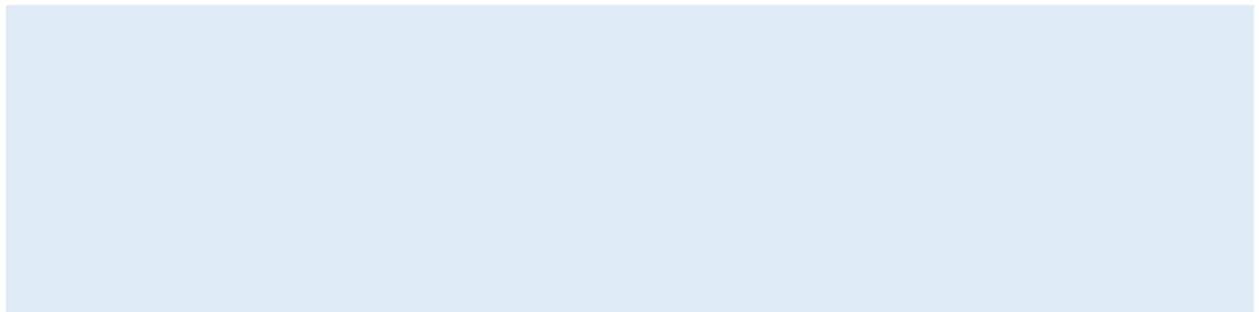
DO YOU HAVE ANY FAMILIAL HISTORY OF ILLNESS? IF SO, WHAT, AND WHICH RELATIVE?



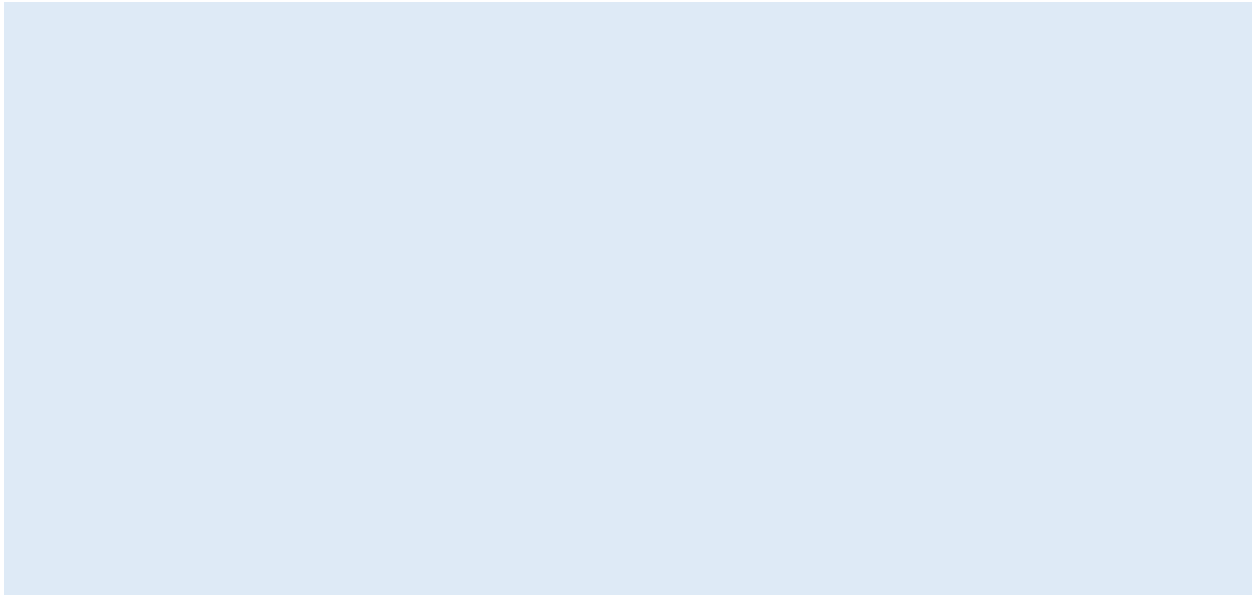
LIST ANY FOOD SUPPLEMENTS THAT YOU REGULARLY USE, AND THE DOSE OF EACH



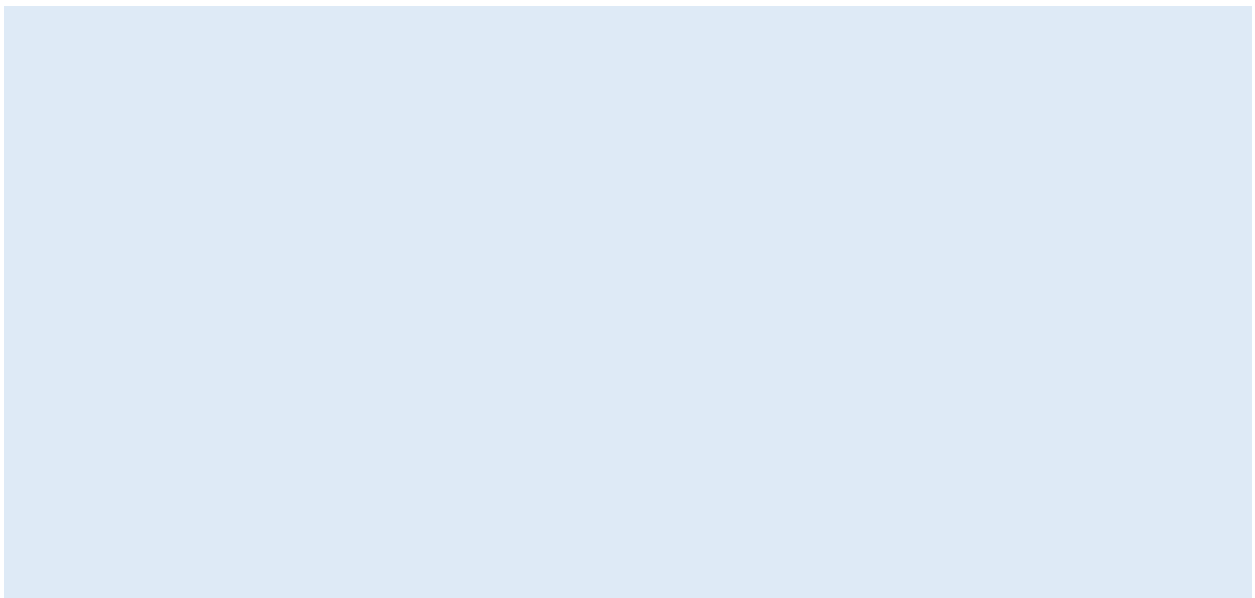
LIST ALL THE EXERCISE ACTIVITIES YOU PARTICIPATE IN. INDICATE HOW MANY TIMES PER WEEK FOR EACH ACTIVITY, AND DURATION (E.G. RUNNING FOR 30 MINS, 4 TIMES A WEEK, SWIMMING 20 MINUTES, 3 TIMES A WEEK ETC)



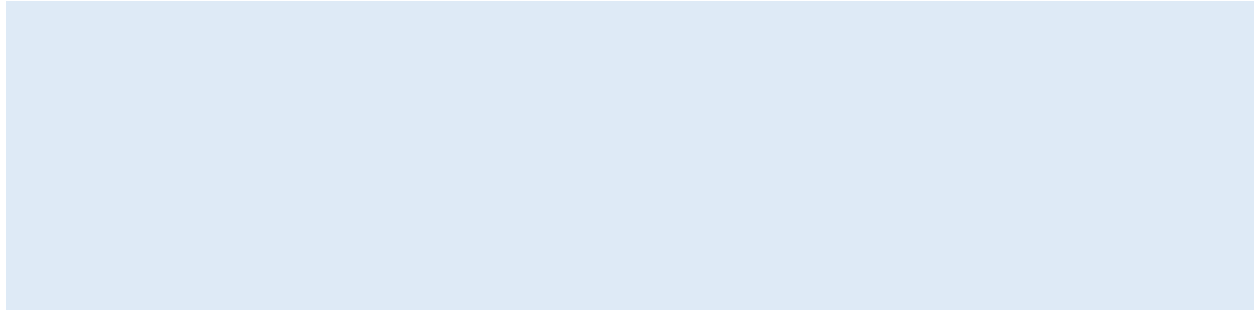
DESCRIBE A TYPICAL DAY – E.G. THE TIME YOU GET UP, YOUR WORKING SCHEDULE, YOUR MEAL TIMES, EVENING ACTIVITIES, TIME YOU GO TO BED ETC.



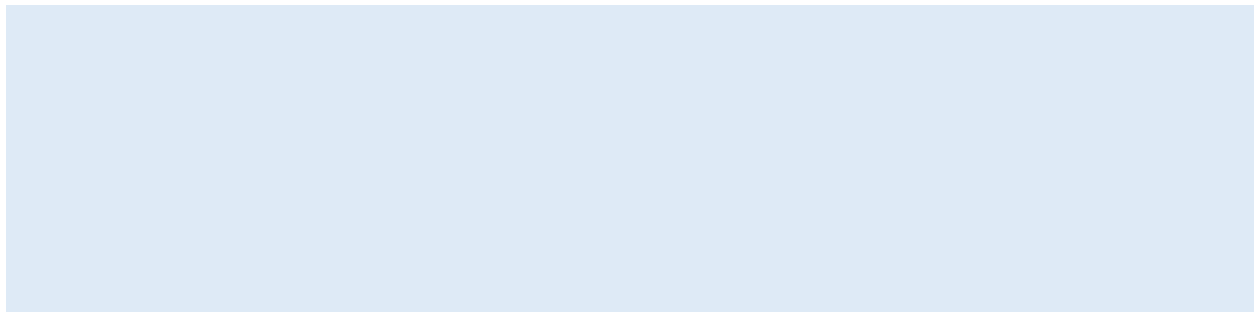
WHAT WOULD AN AVERAGE BREAKFAST, LUNCH AND DINNER BE FOR YOU?



DO YOU EAT SNACKS? IF SO, WHAT AND WHEN?



TO GET THE MOST FROM YOUR CONSULTATION, PLEASE OUTLINE YOUR 3 MAJOR HEALTH OR FITNESS GOALS FOR THE CURRENT YEAR AND THE YEARS TO COME (THIS IS VERY IMPORTANT - LIST AT LEAST 3; YOU MAY ADD MORE IF YOU WISH)



ADDITIONALLY, PLEASE LIST ANY OTHER PERSONAL GOALS YOU MAY HAVE. A CHANGE IN DIET AND LIFESTYLE CAN HAVE FAR REACHING EFFECTS, AND MAY HELP YOU TO ACHIEVE GOALS IN OTHER AREAS OF YOUR LIFE

