

QUESTIONNAIRE



Date:

Name:

DIET

Please check all boxes that apply:

I eat red meat. How often?

I eat chicken. How often?

I eat fish. How often?

I consume dairy products such as milk, cheese, yogurt. How often?

I have tried “diets” before. Please list (ex: Atkins, South Beach, Weight Watchers):

I drink soda pop. How much/how often? Diet or regular?

I drink coffee. How much/how often?

I eat sweets. How much/how often?

I eat fast food. (i.e., McDonalds) How much/how often?

I drink alcohol. How much/how often?

I drink half my body weight in ounces of water each day.

I microwave some of my food.

I eat organic fruits and vegetables when I have a choice.

I like fruits and vegetables.

I eat salad almost every day.

I drink freshly made juices (not packaged).

Please list your 5 favorite fruits or vegetables:

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

Please list your 5 **least** favorite fruits and vegetables:

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



LIFESTYLE

I exercise or work out regularly. How many times per week?

For how long?

I travel a lot for work.

I eat when I am stressed out.

I live with others.

I like to cook.

I like to entertain.

I eat in restaurants a lot.

I smoke cigarettes.

I wear body lotion, cosmetics and/or perfume regularly.

I keep a journal.

I consider myself fairly disciplined.

I get massages regularly. How often?

I have tried "alternative" practices such as acupuncture, energy work, etc.

Please indicate:

Other people in my life will support me if I decide to make changes.

Please elaborate:

HEALTH

I am currently treating an acute or chronic ailment.

What ailment:

I am or have been obese.

I have struggled with food issues much of my life.

I regularly take vitamins or supplements.

What kind?

I regularly take prescription drugs.

Name and treatment:

I get sick fairly often.

I have allergies.

List:



I am fairly regular (at least one bowel movement per day).

I have had a significant health challenge in my life.

Describe:

EXPERIENCE

I have eaten “gourmet raw foods” before.

Where?

I have water or juice fasted for more than one day.

How long?

I have done an enema before.

I have had colon irrigation (colonic) before.

I have read about raw foods or done research about the topic.

I own a food processor (such as a Cuisinart).

Brand:

I own a food dehydrator.

Brand:

I own a blender.

Brand:

I own a juicer.

Brand:

I own a good set of kitchen knives.

I feel at home in the kitchen.

I have taken cooking classes before.

When/where?

INTENTION

I would be willing to spend several hours a week learning about or preparing my food.

How many hours?

I like to read and would be willing to read about lifestyle topics.

My main reasons for wanting to learn more about healthier food and eating include:

I think I would like _____ % of my diet to consist of raw food.

My biggest food challenge:

I really want to specifically learn more about:

The most important thing I'd like you to know about me is:

The reason I want to work with you is that:

Other goals (unrelated to food) I have right now are:

I am currently working with the following other professionals, coaches and consultants (include massage therapists, acupuncturists, etc.):

My biggest fear/worry about all this is:

Finally: What else do you think I should know?

Signed:

Phone:

Address:

Email:

Date of Birth:

Please send completed form to:

sheree@fork-road.com or

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