

Do you use: Alcohol? Yes No Amount per week _____ Type _____

Tobacco? Yes No Packs per day _____ How many years _____

DO YOU:

Eat raw fruits or vegetables at least twice a day? Yes No

Eat green or yellow vegetables at least twice a day? Yes No

Eat frequently between meals? Yes No

Chew your food thoroughly before swallowing it? Yes No

Drink juice, milk or other drinks

instead of water when thirsty? Yes No

Always add salt at the table? Yes No

Eat meat or dairy products 2 or more times a day? Yes No

Eat the same foods almost every day? Yes No

Eat when you are not hungry? Yes No

Eat until you feel full? Yes No

Occasionally go on a "crash" diet? Yes No

Patient's Signature _____