

PATIENT QUESTIONNAIRE

14. Have you been hospitalized for a major illness in the past year? Yes No

If YES, please explain: _____

15. Which of the following operations have you had (circle all that apply)?

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|----------------------------------|--|-------------------------|
| a. Gallbladder removed | f. Uterus removed | k. Kidney removed |
| b. Ulcer or stomach operation | g. Section of bowel bypassed for weight loss | l. C-section |
| c. Tonsillectomy / Adenoidectomy | h. Appendix removed | m. Breast biopsy |
| d. Thyroid surgery | i. Stomach Stapling/Gastric Bypass | n. "Open Heart" Surgery |
| e. Cosmetic | j. Other: _____ | |

16. Check if you or members of your family have had the following illness or problems:

YOU	YOUR FAMILY	RELATIONSHIP	
_____	_____	_____	Alcoholism
_____	_____	_____	Cancer
_____	_____	_____	Diabetes
_____	_____	_____	Heart Disease
_____	_____	_____	Hypertension
_____	_____	_____	Nervous Breakdown
_____	_____	_____	Sleep Apnea
_____	_____	_____	Stroke
_____	_____	_____	Thyroid Disease
_____	_____	_____	Other illnesses (please list) _____
_____	_____	_____	_____

17. Which of the following symptoms or problems do you have (circle all that apply)?

- | | | |
|------------------------|---|--|
| a. Sluggish or fatigue | f. Brittle hair or nails | k. Feel cold/hot while others are normal |
| b. Bruise easily | g. Always hungry/food cravings | l. Heartburn |
| c. Fluid retention | h. Nervousness | m. Chest pains |
| d. Dry skin | i. Depression / Feeling low or blue | n. Rapid or irregular heart beat |
| e. Constipation | j. Irregular or painful menstrual periods | o. Insomnia / Trouble sleeping |

18. Which of the following meals do you eat on a regular basis?

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|--------------|----------|-----------|
| a. Breakfast | b. Lunch | c. Dinner |
|--------------|----------|-----------|

19. Do you snack between meals? Y N

20. When is your "hungriest" time of the day?

- | | | |
|------------|--------------|------------|
| a. Morning | b. Afternoon | c. Evening |
|------------|--------------|------------|

21. What time do you usually eat your last meal of the day? _____

PLEASE ADD ANY ADDITIONAL INFORMATION YOU FEEL MAY BE RELEVANT TO YOUR PROBLEM:
