

Family Allergy

Asthma, Immunology & Sinus Center

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Enlightened Nutrition Analysis

Name: _____ Age: _____ Date: _____

To optimize your health and minimize unnecessary medication, please provide as much information so we can serve you better.

I am not interested or ready to talk about **Diet** or **Exercise** at this point. I rather focus on other areas of my health. **(Skip Questionnaire)**

I agree with Hippocrates who said, "With the right food medicine is of no need, with the wrong food medicine is of no use." I am trying to understand my body and I am focusing on eating better, I have a lot of questions, and need help with the following:

Lose weight More energy Prevent problems/Improve General Health Sleep better Anti-Aging Support Improve digestion

What is your ideal body weight? _____ lbs (What you weighed at 16-21) Current weight? _____ lbs How many years at your current weight? _____

Identifying your health goals: (Please use this chart to answer questions below 1-3)

-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5
I have very serious concerns about my overall health.	I feel worried about my health concerns.	I have health concerns that affect me on a daily basis.	I have constant challenges that affect my health.	I have some minor complaints about my health.	I feel ok about my health with no complaints.	I feel good most days.	I feel well on a daily basis.	I feel energetic and healthy.	I feel active, energetic and fit.	I feel great and am proactive about my health.

1. What number best describes how you feel about your health today? _____ What health goal do you want to achieve? _____

2. Your commitment to achieving your goals is? (Scale of 1-10) _____

3. Do you have a positive Psycho-Social support system (happy relationship with family, spouse or partner) Yes / No, If not how do you plan to change this to optimize your health? _____

Please Tell Me Your Dietary Preferences

What type of diet allows you to perform at your best? Vegetarian / Flexitarian / Atkins / Paleo / Mediterranean / Other: _____

My favorite meal of the day is? Breakfast / Lunch / Dinner I never eat Breakfast I only eat Dinner / Lunch I snack all day

I am lactose sensitive (can't eat dairy)

I avoid gluten (wheat) / I have celiac disease I am not allergic to wheat, but I choose to avoid it because: _____

I take? Multivitamins / Probiotics / Enzymes

Best Nutritional Choices: 8 Building Blocks-Protein, Good Carbs, Healthy Fats, Vitamins, Minerals, Fiber, Enzymes, Probiotics

<u>Excellent (My body is a "temple")</u>	<u>Fair</u>	<u>Poor (My body is a "toilet")</u>
<u>I work hard at feeding my body the right food</u> <input type="checkbox"/> >7 servings of veggies/day <input type="checkbox"/> >3 servings of fruit/day	<u>I am too busy to feed my body right</u> <input type="checkbox"/> 3-5 servings of veggies/day <input type="checkbox"/> 1-2 servings of fruit/day	<u>I don't know my body well enough to feed it.</u> <input type="checkbox"/> <3 servings of veggies/day <input type="checkbox"/> <1 serving of fruit/day
<u>Lean Protein (1-2 servings/day)</u> <input type="checkbox"/> I avoid all animal products <input type="checkbox"/> Flexitarian (Mostly veggies, Minimal animal products)	<u>Protein in Moderation</u> <input type="checkbox"/> Meat _____ times/week <input type="checkbox"/> Poultry _____ times/week	<u>Protein Mostly</u> <input type="checkbox"/> Meat _____ times/day <input type="checkbox"/> Poultry _____ times/day
<u>Seafood / SMASH(Sardines,Mackerel,Anchovies,Sockeye Salmon,Herring)</u>		
<input type="checkbox"/> 2-3 servings of SMASH/week <input type="checkbox"/> I do Fish Oil 1-3 caps/day	<input type="checkbox"/> 1-2 servings of SMASH/week <input type="checkbox"/> Fish Oil _____ Flaxseed <input type="checkbox"/> I eat other Seafood (Not SMASH)	<input type="checkbox"/> I don't eat SMASH <input type="checkbox"/> I don't like Fish Oil / Flaxseed
<u>Complex Carbohydrates</u> <input type="checkbox"/> I Limit (Bread, Rice, Pasta) <1-2 servings/day	<u>Carbohydrates</u> <input type="checkbox"/> I eat _____ servings of carbs daily	<u>Simple Carbohydrates</u> <input type="checkbox"/> I Love Carbs <input type="checkbox"/> Refined Carbs (White Foods)
<u>Dairy</u> <input type="checkbox"/> I avoid whole milk & use substitute only (Almond, Coconut, etc.) <input type="checkbox"/> I only do Organic Dairy	<u>Dairy</u> <input type="checkbox"/> I have dairy in moderation 2-3 servings/day	<u>Dairy</u> <input type="checkbox"/> I love cow's milk and have dairy 4-5 times/day
<u>Artificial Sweeteners</u> <input type="checkbox"/> I avoid it <input type="checkbox"/> I only do Stevia / Splenda	<u>Artificial Sweeteners</u> <input type="checkbox"/> I try to avoid, but I have it 2-3 times/day (Equal, Sweet N Low)	<u>Artificial Sweeteners</u> <input type="checkbox"/> I love sugar >3 times/day
<input type="checkbox"/> I Avoid It <input type="checkbox"/> 90% of my food is home cooked	<u>Fast Food (McDonalds,InNout,Rubios,etc.)</u> <input type="checkbox"/> I eat it 1-2 times/week <input type="checkbox"/> I eat 50% of my food from home	<input type="checkbox"/> I eat it >3-5 times/week <input type="checkbox"/> I eat out >1 meal a day, most days/week
<u>Cooking</u> <input type="checkbox"/> I have a magical cooking ability & love to cook	<u>Cooking</u> <input type="checkbox"/> I cook when I can	<u>Cooking</u> <input type="checkbox"/> I still need to learn how to cook
<u>Alcohol</u> <input type="checkbox"/> Socially (0-2 drinks/week) Beer / Wine / Liquor	<u>Alcohol</u> <input type="checkbox"/> 2-5 drinks/week (Beer / Wine / Liquor)	<u>Alcohol</u> <input type="checkbox"/> >10 drinks/week (Beer / Wine / Liquor)
<u>Caffeine</u> <input type="checkbox"/> 0-2 cups/day (Soda / Tea / Coffee)	<u>Caffeine</u> <input type="checkbox"/> 2-4 cups/day (Soda / Tea / Coffee)	<u>Caffeine</u> <input type="checkbox"/> >4 cups/day (Soda / Tea / Coffee)

Short Term Goals: (Become Warrior of Healthy Eating)

Long Term Goals: (Buffer Disease & Defy your Genes)
